STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	254170	A. BUILDING _____ B. WING _____	2/27/2025

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F0000 SS=	INITIAL COMMENTS Argentine Care Center was surveyed for a Combined Recertification and Abbreviated survey exiting on 02/27/2025. Event ID: FXCZ11 Intake Number: MI00147149 Census: 48	F0000		
F0550 SS= D	Resident Rights/Exercise of Rights §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination,	F0550	The facility ensures that resident rights are met including but not limited to providing timely meals. 1. Residents #5, #37 and #47 receive their meals in a timely manner. 2. Meal service for all 3 meals was audited on 3/17/25 by the Dietary Manager to monitor timeliness and identify any concerns. 3. Nursing and Dietary Staff were re-educated prior to 4/7/25 by the DON and Dietary Manager, regarding survey results including but not limited to the residents right to timely meal service, meal service policy and mealtime guidelines. Management staff complete both formal and informal rounds and report any concerns. 4. The Dietary Manager or designee, will conduct weekly audits to review timeliness of meals. These audits will be completed weekly for 4 weeks, then monthly. Any identified areas of concern will be immediately corrected. Results of the audits will be taken to the QAPI Committee for review and	4/7/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 03/21/2025

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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	or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure a timely meal pass for three residents (R#5, R#37 and R#47) of 13 residents at the main dining area observed during lunch. FACILITY A dining observation was conducted on 02/27/25 at 11:45 AM to 12:30 PM. The facility meal times policy revealed: Lunch are served between 11:30 and 11:45 AM. There were 12 residents in the dining area with staff waiting for resident's cart to arrive in the dining area. The cart arrived at 12:00 PM from the kitchen. Staff distributed the trays to residents and started setting up and assisting other residents that required feeding. There were three residents R#5, R#37 and R#47 observed without a meal tray while others started eating. At 12:20 PM, The three residents trays have not arrived. R#47 was restless and become loud stating that his tray came late last night and often comes late. While R#37 kept wandering around the		recommendation and for determination of continued monitoring. The Dietary Manager will be responsible for monitoring sustained compliance.	

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	dining room ambulating in her wheelchair and was redirected by staff to return back to her spot twice. R#5 remained calm and quiet but looked bored. The Director of Nursing (DON) entered the dining room at 12:22 PM carrying R#37 lunch tray. A few minutes later R#37's tray arrived. At 12:26 PM, R#47 tray did not arrive yet. R47 continued to verbalized where his tray at, that he was starving and that his tray was late last night for dinner. As the surveyor went out of the dining room, at 12:30 PM, the DON was approaching the dining room carrying the last tray and explained that it is R#47 lunch tray. The DON further indicated that there was a misunderstanding in the kitchen that they delivered it to his room instead of sending them to the cart for dining room residents. The surveyor observed R#47's tray delivered to him at 12:31 PM. The posted meal times per facility was 11:30-11:45 AM and the three trays were delivered late at 12:22 PM (R#5), 12:24 PM (R#37), and R#47 arrived at 12:31 PM. Interview with the Director of Nursing (DON) was conducted on 02/27/25 at 02:53 PM. The DON confirmed that three residents' trays were delivered late for R#5, R#37, and R#47. The Meal Distribution Policy revised on 2/2023, was reviewed on 2/27/25 at 3:00 PM. Policy Statement:			

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	Meals are transported to the dining locations in the manner that ensures proper temperature maintenance, protects against contamination, and are delivered in a timely and accurate manner. Procedures ...4. The nursing staff will be responsible for verifying meal accuracy and the timely delivery of meals to residents/patients. 5. For point-of-serving dining, the Dining Services Department staff, under the supervision of the licensed nurse, will assemble the meal in accordance with the individual meal card and present it to the resident/patient or care staff for delivery to the resident /patient. 6. Proper food handling techniques to prevent contamination and temperature maintenance controls will be used for point-of-service dining..."			
F0692 SS= D	Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the	F0692	The facility identifies assesses and monitors resident weights and ensures interventions to promote nutrition and prevent weight loss are in place. 1. Resident #19s nutritional status was assessed by the Dietitian on 2/27/25 and again by 4/7/25. His care plan was reviewed and revised, interventions including acceptance/documentation of supplements were reviewed with staff involved with his care. His MD was notified on 3/25/25 of his	4/7/2025

