STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Healthcare Quality And Safety Branch

January 31, 2019

Ingrid Kausyla, Supervisor of Assisted Living Services Agency
The Orchards At Southington
34 Hobart Street
Southington, CT 06489

Dear Ms. Kausyla:

Unannounced visits were made to The Orchards At Southington on October 10, 2018 by a representative of the Facility Licensing and Investigations Section of the Department of Public Health for the purpose of conducting an investigation.

Attached are the violations of the Regulations of Connecticut State Agencies and/or General Statutes of Connecticut which were noted during the course of the visits.

In accordance with Connecticut General Statutes, section 19a-496, upon a finding of noncompliance with such statutes or regulations, the Department shall issue a written notice of noncompliance to the institution. Not later than ten days after such institution receives a notice of noncompliance, the institution shall submit a plan of correction to the Department in response to the items of noncompliance identified in such notice.

The plan of correction is to be submitted to the Department by February 10, 2019

The plan of correction shall include:
(1) The measures that the institution intends to implement or systemic changes that the institution intends to make to prevent a recurrence of each identified issue of noncompliance;
(2) the date each such corrective measure or change by the institution is effective;
(3) the institution's plan to monitor its quality assessment and performance improvement functions to ensure that the corrective measure or systemic change is sustained; and
(4) the title of the institution's staff member that is responsible for ensuring the institution's compliance with its plan of correction.

The plan of correction shall be deemed to be the institution's representation of compliance with the identified state statutes or regulations identified in the department's notice of noncompliance. Any institution that fails to submit a plan of correction to Loan.Nguyen@ct.gov may be subject to disciplinary action.

You may wish to dispute the violations and you may be provided with the opportunity to be heard. If the violations are not responded to by February 10, 2019 or if a request for a meeting is not made by the stipulated date, the violations shall be deemed admitted.

DATES OF VISIT: October 9 and 10, 2018

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

An office conference has been scheduled for February 14, 2019 at 9:00 A.M. in the Facility Licensing and Investigations Section of the Department of Public Health, 410 Capitol Avenue, Second Floor, Hartford, Connecticut. Should you wish to retain legal representation, your attorney may accompany you to this meeting.

Alternate remedies to violations identified in this letter may be discussed at the office conference. In addition, please be advised that the preparation of a Plan of Correction and/or its acceptance by the Department of Public Health does not limit the Department in terms of other legal remedies, including but not limited to, the issuance of a Statement of Charges or a Summary Suspension Order and it does not preclude resolution of this matter by means of a Consent Order.

Should you have any questions, please do not hesitate to contact this office at (860) 509-7400.

Respectfully,

Loan D Nguyen

Loan Nguyen M.S.N., R.N., C.
Supervising Nurse Consultant
Facility Licensing and Investigations Section

CT # 24235

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

The following are violations of the Regulations of Connecticut State Agencies Section 19-13-D105 (d) Governing authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and (B) and/or (h) Nursing service provided by an assisted living services agency (3) (C) and/or (J) (v) and/or (4) (A) and/or (B) and/or (k) Client service record (1) and/or (2) (H)

1. Based on review of the clinical records and interview with agency personnel, for three of three clients (Clients #1, #2 and #3) who required administration of medications by ALSA nurses, the ALSA nurses failed to provide the necessary services. The findings include:

A. Client #1 was admitted to ALSA services on 12/18/13 with diagnoses that included dementia, epilepsy, seizure disorder, systolic hypertension, coronary artery disease, rapid atrial fibrillation, hypokalemia, arthritis and gastroesophageal reflux disease.

The client's medications included Levetiracetam (Keppra) 1000 mg by mouth two times a day.

Client # 1 was transferred to the Memory Care Unit on 07/20/18 after the client exhibited increased confusion and wandering behaviors.

i. Interview and review of the client's service plan dated 02/15/18 with the SALSA on 10/09/18 identified occasional confusion, no safety concerns, the need for weekly medication pre-pouring, and failed to identify nursing updates to service plan to reflect the increased confusion, wandering behaviors, the transfer to the Memory Care Unit, and the need for medication administration by the ALSA nurses;

ii. Interview and review of the client's service plan dated 02/15/18 with the SALSA on 10/09/18 failed to identify nursing updates to Client # 1's service plan every 120 days;

The agency documentation dated 08/22/18 indicated that ALSA Aide #1 completed a safety check on Client # 1 at 12:06 a.m. and assisted the client to the bathroom at 12:09 a.m. and 3:21 a.m.

