MSDH - Health Facilities Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	61BH	A. BUILDING: _____ B. WING _____	C 10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIAR HILL REST HOME	1201 GUNTER ROAD FLORENCE, MS 39073

(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
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #19625 for Nursing Services, MS#19395 for Resident Abuse (Verbal), MS #19618 for Pharmaceutical Services, MS #19535 for Quality of Care/Tx related to Facility Staffing, and MS #18789 for Resident Neglect, Resident Abuse, Nursing Services, Resident Rights and Quality of Care/Treatment related to call lights not answered timely, resident not groomed adequately, and care/services not received per physician services at the facility from 10/03/22 through 10/05/22. During the survey, the SA determined the facility was in compliance with the Mississippi Regulations for Minimum Standards for Institutions for the Aged or Infirm. The SA did not substantiate MS #18789, MS #19395 or MS #19618. The SA did substantiate MS #19625 for Misappropriation and did substantiate MS #191535 for Resident Verbal Abuse and cited M500.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility,	M 500		11/15/22

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M 500	Continued From page 1 and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action; 4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record; 5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care	M 500		

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M 500	Continued From page 2	M 500		

established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

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M 500	Continued From page 3 11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care; 12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent	M 500		

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M 500	Continued From page 4 personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Based on interviews, record reviews, and facility policy review, the facility failed to prevent the verbal abuse of one (1) out of nine (9) sampled residents (Resident #2) and failed to protect residents from misappropriation of a medication for four (4) of nine (9) sampled residents (Resident #1, #7, #8, and #9). Findings Include: Record review of facility's policy titled "Abuse Program" with revision date 5/23/17, revealed the document stated "it is the policy of this facility to take all steps necessary to maintain an environment free of abuse and neglect. Each resident has the right to be free from verbal, sexual, physical, and mental abuse ...The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to facility staff". Record review of the reportable Incident Form and Facility Investigation revealed that Resident #2 reported to the facility Social Worker that Registered Nurse (RN) #1 had yelled at her, called her a "(curse name)" and made her feel uncomfortable and threatened. Record review of the Face Sheet for Resident #2 revealed the resident was admitted by the facility on 8/04/22. According to the Face Sheet, Resident #2 was listed as her own Responsible Party. Resident #2 had diagnoses including Systemic Lupus, Osteomyelitis of Vertebra, Paraplegia, Atrial Fibrillation, and End Stage	M 500	M 500 I. Address how corrective actions will be accomplished for those residents found to have been affected by the deficient practice. The facility failed to prevent Abuse and Neglect when a staff member cursed towards a Facility Residnet. On August 24,2022, The Nursing Home Administrator (NHA) was notified by the Facility Director of Nursing Services, that a report had been made to the Licensed Facility Social Worker (SW) that a staff member, Registered Nurse #1, had called Resident #2 a curse name. An investigation ensued. After interview with Resident #2, and after Resident #2 revealed that Registered Nurse #1 had indeed cursed at Resident #2, the allegation was substantiated. Registerd Nurse #1 was terminated on August 24, 2002 for verbally abusing a Nursing Home Resident. II. Steps taken to identify other residents having the potential to be affected by the same alleged deficient practice. All residents of the facility are at risk for the alleged deficient practice. A sample of Four Residents with equivalent BIMS scores as Resident #2 were interviewed by the facility Social Worker on August 24,	

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M 500	Continued From page 5 Renal Disease. Review of the Minimum Data Set (MDS)for Resident #2, with an Assessment Reference Cate (ARD) Resident #2 with ARD 10/01/22, revealed the resident had a BIMS score of 15, indicating the resident was cognitively intact. On 10/03/22 at 5:30 PM, during an interview, Licensed Practical Nurse (LPN) #2 confirmed that on 8/22/22, she heard RN #1 yell at Resident #2 and call her a "(curse name)." On 10/04/22 at 10:30 AM, during an interview with the Director of Nursing (DON), she confirmed that on 8/22/22, she was made aware of a complaint by Resident #2 that RN #1 had yelled and cursed at her and called her "(curse name)." The DON said RN #1 was immediately suspended to protect residents and an investigation was conducted. The allegation was substantiated by the investigation and RN #1 was terminated. The DON stated yelling at a resident, cursing at a resident, and calling residents inappropriate names were considered verbal abuse and not tolerated. On 10/05/22 at 10:05 AM, a telephone interview with Resident #2 revealed she recounted how on 8/22/22, RN #1 came into her room and the resident tried to ask the RN about her wound vac. She said the RN ignored her question and when she asked about it again, the RN started yelling at her, called her a "curse name," and pointed a syringe with liquid in it at her, causing some of the liquid to get on her. She said at the end of the confrontation, RN #1 told her that if she needed anything else to "just watch." She said that when RN #1 pointed at her with the syringe and the liquid got on her and told her to "just watch" she felt uncomfortable and threatened. She said she	M 500	2022 to determine this deficient practice was not widespread. Based on interview and investigation, this was an isolated case. III. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? An in-service was given by the Staff Development Nurse and the Director of Nursing Services and held with All Staff present on September 1, 2022 to address the facility policy on Abuse and Neglect. Also discussed in this In-Service was Employee/Resident reporting procedures. On September 2, 2022 the Nursing Home Administrator held a Quality Assurance and Performance Improvement Meeting with the Quality Assurance and Performance Improvement Team and the Medical Director to address the issue. The Quality Assurance and Performance Improvement Team recommended increasing the frequency of in-services on abuse and neglect to monthly, and to not only include lecture but also role play to ensure staff understanding of the different types of abuse and what each form of abuse looks like. All new hire orientation will include education on abuse and neglect with discussion regarding professional conversations with residents. Reporting procedures will be discussed with new hires to include direction given to them on Safe Place Reporting. All New Hires will sign a statement of agreement and understanding regarding the facility abuse policy. The Administrator and Staff Development Nurse will ensure the	