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	resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to assess and monitor weights and ensure that interventions to promote nutrition and prevent weight loss were in place for two residents (R#19 and R#37) of four sampled residents reviewed for food and nutrition. Findings include: Resident #19 (R19): Nutrition According to a review of the Electronic Medical Records on 2/27/25 at 2:18 PM, R19 was 82 years old and admitted to the facility on 6/25/2021 with the diagnosis of Alzheimer's Disease, Adult Failure to Thrive and Malignant Neoplasm of Prostate in addition to other diagnoses. R19 Brief Interview for Mental Status (BIMS) score was zero (0/15) assessed on 12/04/2024. A score of zero means severe cognitive impairment. R19's GG section revealed that R19 required		weight fluctuation. Resident #37 was weighed on 2/28/25; the Dietician evaluated on 1/13/25 and will evaluate again before 4/7/25. She will be monitored for any weight concerns. 2. All residents are potentially affected. An audit of each resident□s weight was reviewed by the Dietician and Director of Nursing on 3/11/25 to determine any need for increased monitoring/interventions. Residents currently receiving supplements were reviewed for acceptance/tolerance of supplements and documentation of supplement intake. 3. The documentation of meal intake for high-risk residents was reviewed and a new form was initiated on 3/17/25 after review/in-service by the DON with the nursing staff. Process was reviewed during in-service on 3/26/25. Processing and communication of dietician recommendations was reviewed and discussed with DON, Dietary Manager and Dietician on 3/11/25 to ensure prompt follow up. A weekly Nutrition At Risk (NAR) meeting will begin on 3/21/25 to review residents including but not limited to new admissions with the IDT and Dietary Manager. The DON will lead the meeting. Nursing staff were in-serviced on recording and reporting supplement percentages as well as residents□ acceptance of supplements on 3/26/25 by the DON. Admission weight and weekly x 4 was added to the admission standing batch orders on 3/21/25 to ensure communication, completion,	

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	substantial/maximum assistance with eating, which means the helper assistant does half the effort to complete the task. R19's GG (Functional assessment) indicated that he depended on staff to perform most activities of daily living (ADL's), such as personal hygiene, toileting, showers, and upper and lower body dressing, and was always incontinent with bowel and bladder elimination patterns. R19's weight record and calculations were reviewed on 02/27/25 at 02:38 PM, and R19's weight was recorded at 124.4 pounds on 2/26/25. According to weight calculations: > On 11/09/2024, the resident weighed 133.4 lbs. On 02/26/2025, the resident weighed 124.4 pounds, which is a -6.75 % Loss in 3 months. >On 09/04/2024, the resident weighed 147.2 lbs. On 02/26/2025, the resident weighed 124.4 pounds, which is a -15.49 % Loss in 6 months. The following were recorded weights taken by the facility: 9/4/2024 147.2 pounds (lbs.) BMI:24.49 10/11/2024 138.6 lbs. BMI 22.2 11/9/2024 133.4 lbs. BMI 22.2		and documentation. 4. The DON or designee, will conduct weekly audits of Performance Monitoring related to weights, meal intake and supplement documentation to ensure they are recorded and complete to monitor weight fluctuations. The audit will be completed weekly for 4 weeks, then monthly. Any identified areas of concern will be addressed and immediately corrected. Results of the audits will be taken to the QAPI Committee for review and recommendation and for determination of continued monitoring. The DON will be responsible for monitoring sustained compliance.	

