

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>35961058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARDIE R COPAS STATE VETERANS NURSING HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>13000 SW TRADITION PARKWAY PORT SAINT LUCIE, FL 34987</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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N 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Licensure Complaint survey, complaint number 2025000758 and 2025002126, was conducted on _____ at Ardie R Copas State Veterans Nursing Home. The facility had deficiencies at the time of the survey.</p>	N 000		
N 090 SS=D	<p>59A-4.112(1), FAC Pharmacy Policies and Procedures</p> <p>(1) The nursing home licensee must adopt procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet the needs of each resident.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, policy review and interview, it was determined, the facility failed to obtain pharmaceutical services for 3 of 3 sampled residents (Resident #2, #5 and #6) as evidence by failure to acquire and administer medications in a timely manner.</p> <p>The findings included:</p> <p>1) Clinical record review conducted on revealed Resident #2 was admitted to the facility on _____ at 3:57 PM with diagnoses of _____ and _____</p> <p>Medications orders included the following:                      _____ 10 mg at bedtime for _____                      _____ 25 mg twice a day for _____                      _____ 250 mg twice a day for Boipolar _____                      _____ 500 mg twice a day for _____ cream 100,000-0.1 units</p>	N 090	<p>Resident #2 was not negatively _____ by the findings. Resident #5 was discharged to home on 3.5.25. Resident #6 was discharged to hospice house on 2.10.25.</p> <p>All residents have the potential to be affected.</p> <p>On _____, an audit was conducted by the Director of Nursing of all resident medications administration records from 3.13.2025 to 3.25.25 for missed doses.</p> <p>Education provided by Staff Development Coordinator/Designee to the nurses on the facility protocol regarding pharmaceutical services related to acquiring and administering medications in a timely manner.</p> <p>DON/Designee will conduct weekly audit of electronic medication administration</p>	

AHCA Form 3020-0001 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X8) DATE  /25
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N 090	<p>Continued From page 1</p> <p>apply to _____ and _____ for _____ condition every shift.</p> <p>Medication Administration Records indicate that Resident #2 did not receive the evening doses for the medications listed above on _____ and on _____ the morning dose for the _____ was not administered. The nurse documented the rationale for not giving the prescribed medications "Drug/Item unavailable".</p> <p>The interview with the Director of Nursing (DON) and the Assistant Director of Nursing on starting at 3:49 PM revealed the facility has an onsite pharmacy, from 8 AM to 4:30 PM. After hours the pharmacy is Omnicare and they deliver medications twice a day, with cut off times 10 AM and 10 PM and medications will be delivered within six hours.</p> <p>The DON was asked to find documentation that the nursing staff advised the provider that the medications were not available for administration and interventions to manage the missing doses. The DON stated that _____, was a holiday, so their pharmacy was closed and provided a copy of a fax to Omnicare requesting all the medications prescribed for Resident #2.</p> <p>There is no documentation of follow up with the pharmacy to obtain the medications and there is no documentation of physician notification that the drugs were not available.</p> <p>On _____ at approximately 11:20 AM, the DON was asked for the after hours pharmacy policies and procedures and provided a copy of signed agreement and pharmacy information. The information included the following information, "Be sure to reorder _____ days before you run out, Reorders must be sent via electronic medical records, if you reorder after cutoff time, your</p>	N 090	<p>records for 4 weeks, then randomly. All findings will be reviewed at the QAPI meeting for 3 months or until compliance is achieved.</p>	