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M 500	Continued From page 6 did not want RN #1 to provide care for her following the incident, as she felt threatened by her. She said she was not sure what the RN had meant by "just watch", but she interpreted the statement as a threat. On 10/05/22 at 11:00 AM, during an interview with the Administrator, he confirmed that he had conducted a thorough investigation, along with the DON following the allegations by Resident #2 of verbal abuse by RN #1. He stated yelling a resident, cursing at a resident, and calling residents inappropriate names were considered verbal abuse and not tolerated. As a result of the investigation, the Administrator confirmed RN #1's employment at the facility had been terminated. A record review of the facility's policy, "CONTROLLED MEDICATIONS ADMINISTRATION" (undated), revealed the policy stated "POLICY: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subjected to special handling, storage, disposal, and record keeping in the facility, in accordance with federal and state laws and regulations. RESPONSIBILITY: All Licensed Nursing Personnel/Executive Director/Pharmacy Consultant. PROCEDURE ...Only authorized licensed nursing and pharmacy personnel have access to controlled medications ...4. Medications listed in Schedules II, III IV and V dispensed by the pharmacy are adequately documented and reconciled consistent with law and regulations ...6. When administering controlled medication, the authorized personnel records the administration on the MAR (Medication Administration Record) or EMAR (Electronic MAR) and enters all of the following information on the controlled Drug Record: a. Date and time	M 500	in-services on abuse and neglect are held monthly with both lecture and role-play. These actions will be taken to prevent further defficient practices of this type. IV. Monitoring the corrective actions (Quality Assurance Program) to ensure that the alleged deficient practice does not recur. The Quality Aussurance and Performance Improvement Committee will audit the staff in-services on abuse and neglect at their monthly meeting to ensure the in-services are adequate and that all staff are being trained. This meeting will occur 10/25/2022. The Social Worker will continue to interview a sample of Eight Residents each month to ensure there are no complaints or grievances regarding inappropriate behavior toward them from staff. The Socail Worker will report her findings monthly to the Quality Aussurance and Performance Improvement Committee. This will begin on 10/25/2022. All findings will be reported monthly to the Quality Assurance and Performance Improvement Committee beginning 10/25/2022 for six months or until compliance is achieved. The Quality Assurance and Performance Improvement Committee will make recommendations as needed. These actions will be taken to prevent further deficient practices of this type. Residents #1, #7, #8 and #9 were immediately assessed for pain being identified as being affected by the	

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M 500	Continued From page 7 of administration b. Amount administered c. Signature of the person preparing the dose d. Quantity reconciled ....". A record review of the facility's guidelines, "MEDICATION ADMINISTRATION GENERAL GUIDELINES" (undated), stated " ...RESPONSIBILITY: All Licensed Nursing Personnel ...PROCEDURE: ...4. Medications are administered at the time they are prepared for each resident one at a time. Medications are not pre-poured ...11. The resident's MAR or EMAR ...is initialed by the person administering a medication, in the space provided ...on the line for that specific medication dose following medication administration ...". A record review of the facility's "Abuse Program" revised on 5/23/17, revealed the document stated "It is the policy of this facility to take all steps necessary to maintain an environment free of abuse and neglect. Each resident has the right to be free from verbal, sexual, physical and mental abuse, neglect, exploitation, misappropriation of resident property, and involuntary seclusion ...The facility is committed to protecting the residents from abuse by anyone including, but not necessarily limited to facility staff ...". A record review of the facility's "Reportable Incident Form," completed by the Interim Director of Nursing (DON) and dated 9/22/22, revealed that she had received a call from the Mississippi Board of Nursing on 9/21/22 at approximately 4:00 PM. The Mississippi Board of Nursing stated that they had received an anonymous call that the facility had a nurse that was possibly diverting medications. The caller had identified the nurse as Licensed Practical Nurse (LPN) #1. Copies were made of the Narcotic sheets for the cart that	M 500	diversion on 9/23/2022. All four residents were noted to have adequate pain management with no ill effects. All 4 residents will be assessed weekly for pain for four weeks. " All residents who have current physician orders for controlled substance(s) would have the potential to be affected by the same deficient practice. " On 09/23/2022, the Registered Nurse Minimum Data Set Coordinator, the Staff Development Licensed Practical Nurse, and the Medical Records Licensed Practical Nurse reconciled all current, expired and hospitalized residents with controlled medications from 09/23/2022 to current. " The Staff Development Licensed practical Nurse provided education to all licensed clinical staff regarding handling, counting and destruction of controlled substances on 9/23/2022. " The Director of Nursing Services will audit four resident samples per month of residents receiving As Needed controlled substance medications and compare the narcotic sign out log to the Electronic Medical Administration Record history beginning 9/26/2022, this will be reviewed quarterly by the Quality Assurance Committee to help prevent any further deficient practices of this type. This meeting will be held on 10/25/2022. " Facility will conduct audits of the controlled substance and reconciling the	