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	12/4/2024 129.2 lbs. BMI 21.5 01/07/2025 129 lbs. BMI 21.5 02/11/2025 121.8 lbs. BMI 2027 The Dietary Progress notes reviewed on 2/27/25 at 2:00 PM confirmed that R19 had a significant weight loss on December 20, 2024, and February 27, 2025 (during the survey). The RD, on 12/20/24, recommended increasing house shake supplements to four times(4 X) daily instead of TID (3 X a day), adding a shake at HS, and continuing to monitor R19. R19, according to the supplemental record, did not receive supplements 4 times a day. The recommendation of increasing the house shakes to 4 times on December 20, 2024, was not followed. R19's Intake/Supplement Record in February 2025 revealed: February 2025 Supplemental Intake Monitoring Log showed NO ENTRIES (BLANK) on: 2/10/25 at 12:00 PM Blank 2/24/25 at 12:00 PM Blank 2/27/25 at 12:00 PM Blank The Food Acceptance Record for R19 was reviewed on 2/27/25 at 2:15 PM. R19's daily			

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	food acceptance was not monitored or recorded daily. The surveyor asked the DON on 2/27/25 at 2:30 PM what it meant when the box was blank. The DON stated that it meant either the supplement was not given or recorded. The DON indicated that not all residents' food acceptance is monitored or recorded automatically. She further explained, "It is only if it triggers it! such as significant weight loss or, if indicated, a dietician recommendation or MD orders." The DON confirmed that the facility did not have a consistent documented record to monitor R19's food intake and supplements. A physician's order was noted on 2/26/25 at 2:00 PM, and it was specified that the House Shakes TID with meals record the amount consumed. There was no accurate and consistent monitoring of food intake and supplements recorded/documented for R19. The Registered Dietician's recommendation for R19 dated 12/20/24, for an increase in the supplement (house shakes) to 4 times as recommended in December 2024, was not implemented, and meanwhile, R19's weights continued to decline. R19's Alteration in Nutrition Care Plan was reviewed on 2/27/25 at 2:30 PM. Goal: I will be free from signs and symptoms of malnutrition and dehydration through the next review date. Approach Start Date:			

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	6/26/25 Specified: 1. Encourage and record intake of food and fluids. Monitor and record output. 2. Monitor for signs and symptoms of malnutrition. 3. Monitor/record weight 4. Report and document if I leave 25% or more food uneaten. 5. R19 Short-Term Target Date was 12/17/2024. No updated follow-up of the care plan and revision was found. Resident # 37 (R37): Nutrition During Dining Observation conducted on 2/27/25 from 11:45 AM to 12:30 PM, The Lunch meal trays were delivered late, between 12:00 PM to 12:30 PM instead of 11:30-11:45 AM per the posted Lunch delivery schedule. as confirmed by the Director of Nursing and residents did not receive their trays timely. The facility meal times policy revealed that lunch is served between 11:30 and 11:45 AM. There were 13 residents in the dining area, with staff waiting for the resident's cart to arrive in the dining area. The cart arrived at 12:00 PM from the kitchen. Staff distributed			

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	the trays to other residents while R#37 kept wandering around the dining room ambulating in her wheelchair and was redirected by staff to return to her spot twice. A few minutes later, R37's tray arrived. The DON explained on 2/27/25 at 12:30 PM that there was a misunderstanding in the kitchen, and they delivered it to his room instead of sending it to the cart for dining room residents. The surveyor observed R#47's tray delivered to him at 12:31 PM. The posted meal times per facility were 11:30 AM to 11:45 AM, and the three trays were delivered late at 12:22 PM (R#5), 12:24 PM (R#37), and R#47 arrived at 12:31 PM. Weight: R37 had a BIMS Score of 15/15 assessment done on 1/23/25. A perfect score of 15 indicates that the person is cognitively intact. R 37 was admitted to the facility on January 15, 2025, with a diagnosis of Dementia, GERD (Gastro Esophageal Reflux Disease), Difficulty Walking, and a History of NSTEMI (Non-ST-Elevation Myocardial Infarction), in addition to other Diagnoses. R37's Functional Assessment (Section GG of the Minimum Data Set) dated 1/23/25 revealed no assistance needed for eating but partial assistance from staff during ADL's (Activities of Daily Living) such as grooming, personal hygiene, and dressing. R37 did not have a weight found in the admission record. No records of R37's food acceptance record and			