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N 090	<p>Continued From page 2</p> <p>medication will be delivered the following date. Emergency medication procedure: If medication is needed prior to your next schedule delivery and is not in your starter/emergency/ -up supply, please follow your regular process to submit the order, then call to request the medications STAT."</p> <p>There is no evidence the facility followed the instructions to obtain the medications timely.</p> <p>2) Record review conducted on ... revealed Resident #5 was admitted to the facility on ... with diagnoses including ... and ...</p> <p>Physician's orders dated ... documents Rhamnosus one capsule via ... daily and ... with Iron give 15 milliliters via ... daily.</p> <p>Medication Administration Records revealed the facility did not administer the prescribed medications as follows: On ... and ... the ... was not given, the nurse documented Drug/Item unavailable.</p> <p>On ... and ... the ... with Iron was not given, the nurse documented Drug/item unavailable and waiting for delivery.</p> <p>Interview with the Director of Nursing (DON) on ... at 11:31 AM revealed the facility has Acidophilus, not the Rhamnosus, so that explained why some nurses documented the drug as given, using what they had on ... and some nurses did not, because it was not the correct label. The DON is not sure what the</p>	N 090		
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N 090	<p>Continued From page 3</p> <p>difference is between the two drugs, and added she had spoken to the nurses in regards to the liquid with iron and was told some of them were using a pill form and crushed them, despite the order being written for the liquid form, until the pharmacy sent it. The DON confirmed there is no documentation from the pharmacy clarifying the orders or from the nurses to obtain the right medications in a timely manner.</p> <p>3) Record review conducted on revealed Resident #6 was admitted to the facility on at 12:20 PM with diagnoses including</p> <p>Physician's orders dated documents 0.5 mg once in the evening, 15 mg at bedtime, 30 mg at bedtime.</p> <p>Medication Administration Records dated documents the nurse did not administer the medications, Drug/Item unavailable.</p> <p>Progress Notes 8:15 PM documents "Writer spoke to Omnicare regarding and prescription and was informed that medication will we sent on 2:00 am run. Resident requested to have meds sooner."</p> <p>Progress Notes dated 10:33 PM documents "Resident new admit alert and able to verbalize needs, ....Resident very concerned about his medications which is not available, Omnicare pharmacy contacted also hospice. still waiting for an answer to see when medications will be available, resident stated he cannot sleep without his medications."</p>	N 090		
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N 090	Continued From page 4  Progress Notes dated _____ at 4 AM documents "Call placed to Omnicare regarding delivery time of medications. Medications have been shipped standard delivery .....Review of Supplemental orders containing comfort packet medications. These orders remain active in the hospice system and are due to arrive from Omnicare today."  Interview with Director of Nursing (DON) conducted on _____ at 12:18 PM revealed the facility does not have a _____ emergency kit, all _____ are delivered by Omnicare. The DON reviewed the record and stated they were working with hospice to get the medications sooner and confirmed there is no documentation medications were requested STAT for prompt delivery.  Class III	N 090			
N 201 SS=D	400.022(1)(I), FS Right to Adequate and Appropriate Health Care  (I) The right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency.  This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined, the facility failed to provide timely necessary care and services to 1 of 2 sampled residents (Resident #1), as evidenced by delay in	N 201	Resident #1 was discharged from the facility on 2.1.2025  All residents with _____ ordered have the		