The nursing note dated 08/22/18 indicated that Client #1 was found on the floor at 5AM, disoriented with garbled speech and was transferred to the Emergency Department (ED)

The ED physician notes dated 08/22/18 identified review of the ALSA record by ED Physicians # 1 and # 2, who documented that Client # 1 most likely suffered a partial seizure, did not receive from the ALSA nurses the morning dose of Keppra on 8/22/18, the evening dose from 8/21/18, the evening dose on 8/17/18 the morning and evening doses on 8/18/18 and 8/19/18, and that the ALSA nurse signed off for administering the morning medications on weekdays, with no documentation of

medications administered to Client # 1 on evenings and weekends.

A neurology consultation dated 08/22/18 identified a focal onset of status epilepticus and post-ictal encephalopathy, with no evidence that Client was getting all daily medications. The client was treated with intravenous Keppra in the Emergency Department, the daily oral Keppra was increased to 1500mg a day, and the client was discharged to a skilled nursing facility on 8/27/18.

iii. Interview and review with Licensed Practical Nurse (LPN) #1 and the SALSA on 10/09/18 of both Client #1's medication administration record (MAR) dated 08/12/18 to 09/08/18 that was faxed to the ED on 8/22/18 and the actual MAR found in the ALSA during the onsite inspection on 10/9/18 failed to identify documentation that LPN #1 administered the client's 8:00 p.m. dose of Keppra 1000 mg on 08/17/18;

iv. Interview and review with Licensed Practical Nurse (LPN) # 3 and the SALSA on 10/09/18 of both Client #1's medication administration record (MAR) dated 08/12/18 to 09/08/18 that was faxed to the ED on 8/22/18 and the actual MAR found in the ALSA during the onsite inspection on 10/9/18 failed to identify documentation that LPN # 3 administered the client's morning doses of Keppra 1000 mg on 08/18/18 and 8/19/18;

v. Interview and review of Client #1's MAR dated 08/12/18 to 09/08/18 that was faxed to the Emergency Department on 08/22/18 by the ALSA staff, identified blank boxes lacking the nurse signature for administration of the Keppra on the evenings of 8/18/18, 8/19/18 and 8/20/18.

However, interview and review of the same MAR during the surveyor onsite investigation on 10/10/18 with LPN #2 and the SALSA on 10/10/18 identified LPN # 2's signature for having administered Keppra to Client #1 on the evenings of 8/18/18, 8/19/18 and 8/20/18, after the Emergency Department documented the lack of medication administration, five days after the administration dates, and failed to identify accuracy and/or authenticity of the ALSA nurse documentation;

vi. In an interview on 10/10/18, LPN # 2 explained that the LPN was sometimes busy during the shift, and signed for medication administration at a later time, but could not explain how medications could be signed off after five days of evidence of blank boxes in the MAR. Interview and review of the ALSA policies and procedures with the SALSA on 10/10/18 failed to identify policies and/or guidelines regarding the time frame for nurses to sign off on medication administration to ensure accuracy and/or authenticity;

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

vii. Review with the SALSA on 10/09/18 of both Client #1's medication administration record (MAR) dated 08/12/18 to 09/08/18 that was faxed to the ED on 8/22/18 and the actual MAR found in the ALSA during the onsite inspection on 10/9/18 failed to identify documentation that LPN # 4 administered the client's evening dose of Keppra 1000 mg on the evening of 8/21/18. LPN # 4 was not available for interview.

Review of in-services conducted by the SALSA attended by LPN #1, #2 , #3 and # 4 on 03/27/18 and 08/10/18 identified directions for the documentation of medication administration by the end of the shift, with the administration considered not done if not documented;

viii. Interview and review of the MAR dated 08/12/18 to 09/08/18 with the SALSA on 10/10/18 failed to identify a legend to interpret the nurse's initials against their full names and credentials and/or a Master List of nurses' signatures maintained by the nursing office at the ALSA;

ix. Interview and review of the ALSA documentation with the SALSA on 10/10/18 failed to identify an internal investigation into the lack of documentation of anti-seizure medications for five days preceding the transfer of Client # 1 to the hospital with status epilepticus and post-ictal encephalopathy.