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	supplements were found in her clinical record during the review. The Director of Nursing DON later confirmed that they failed to measure R37's weight when she was admitted in January 2025. During an interview with R#37 on 02/27/25 at 02:45 PM. R#37 revealed that she was not happy with her weight. She expressed that she only weighs 135 typically and did not get weighed at the facility. During dining room observation conducted on 02/27/2025 at 11:45 AM, R37's tray was delivered late for almost an hour. An interview with the Director of Nursing (DON) was conducted on 02/27/25 at 02:56 PM. The DON confirmed that R#37 did not have a record of initial/baseline weight taken upon admission on 1/16/25. They did not have any weight taken at the first of the month. She stated, "It was apparently missed." The Director of Nursing reported that neither Food nor Fluid Acceptance Records were found in the R37 clinical record. According to the DON, "There should be an admission weight for every newly admitted resident and a follow-up weight every first of the month unless weekly weights are triggered. Although we did not require a food acceptance record for everyone, it is just for those who trigger it." One of the triggers is significant weight loss or suspected weight loss.			

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	R37's Nutrition Care Plan was reviewed on 2/27/25 at 2:15 PM. No nutrition, weight, or eating problem was in her care plan. Nutritional Assessment Policy Revised in 2/2023 was reviewed on 2/27/25 at 2:30 PM. "Policy: Resident weights are recorded and monitored at least monthly ... PROCEDURES: 1. Admission height and weight are to be obtained by nursing staff within 24 hours of admission and recorded on the nursing admission assessment. 2. Nursing staff weighs and records residents' weights each month by the 7th of the month. Weekly weights are obtained on those residents within the first 4 weeks of admission and those residents deemed appropriate per the assessment of the dietician, dietary manager, physician or as an outcome of the NAR meeting ..."			
F0755 SS= D	Pharmacy Srvcs/Procedures/Pharmacist/Records §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 pharmaceutical services	F0755	The facility provides diabetic medications as ordered by the physician for residents. 1. Resident #151 no longer resides at the facility. 2. Each diabetic residents orders/MAR were audited on 3/19/25 by ADON to ensure all ordered medications are available and are administered per MD orders.	4/7/2025

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	(including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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 §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: Based on observation, interview and record review, the facility failed to provide two diabetic medications (Jardiance and Januvia (sitagliptin)) timely for one resident (Resident #151) of six residents reviewed for medications. Findings include: Resident #151: On 2/25/25, at 12:42 PM, Resident #151 was in their room. They complained about their sugar levels seemed to be a bit higher than normal. Resident #151 complained they thought they weren't getting enough protein or maybe too much starches since their admission.		3. A policy for Unavailable Medications was developed on 3/20/25 and approved by the QAA team on 3/25/25. The DON or designee reviewed the policy guideline with the licensed nursing staff by 4/7/25. 4. The DON or designee will conduct weekly audits of Performance Monitoring related to availability of medications including but not limited to diabetic medications weekly x 4, then monthly. Any identified areas of concern will be addressed and immediately corrected. Results of the audits will be taken to the QAPI Committee for review and recommendation and for determination of continued monitoring. The DON will be responsible for monitoring sustained compliance.	

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ARGENTINE CARE CENTER	9051 SILVER LAKE RD LINDEN, MI 48451

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	On 2/25/25, at 2:30 PM, a record review of Resident #151's electronic medical record revealed an admission on 2/21/2025 at 11:43 AM with diagnoses that included Diabetes, Stroke and Transient Ischemic Attack (TIA). Resident #151 was noted to be alert and orientated. A review of the Physician orders revealed the following: "Received Date: 02/21/2025 Order Description sitagliptin tablet; 100 mg; amt: 1 tablet; oral ... Once A Day 08:00 AM ... Give one tablet by mouth once daily for diabetes ... " "Received Date: 02/21/2025 ... Jardiance (empagliflozin) tablet; 25 mg; amt: 1 tablet; oral ... Once A Day 08:00 AM ... Give one tablet by mouth once daily for diabetes ... Pharmacy Directive: Substitution Permitted ... " A review of the "Medications Administration History: 02/01/2025 - 02/27/2025" revealed the following: "Order Jardiance (empagliflozin) tablet; 25 mg; Amount to Administer: 1 tablet; oral ... Start/End Date 02/21/2025 - Open Ended ... " For the days "Sat 22 Sun 23 Mon 24 Tue 25 Wed 26 Thu 27" the nurse initials were surrounded by parenthesis which revealed " ... Reasons/Comments Not Administered:			