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N 201	<p>Continued From page 5</p> <p>reporting abnormal test results and subsequent delay in treatment.</p> <p>The findings included:</p> <p>Clinical record review conducted on revealed Resident #1 was admitted to the facility on with diagnoses which included and</p> <p>Minimum Data Set, admission assessment with reference date of indicated the resident was assessed as moderately for skills of daily decision making, was receiving and medications and received</p> <p>Care Plan titled, "Resident on medications related to COVID" dated documents the goal as resident will not exhibit signs of distress.</p> <p>The interventions included: Administer medications as ordered, administer as ordered, assess changes in condition, droplet precautions and monitor for signs of distress and vital signs as ordered.</p> <p>The record indicates Resident #1 had elevated temperature 102.3 on</p> <p>Progress notes dated documents "Resident tested positive for COVID-19, notified practitioner. Droplet precautions implemented for ten days."</p> <p>Physician's order dated at 12:51 PM documents "If no start Paxlovid twice daily for five days, pharmacy to dose. Give</p>	N 201	<p>potential to be affected.</p> <p>On , an audit was conducted by a Registered Nurse to ensure , results were reported to the provider timely.</p> <p>Education by Staff Development Coordinator/Designee to the nurses on the facility protocol for tracking and reporting results.</p> <p>DON/Designee will conduct weekly audit of electronic medication administration records for 4 weeks, then randomly. All findings will be reviewed at the QAPI meeting for 3 months or until compliance is achieved.</p>	
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N 201	<p>Continued From page 6</p> <p>1000 milligrams now for then twice a day for three days for . Placed on droplets precautions ... Do ....</p> <p>6 mg daily for ten days, 10 mg daily for seven days, aerosol solution</p> <p>108 mcg inhaler, inhale two puffs every four hours as needed for and</p> <p>Perles 100 mg three times a day as needed for</p> <p>Progress notes dated documents "Went on to Trident Care website and printed out report from , shows increased opacity, may be due to . Faxed it to Dr. P .... And new orders received for 875 mg orally twice a day for five days and 100 mg orally twice a day for five days..."</p> <p>Physician's order dated documents 875 mg orally twice a day for five days and 100 mg orally twice a day for five days.</p> <p>Medication administration record documents the prescribed , was initiated on</p> <p>Review of the results revealed the test was completed on and the results were completed on at 11:19 AM. The results documents "Increased left hilar opacity, that may be due to or a left hilar . Recommend follow up with a CT exam for further evaluation."</p> <p>Interview with the Director of Nursing (DON) on at approximately 3:28 PM revealed the process to obtain results. The facility uses "TC" company and they fax all the results</p>	N 201		
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N 201	<p>Continued From page 7</p> <p>directly to the nurses station. The nurses are responsible for notifying the physician of the results when received. The DON was asked regarding the process for tracking pending results and explained there is a log, mainly used for laboratory tests, where the staff writes the test done and completion date, in addition, the DON explained that all nurses have access to the _____ portal so they can get test results. The DON reviewed the clinical record and was unable to provide an explanation as to why the abnormal _____ results were not faxed or received on _____ and reported to the physician.</p> <p>On _____ at approximately 11:30 AM, the DON was asked the reason for not starting the _____ on _____, when the order was received, and explained the nurse who received the order just before 9 PM, scheduled the first dose for the next morning.</p> <p>Documentation of the facility Emergency Pharmacy Kit, indicates the facility has both _____ and _____ available for immediate use.</p> <p>The investigation determined Resident #1 was diagnosed with a _____ on _____, a _____ was ordered and completed on _____. The test results dated _____ at 11:19 AM were not reported to the physician in a timely manner. The results were reported on _____ at 8:49 PM and subsequent _____ was not initiated until _____ at 8 AM, despite availability of the drugs.</p>	N 201		
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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/10/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>686128</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/12/2025</b>
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F 000	INITIAL COMMENTS  An unannounced Complaint survey, complaint numbers 2025000758 and 2025002126, was conducted on _____ at Ardie R Copas State Veterans Nursing Home. The facility is not in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.  F 684 SS=D Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:  Based on record review and interview, it was determined, the facility failed to provide timely necessary care and services to 1 of 2 sampled residents (Resident #1), as evidenced by delay in reporting abnormal test results and subsequent delay in treatment.  The findings included:  Clinical record review conducted on _____ revealed Resident #1 was admitted to the facility on _____ with diagnoses which included _____ and _____.  Minimum Data Set, admission assessment with reference date of _____ indicated the resident	F 000		
		F 684	Resident #1 was discharged from the facility on 2.1.2025  All residents with _____, ordered have the potential to be affected.  On _____, an audit was conducted by a Registered Nurse to ensure _____ results were reported to the provider timely.  Education by Staff Development Coordinator/Designee to the nurses on the facility protocol for tracking and reporting _____ results.  DON/Designee will conduct weekly audit of electronic medication administration	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	<p>Continued From page 1</p> <p>was assessed as moderately _____ for skills of daily decision making, was receiving _____ and _____ medications and received _____</p> <p>Care Plan titled, "Resident on medications related to COVID" dated _____ documents the goal as resident will not exhibit signs of _____ distress.</p> <p>The interventions included: Administer _____ medications as ordered, administer _____ as ordered, assess changes in condition, droplet precautions and monitor for signs of distress and vital signs as ordered.</p> <p>The record indicates Resident #1 had elevated temperature 102.3 on _____</p> <p>Progress notes dated _____ documents "Resident tested positive for COVID-19, notified practitioner. Droplet precautions implemented for ten days."</p> <p>Physician's order dated _____ at 12:51 PM documents "If no _____ start Paxlovid twice daily for five days, pharmacy to dose. Give _____ 1000 milligrams now for _____ then twice a day for three days for _____. Placed on droplets precautions ... Do _____ 6 mg daily for ten days, _____ 10 mg daily for seven days, _____ aerosol solution 108 mcg inhaler, inhale two puffs every four hours as needed for _____ and _____ Perles 100 mg three times a day as needed for _____</p> <p>Progress notes dated _____ documents "Went on to Trident Care website and printed out _____</p>	F 684	<p>records for 4 weeks, then randomly. All findings will be reviewed at the QAPI meeting for 3 months or until compliance is achieved.</p>	