B. Client #2 was admitted to the ALSA services on 11/03/17 with diagnoses that included dementia, mild confusion, short-term memory loss, hypertension, depression, hypothyroidism, macular degeneration and arthritis. The client's medications included Keppra 750 mg by mouth two times a day.

The ALSA nurse documented that the client was transferred to the Emergency Department/ED on 08/08/18 for behavioral health issues, was admitted to the hospital and discharged back to the ALSA on 08/20/18.

The client's service plan dated 08/24/18 indicated that the client transferred into the Memory Care Unit following the development of behavioral health issues, hallucinations and suicidal thoughts. The client required administration of the medication Keppra by the ALSA nurses.

i. Interview and review of the client's medication administration record (MAR) dated 08/20/18 to 09/01/18 with the SALSA on 10/10/18 failed to identify documentation that the client received the evening doses of Keppra on 08/21/18, 08/22/18, 08/26/18, and 08/31/18 and the morning doses of Keppra on 08/23/18, 08/29/18 and 09/01/18;

THE FOLLOWING VIOLATION(S) OF THE REGULATIONS OF CONNECTICUT STATE AGENCIES AND/OR CONNECTICUT GENERAL STATUTES WERE IDENTIFIED

ii. Interview and review of the client's MAR dated 09/02/18 to 09/29/18 with the SALSA on 10/10/18 failed to identify documentation that the client received the morning doses of Keppra on 09/02/18 and 09/08/18 and the evening dose of Keppra on 09/09/18;

iii. Interview and review of the MAR dated 08/12/18 to 09/08/18 with the SALSA on 10/10/18 failed to identify a legend to interpret the nurse's initials against their full names and credentials and/or a Master List of nurses' signatures maintained by the nursing office at the ALSA.

C. Client #3 was admitted to the ALSA services on 11/02/15 with diagnoses that included Alzheimer's disease, hypertension and macular degeneration. The client's medications include Vigamox 0.5% eye drops to the right eye four times a day, Maxitrol eye ointment to the right eye three times a day, Erythromycin 5 mg/gram (0.5%) eye ointment into the right eye four times a day and Combigan 0.2%-0.5% eye drops to the left eye twice a day.

The client's service plan dated 08/10/18 identified the need for administration of medications by the ALSA nurses at a minimum four time a day.

i. Interview and review of the MAR with the SALSA on 10/10/18 failed to identify administration of the Vigamox eye drop at 4:00 p.m. and 8:00 p.m. on 10/04/18 and 10/05/18 and 12:00 p.m.;

ii. Interview and review of the MAR with the SALSA on 10/10/18 failed to identify administration of the Erythromycin eye ointment on 10/05/18 at 12:00 p.m. and 4:00 p.m;

iii. Interview and review of the MAR with the SALSA on 10/10/18 failed to identify administration of the Maxitrol eye ointment at 8:00 p.m. on 10/04/18 and 10/05/18;

iv. Interview and review of the MAR with the SALSA on 10/10/18 failed to identify documentation of administration of the Combigan eye drops at 8:00 p.m. on 10/04/18 and 10/05/18;

v. Interview and review of the MAR dated 08/12/18 to 09/08/18 with the SALSA on 10/10/18 failed to identify a legend to interpret the nurse's initials against their full names and credentials and/or a Master List of nurses' signatures maintained by the nursing office at the ALSA.

POC accepted 3-5-19 Nguyen

The Orchards at Southington Plan of Correction
POC Submitted: 2/8/19; 2/11/19; 2/18/19; 2/22/19
Dates of Visit: 10/9/18 and 10/10/18