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	Drug/Item unavailable ... " This was documented for 02/22/2025 thru 02/27/2025 which revealed Resident #151 did not receive Jardiance one time from the facility. "Order sitagliptin tablet; 100 mg; Amount to Administer: 1 tablet; oral ... Start/End Date 02/21/2025 - Open Ended ... " For the days "Sun 23 Mon 24" the nurse initials were surrounded by parenthesis which revealed " ... Reasons/Comments Not Administered: Drug/Item unavailable ... " A review of the progress notes revealed "02/22/2025 10:58 AM Spoke with Pharmacy. Will send Jardiance and sitagliptin tonight." signed by Nurse "A". On 2/26/25, at 9:00 AM, A review of Resident #151's blood sugar results revealed "Search Vitals Results ... Blood Sugar" revealed since admission of the 10 results 7 were over 200 mg/dL. On 2/26/25, at 10:15 AM, an observation of medication cart along with Nurse "A" was conducted of the upstairs medication cart. There was bottle of home-brought (Sitagliptin/Januvia) medication for Resident #151 that had a "VA" label on it. Nurse "A" offered that his daughter brought that in from home. Nurse "A" was asked if Resident #151 had Jardiance in their medication supply and Nurse "A" offered, were still waiting on that one and that they had called the pharmacy over the weekend. Nurse "A"			

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	was asked if they knew why the pharmacy didn't supply the Jardiance and Nurse "A" offered, maybe they are waiting on an authorization. On 2/26/25, at 2:00 PM, the Director of Nurses (DON) was asked regarding Resident #151's diabetic medications. The DON offered, the pharmacy wanted to send another medication in the place of the one but that because the resident was going to be in the facility short term the DON decided that wouldn't work. The DON explained that they did authorize the medication so now it will be sent. On 2/27/25, at 12:12 PM, a follow up interview with Resident #151, who was in their room, was conducted. Resident #151 complained they were still worried about their sugar levels and thought it might be the food they were offered. Resident #151 was asked if they knew what their sugar levels normally run, and Resident #151 went on to complain that their sugar levels had been a bit higher with some over 200. Resident #151 was asked if they knew the names of their diabetic medications and Resident #151 knew they took 2 tablets of Metformin a day but was unsure of the other ones. Resident #151 offered that they had the pills at home but couldn't remember them all because the stroke they had "makes me forgetful" and that their daughter helps them out. On 2/27/25, at 12:21 PM, Nurse "A" was			

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	asked if Resident #151's Jardiance had been supplied from the pharmacy and Nurse "A" offered, they sent the Januvia last night but not the Jardiance. An observation of the pharmacy supplied Januvia revealed a pharmacy supplied cartridge of Januvia. There was no Jardiance housed in the medication cart for Resident #151. A further review of "Recent Progress Notes through 02/27/2025 01:14 AM revealed no further progress notes regarding the medications Jardiance nor the sitagliptin. A review of the facility provided Pharmacy Agreement revealed " ... Pharmacy shall supply the Facility and its residents with FDA approved pharmaceuticals ... Deliver of Services ... In the event an ordered medication is for any reason unavailable, the Pharmacy shall notify the Facility ... "			
F0761 SS= D	Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed	F0761	The facility provides safe narcotic storage and reconciliation. 1. The emergency back-up Ativan was added to the downstairs medication cart narcotic perpetual inventory to reconcile every shift with narcotic counts; the secure box was secured to the refrigerator to prevent removal of the box. Pharmacy verified on 3/11/25 that the backup Ativan stock was correct. 2. Each medication cart was audited by DON on 3/17/25 to ensure narcotic storage and reconciliation was complete. 3. Licensed nursing staff were re-educated on	4/7/2025