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F 684	Continued From page 3 abnormal results were not faxed or received on and reported to the physician.  On at approximately 11:30 AM, the DON was asked the reason for not starting the on when the order was received, and explained the nurse who received the order just before 9 PM, scheduled the first dose for the next morning.  Documentation of the facility Emergency Pharmacy Kit, indicates the facility has both and available for immediate use.  The investigation determined Resident #1 was diagnosed with a on a was ordered and completed on The test results dated at 11:19 AM were not reported to the physician in a timely manner. The results were reported on at 8:49 PM and subsequent was not initiated until at 8 AM, despite availability of the drugs.	F 684		
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(f). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide	F 755		

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NAME OF PROVIDER OR SUPPLIER  <b>ARDIE R COPAS STATE VETERANS NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>13000 SW TRADITION PARKWAY PORT SAINT LUCIE, FL 34987</b>	
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F 755	<p>Continued From page 4</p> <p>pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, policy review and interview, it was determined, the facility failed to obtain pharmaceutical services for 3 of 3 sampled residents (Resident #2, #5 and #6) as evidence by failure to acquire and administer medications in a timely manner.</p> <p>The findings included:</p> <p>1) Clinical record review conducted on revealed Resident #2 was admitted to the facility on at 3:57 PM with diagnoses of _____ and _____.</p> <p>Medications orders included the following:</p>	F 755	<p>Resident #2 was not negatively , by the findings. Resident #5 was discharged to home on 3.5.25. Resident #6 was discharged to hospice house on 2.10.25.</p> <p>All residents have the potential to be affected.</p> <p>On , an audit was conducted by the Director of Nursing of all resident medications administration records from 3.13.2025 to 3.25.25 for missed doses.</p> <p>Education provided by Staff Development Coordinator/Designee to the nurses on</p>	

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F 755	<p>Continued From page 5</p> <p>10 mg at bedtime for</p> <p>25 mg twice a day for</p> <p>250 mg twice a day for</p> <p>Boipolar</p> <p>500 mg twice a day for</p> <p>cream 100,000-0.1 units apply to and for condition every shift.</p> <p>Medication Administration Records indicate that Resident #2 did not receive the evening doses for the medications listed above on and on the morning dose for the was not administered. The nurse documented the rationale for not giving the prescribed medications "Drug/Item unavailable".</p> <p>The interview with the Director of Nursing (DON) and the Assistant Director of Nursing on starting at 3:49 PM revealed the facility has an onsite pharmacy, from 8 AM to 4:30 PM. After hours the pharmacy is Omnicare and they deliver medications twice a day, with cut off times 10 AM and 10 PM and medications will be delivered within six hours.</p> <p>The DON was asked to find documentation that the nursing staff advised the provider that the medications were not available for administration and interventions to manage the missing doses. The DON stated that , was a holiday, so their pharmacy was closed and provided a copy of a fax to Omnicare requesting all the medications prescribed for Resident #2.</p> <p>There is no documentation of follow up with the pharmacy to obtain the medications and there is no documentation of physician notification that the drugs were not available.</p>	F 755	<p>the facility protocol regarding pharmaceutical services related to acquiring and administering medications in a timely manner.</p> <p>DON/Designee will conduct weekly audit of electronic medication administration records for 4 weeks, then randomly. All findings will be reviewed at the QAPI meeting for 3 months or until compliance is achieved.</p>	