Section 19-13-D105 (d) Governing Authority of an assisted living services agency (4) (A) and/or (g) Supervisor of assisted living services (2) (A) and (B) and/or (h) Nursing service provided by an assisted living services agency (3) (C) and/or (J) (v) and/or (4) (A) and/or (B) and/or (k) Client service record (1) and/or (2) (H)	**Measures that institution implemented to prevent a recurrence**	**Date Effective**	**Institution's plan to ensure sustainability**	**Individual Responsible**
Client #1				
A,i. Interview and review of the client's service plan dated 2/5/18 with the SALSA on 10/9/19 identifies occasional confusion, no safety concerns, the need for weekly medication pre-pouring, and **failed to identify nursing updates to service plan** to reflect the increased confusion, wandering behaviors, the transfer to the Memory Care Unit, and the need for medication administration by the ALSA nurses	Client #1's services through ALSA ended on 8/22/19. The facility has reviewed all service plans and updated them to capture changes in condition and care needs. All service plans are now 100% compliant and accurate. Facility is using the MatrixCare EMR which automatically updates nurses on service plan status and triggers past due plans.	12/31/18	The facility hired a new RN Designee on 11/12/18, with responsibility to support SALSA in updating service plans to capture changes in condition and care needs. RN Designee trained on new responsibilities by SALSA and trained in EMR from 11/13/18 – 12/31/18. Ongoing OTJ training and education continues. Facility will update the service plan for all residents with every change in condition, when it occurs. Starting 2/25/19, the facility will perform weekly audits of 10% of total client charts to ensure service plan compliance using Matrix EMR system	SALSA/RN Designee

BC accepted 3-5-19 Cnguyen

			spreadsheet for 6 weeks, or until 100% compliant. Once at 100% complaint, reduce to monthly for 12 weeks. Facility will continue using weekly resident roster meetings to review all clients and cross check care plan compliance.	
A,ii. Interview and review of the client's service plan dated 2/15/18 with the ALSA on 10/9/18, **failed to identify nursing updates to Client # 1's service plan every 120 days**	Client #1's services through ALSA ended on 8/22/19. Facility is 100% compliant on all 120 day assessments service plan assessments and uses the MatrixCare EMR system to log compliance.	12/31/18	The facility hired a new RN Designee on 11/12/18, with responsibility to support SALSA in updating service plans to capture changes in condition and care needs. RN Designee trained on new responsibilities by SALSA and trained in EMR from 11/13/18 – 12/31/18. Ongoing OTJ training and education continues. Facility will update the service plan for all residents every 120 days. Starting 2/25/19, the facility will perform weekly audits of 10% of total client charts to ensure 120 day assessment compliance using Matrix EMR system spreadsheet for 6 weeks, or until 100% compliant. Once at 100% complaint,	SALSA/RN Designee

A,vi. In an interview on 10/10/18, LPN #2 explained that the LPN was sometimes busy during the shift, and signed for medication administration at a later time, but could not explain how medications could be signed off after 5 days of evidence of blank boxes in the MAR. **Interview and review of the ALSA policies and procedures with the SALSA on 10/10/18 failed to identify policies and/or guidelines regarding the time frame for nurses to sign off on medication administration to ensure accuracy and/or authenticity.** **A,vii.** Review with the SALSA on 10/9/18 of both Client #1's MAR dated 8/12/18 to 9/8/18 that was faxed to the ED on 8/22/18 and **the actual MAR found in the ALSA during the onsite inspection on 10/9/18 failed to identify documentation that LPN #4 administered the client's evening dose of Keppra on the evening of 8/21/18.** **A,viii.** Interview and review of the MAR dated 8/12/18 to 9/8/18 with the SALSA on 10/10/18 **failed to identify a legend to interpret the nurse's initials against their full names and credentials and/or a Master List of nurses' signatures maintained by the nursing office at the ALSA**	after the medication has been given. Facility trained all nurses on the new policies at the nursing staff meeting and in-service regarding orders and documentation.		Administrator, SALSA and RN Designee began reviewing 100% of the MAR weekly for medication documentation and compliance. Starting on 2/25/19, the facility will perform weekly audits of 10% of total client charts to ensure MAR compliance using Matrix EMR system spreadsheet for 6 weeks, or until 100% compliant. Once at 100% complaint, reduce to monthly for 12 weeks. When live with EMR medication documentation on 3/1/19, SALSA will also run weekly reports to monitor medication documentation compliance through MatrixCare EMR.	POC accepted 3-5-19 nguyen
A,ix. Interview and review of the ALSA documentation with the SALSA on 10/10/18 **failed to identify an internal investigation into the lack of documentation** of anti-seizure medications for 5 days preceding the transfer of Client #1 to the hospital with status epilepticus and post-ictal encephalopathy.	Facility completed internal investigation. Policy on investigations revised by facility and was reviewed with all nurses on 11/14/2018 during a staff meeting. Investigations will be launched within 24 hours of incident and concluded within a 5 day period.	10/15/18 11/14/18	All newly hired nurses will review the policy on investigation as part of onboarding and be assigned learning in HealthStream, an electronic tool that can track completion.	SALSA/Ad-ministrator SALSA