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	compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure safe narcotic storage and reconciliation for one medication room backup supply. Findings include: On 2/26/25, at 10:00 AM, an observation of the medication room on the first floor was conducted along with Nurse "B". The outside door required a key to open which was on the Nurse "B" key ring. There was a small black refrigerator that was unlocked. Inside the refrigerator was a clear plastic locked box that housed 2 vials of Ativan. Nurse "B" was asked where on the narcotic reconciliation form do they reconcile the vials of Ativan and Nurse "B" stated, I don't think we count these. Nurse "B" pulled out the plastic box which was approximately 10 inches long by 5 inches high and wide. The box was not affixed inside the refrigerator. Nurse "B" tried their keys on their key ring which did not open the box. Nurse "B" was asked how many Ativan vials were in the box and Nurse		3/26/25 by the DON or designee, regarding survey results including but not limited to the safe storage and reconciliation of refrigerated controlled medications. 4. The DON or designee will conduct weekly audits of Performance Monitoring related to safe narcotic storage and reconciliation weekly x 4, then monthly. Any identified areas of concern will be addressed and immediately corrected. Results of the audits will be taken to the QAPI Committee for review and recommendation and for determination of continued monitoring.	

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	"B" offered, I think maybe 2 but could be 3 as they were housed inside blue plastic bags and not visible. On 2/26/25, at 9:55 AM, a record review of the narcotic reconciliation booklet housed on medication cart on the first floor revealed no reconciliation form for the Ativan housed in the medication room refrigerator. On 2/26/25, at 10:30 AM, the DON was interviewed regarding the Ativan vials in the refrigerator in the medication room and asked how the facility ensures reconciliation. The DON offered, (pharmacy consultant "D") comes in every other week and reconciled the backup medications including the Ativan vials. The DON was asked to provide the pharmacy documentation of the Ativan reconciliation. The DON was asked how the nurses would get the Ativan from the refrigerator and the DON offered, the nurses key should open the box. On 2/26/25, at 10:35 AM, an observation of the medication room refrigerator along with Nurse "B" and the DON was conducted. The DON opened the unlocked refrigerator and pulled out the plastic box. Nurse "B"'s key ring did not house a key to open the box. Nurse "B" stated, the key is in the nexys system (pharmacy backup storage machine). The DON offered they would call the pharmacy consultant and inquire on the Ativan reconciliation.			

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	On 2/26/25, at 10:50 AM, while on the phone with pharmacy consultant "D", the DON entered the medication room, logged into the nexys (backup machine) and was able to obtain the key for the lock box of Ativan vials. The DON opened the box and counted 2 vials of Ativan, locked the box and replaced it back into the refrigerator. The DON was asked again for any documentation the pharmacy consultant could provide that ensures the Ativan had been reconciled and to provide the narcotic reconciliation procedure. On 2/27/25, at 10:00 AM, the DON offered that the pharmacy consultant could not run a reconciliation report for just the one facility. On 2/27/25, at 2:05 PM, an observation of the medication room refrigerator along with Nurse "C" was conducted. Nurse "C" removed the box from the refrigerator and offered, we used to count it on our sheets but now the key is locked in the nexys. Prior to exit, the facility did not provide any reconciliation documentation that ensured the Ativan vials had been reconciled. A review of the facility provided "Controlled Substances Revised February 2023" revealed "The facility complied with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications ... Dispensing and Reconciling Controlled Substances 1. Controlled substance inventory			

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	is monitored and reconciled to identify loss or potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up ... Storing Controlled Substances are separately locked in permanently affixed compartments, except when using single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected ... 12. Some controlled substances may be stored in the emergency medication supply. Reconciliation of controlled substances in the emergency supply is conducted at intervals established by the director of nursing services ... "			