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F 755	<p>Continued From page 6</p> <p>On _____ at approximately 11:20 AM, the DON was asked for the after hours pharmacy policies and procedures and provided a copy of signed agreement and pharmacy information. The information included the following information. "Be sure to reorder _____ days before you run out, Reorders must be sent via electronic medical records, if you reorder after cutoff time, your medication will be delivered the following date. Emergency medication procedure: If medication is needed prior to your next schedule delivery and is not in your starter/emergency/ _____ -up supply, please follow your regular process to submit the order, then call to request the medications STAT."</p> <p>There is no evidence the facility followed the instructions to obtain the medications timely.</p> <p>2) Record review conducted on _____ revealed Resident #5 was admitted to the facility on _____ with diagnoses including _____ and _____.</p> <p>Physician's orders dated _____ documents _____ Rhamnosus one capsule via _____ daily and _____ with Iron give 15 milliliters via _____ daily.</p> <p>Medication Administration Records revealed the facility did not administer the prescribed medications as follows: On _____ and _____ the _____ was not given, the nurse documented Drug/Item unavailable.</p> <p>On _____ and _____ the _____ with _____ Iron was not given, the nurse documented</p>	F 755			

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F 755	<p>Continued From page 7</p> <p>Drug/item unavailable and waiting for delivery.</p> <p>Interview with the Director of Nursing (DON) on at 11:31 AM revealed the facility has Acidophilus, not the Rhamnosus, so that explained why some nurses documented the drug as given, using what they had on and some nurses did not, because it was not the correct label. The DON is not sure what the difference is between the two drugs, and added she had spoken to the nurses in regards to the liquid with iron and was told some of them were using a pill form and crushed them, despite the order being written for the liquid form, until the pharmacy sent it. The DON confirmed there is no documentation from the pharmacy clarifying the orders or from the nurses to obtain the right medications in a timely manner.</p> <p>3) Record review conducted on revealed Resident #6 was admitted to the facility on at 12:20 PM with diagnoses including</p> <p>Physician's orders dated documents 0.5 mg once in the evening, 15 mg at bedtime, 30 mg at bedtime.</p> <p>Medication Administration Records dated documents the nurse did not administer the medications, Drug/Item unavailable.</p> <p>Progress Notes 8:15 PM documents "Writer spoke to Omnicare regarding and prescription and was informed that medication will be sent on 2:00 am run. Resident requested to have meds sooner."</p>	F 755			

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F 755	<p>Continued From page 8</p> <p>Progress Notes dated 10:33 PM documents "Resident new admit alert and able to verbalize needs, ... ..Resident very concerned about his medications which is not available, Omnicare pharmacy contacted also hospice. still waiting for an answer to see when medications will be available, resident stated he cannot sleep without his medications."</p> <p>Progress Notes dated at 4 AM documents "Call placed to Omnicare regarding delivery time of medications. Medications have been shipped standard delivery ....Review of Supplemental orders containing comfort packet medications. These orders remain active in the hospice system and are due to arrive from Omnicare today."</p> <p>Interview with Director of Nursing (DON) conducted on at 12:18 PM revealed the facility does not have a emergency kit, all are delivered by Omnicare. The DON reviewed the record and stated they were working with hospice to get the medications sooner and confirmed there is no documentation medications were requested STAT for prompt delivery.</p>	F 755			