POC accepted 3-5-19 Nguyen

			reduce to monthly for 12 weeks. Facility will continue using weekly resident roster meetings to review all clients and cross check compliance.	
A,iii. Interview and review with the LPNs #1 and the SALSA on 10/9/18 of both Client #1's MAR dated 8/12/18 to 9/8/18 that was faxed to the ED on 8/22/18 and the actual MAR found in the ALSA during the onsite inspection on 10/9/18 **failed to identify documentation that LPN #1 administered the client's 8:00PM dose of Keppra on 8/17/18** **A,iv.** Interview and review with the LPNs #3 and the SALSA on 10/9/18 of both Client #1's MAR dated 8/12/18 to 9/8/18 that was faxed to the ED on 8/22/18 and the actual MAR found in the ALSA during the onsite inspection on 10/9/18 **failed to identify documentation that LPN #3 administered the client's morning doses of Keppra on 8/18/18 & 8/19/18** **A,v.** Interview and review of Client #1's MAR dated 8/12/18 to 9/8/18 that was faxed to the ED on 8/22/18 by the ALSA staff, **identified blank boxes lacking the nurse signature for administration of the Keppra on the evenings of 8/18/18, 8/19/18, and 8/20/18.** However, interview and review of the same MAR during the surveyor onsite investigation on 10/10/18 with LPN #2 and the SALSA on 10/10/18 identified **LPN #2's signature for having administered Keppra to Client #1 on the evenings of 8/18/18, 8/19/18, and 8/20/18, after the ED documented the lack of medication administration, five days after the administration dates, and failed to identify accuracy and/or authenticity of the ALSA nurse documentation.**	Facility reviewed and continues to review MAR. Nurses who have violated policy have received re-education and/or disciplinary action, if appropriate. Facility counseled LPNs on failing to complete proper documentation on the MAR. LPN #2 was counseled about her late documentation as described in the findings related to Client #1. Facility created new policies and in-serviced nurses on them. Policies include: (1) Nurse Administration of Medication (2) Documentation of Medication Administration, and (3) Nursing Legend Policy. Facility created and implemented Nursing Signature Legend. Documentation of Medication Administration cites that medication administration must be documented immediately	11/14/18	All nurses are expected to comply with policies. Any nurses violating medication administration policy, documentation policy, or nurse signature sheet (legend) policy will be counseled and brought through the progressive disciplinary process. All newly hired nurses will review the in-services as part of onboarding and be assigned learning in HealthStream, an electronic tool that can track completion. All nurses sign the Nursing Signature Legend sheet annually. All new hires will add their name to existing legend for that year. Annually, in January, a new sheet is started, signed, and kept in front of the MAR. Following completion of in-servicing, the	SALSA

	documented immediately after the medication has been given. Facility trained all nurses on the new policies at the nursing staff meeting and in-service regarding orders and documentation.		sheet is started, signed, and kept in front of the MAR. Following completion of in-servicing, the Administrator, SALSA and RN Designee began reviewing 100% of the MAR weekly for medication documentation and compliance. Starting on 2/25/19, the facility will perform weekly audits of 10% of total client charts to ensure MAR compliance using Matrix EMR system spreadsheet for 6 weeks, or until 100% compliant. Once at 100% complaint, reduce to monthly for 12 weeks. When live with EMR medication documentation on 3/1/19, SALSA will also run weekly reports to monitor medication documentation compliance through MatrixCare EMR.	POC accepted 3-5-19 Nguyen
Client #3 **C,i.** Interview and review of the MAR with the SALSA on 10/10/18 **failed to identify administration of the Vigamox eye drop at 4pm and 8pm on 10/4/18 and 10/5/18 and 12pm**	Facility reviewed and continues to review MAR. Nurses who have violated policy have received re-education and/or disciplinary action, if appropriate. Facility counseled LPNs on failing to		All nurses are expected to comply with policies. Any nurses violating medication administration policy, documentation policy, or nurse signature sheet (legend) policy will be	SALSA

	Facility defined chain of command for medication error investigations and structure for reporting these errors.		All staff receive in-services on mandatory reporting and duty to report. Facility will conduct monthly monitoring audits to ensure that required training is completed and review investigations for compliance with policy over period of 6 months.	for accepted 3-5-19 Nguyen
Client #2 **B,i.** Interview and review of the client's MAR dated 8/20/18 to 9/1/18 with the SALSA on 10/10/18 **failed to identify documentation that the client received the evening doses of Keppra on 8/21/18, 8/22/18, 8/26/18, 8/31/18, and 8/31/18 and the morning doses of Keppra on 8/23/18, 8/29/18, 9/1/18.** **B,ii.** Interview and review of the client's MAR dated 9/2/18 to 9/29/18 with the SALSA on 10/10/18 **failed to identify documentation that the client received the morning doses of Keppra on 9/2/18 and 9/8/18 and the evening dose of Keppra on 9/9/18.** **B,iii.** Interview and review of the MAR dated 8/12/18 to 9/8/18 with the SALSA on 10/10/18 **failed to identify a legend to interpret the nurse's initials against their full names and credentials and/or a Master List of nurse's signatures maintained by the nursing office at the ALSA.**	Facility reviewed and continues to review MAR. Nurses who have violated policy have received re-education and/or disciplinary action, if appropriate. Facility counseled LPNs on failing to complete proper documentation on the MAR. Facility created new policies and in-serviced nurses on them. Policies include: (1) Nurse Administration of Medication (2) Documentation of Medication Administration, and (3) Nursing Legend Policy. Facility created and implemented Nursing Signature Legend. Documentation of Medication Administration cites that medication administration must be	11/14/18	All nurses are expected to comply with policies. Any nurses violating medication administration policy, documentation policy, or nurse signature sheet (legend) policy will be counseled and brought through the progressive disciplinary process. All newly hired nurses will review the in-services as part of onboarding and be assigned learning in HealthStream, an electronic tool that can track completion. All nurses sign the Nursing Signature Legend sheet annually. All new hires will add their name to existing legend for that year. Annually, in January, a new	SALSA

			When live with EMR medication documentation on 3/1/19, SALSA will also run weekly reports to monitor medication documentation compliance through MatrixCare EMR.	

POC accepted 3-5-19 CNguyen

The filing of this plan of correction should not be construed as an admission by The Orchards at Southington, its officers, directors, employees or agents, as to the truth of the allegations contained in the Department of Public Health's violation letter.

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C,ii. Interview and review of the MAR with the SALSA on 10/10/18 **failed to identify administration of the Erythromycin eye ointment on 10/5/18 at 12pm and 4pm** **C,iii.** Interview and review of the MAR with the SALSA on 10/10/18 **failed to identify administration of the Maxitrol eye ointment at 8pm on 10/4/18 and 10/5/18** **C,iv.** Interview and review of the MAR with the SALSA on 10/10/18 **failed to identify documentation of administration of the Combigan eye drops at 8pm on 10/4/18 and 10/5/18** **C,v.** Interview and review of the MAR dated 8/12/18 to 9/8/18 with the SALSA on 10/10/18 **failed to identify a legend to interpret the nurse's initials against their full names and credentials and/or a Master List of nurse's signatures maintained by the nursing office at the ALSA.**	complete proper documentation on the MAR. Facility created new policies and in-serviced nurses on them. Policies include: (1) Nurse Administration of Medication (2) Documentation of Medication Administration, and (3) Nursing Legend Policy. Facility created and implemented Nursing Signature Legend. Documentation of Medication Administration cites that medication administration must be documented immediately after the medication has been given. Facility trained all nurses on the new policies at the nursing staff meeting and in-service regarding orders and documentation.	11/14/18	counseled and brought through the progressive disciplinary process. All newly hired nurses will review the in-services as part of onboarding and be assigned learning in HealthStream, an electronic tool that can track completion. All nurses sign the Nursing Signature Legend sheet annually. All new hires will add their name to existing legend for that year. Annually, in January, a new sheet is started, signed, and kept in front of the MAR. Following completion of in-servicing, the Administrator, SALSA and RN Designee began reviewing 100% of the MAR weekly for medication documentation and compliance. Starting on 2/25/19, the facility will perform weekly audits of 10% of total client charts to ensure MAR compliance using Matrix EMR system spreadsheet for 6 weeks, or until 100% compliant. Once at 100% complaint, reduce to monthly for 12 weeks.	POC accepted 3-5-19 Enqueper