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M 500	Continued From page 8 LPN #1 had been working. In review of the narcotic sheets, the Interim DON's report stated that there were medications that were only given when LPN #1 worked, there were medications signed out that the resident knew nothing about and denies taking, and there were medications that LPN #1 signed out for future times. The investigation notes included a statement written by the Administrator to the Interim DON revealing that he had interviewed two (2) residents, per her request, inquiring about their medication schedule. His statement disclosed that upon asking Resident #1 how often he took Ultram for pain, the resident told him that he has only taken Ultram maybe once since he has been a resident at the facility. The Administrator wrote that when he interviewed Resident #7, the resident told him that he only took Oxycodone once at night for rest and sleep. The results of LPN #1's urine drug screen that was done 9/22/22 at 10:05 AM, tested positive for opiates and oxycodone. LPN #1 was unable to provide a valid prescription to account for the positive drug screen. At this point LPN #1 was asked to leave the facility and was put on Investigative Leave pending completion of the investigation. The report stated that the Administrator and Staff Development Nurse found additional issues with the narcotic count once the med cart was turned over from LPN #1. LPN #1 was scheduled to work a double shift on 9/22/22 and had already signed out medications on the Narcotic Log for two (2) residents that were scheduled to receive those medications later in the shift and those medications were unaccounted for. The investigation documentation identified four (4) residents identified by the facility that were affected by the reported drug diversion (Resident #1, #7, #8, and #9).	M 500	counts weekly beginning 9/26/2022 for four weeks, monthly for 3 months and then will be reviewed by the Quality Assurance Committee to help prevent any further deficient practices of this type. The Quality Assurance Performance Improvement Committiee will meet on 10/25/2022. " Facility will look for discrepancies or odd patterns of medication administration; this will be done twice a week for four weeks beginning 9/26/2022 and then monthly for 3 months, and will then be reviewed by the Quality Assurance Committee to prevent further deficient practices of this type. The Quality Assurance Performance Improvement Committee will meet 10/25/2022.	

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M 500	Continued From page 9 Record review of the "Personnel Termination Notice, revealed that LPN #1 was terminated on 9/23/22 for violating the facility drug policy. It stated the employee was found not to be giving prescribed narcotic medication. On 10/03/22 at 5:10 PM, during an interview with Resident #1, he stated he was aware that he had a prescription for Ultram, but he doesn't take it. He stated "If someone recorded that I took that Ultram, that wasn't correct. I don't know who took it, but I didn't." Record review of the Face Sheet for Resident #1 revealed the resident was admitted by the facility on 2/25/21. His diagnoses include but are not limited to Chronic Obstructive Pulmonary Disease, Cellulitis, Atrial Fibrillation, Heart Failure and Peripheral Vascular Disease. Record review of the Quarterly Minimum Data Set (MDS) for Resident #1 with Assessment Reference Date (ARD) of 9/19/22 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident is cognitively intact. On 10/03/22 at 5:20 PM, during an interview with Resident #7, he explained that he had phantom limb pain in his left above the knee amputation. He stated Norco was prescribed for the pain, but he didn't like to take it because of his fear of becoming addicted. He said he never asked for it except at bedtime to help him to sleep. Record review of the Face Sheet for Resident #7 revealed the resident was admitted by the facility on 10/18/19. His diagnoses include but are not limited to Osteomyelitis of the Right Tibia and Fibula, Diabetes, Acquired Absence of Left Leg	M 500		

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M 500	Continued From page 10 Above Knee, Phantom Limb Syndrome with Pain, and Peripheral Vascular Disease. Record review of the Annual MDS for Resident #7 with an ARD of 10/3/22 revealed a BIMS score of 15, which indicates no cognitive impairment. Record review of the Face Sheet for Resident #8 revealed the resident was admitted by the facility on 10/20/20. She diagnoses include but are not limited to Dementia, Pain in Left Wrist and Hand, Pain (unspecified), Orthopedic Aftercare and Displaced Intertrochanter Fracture of Left Femur. Record review of Resident #8's Quarterly MDS with an ARD of 7/15/22 revealed the resident had BIMS score of 99, as the resident was unable to complete the assessment. The assessment revealed that the resident had problems with both short- and long-term memory. Record review of the Face Sheet for Resident #9 revealed the resident was admitted by the facility on 2/22/22. His diagnoses include but are not limited to Cerebral Infarction, Thoracic Aortic Aneurysm, Intervertebral Disc Degeneration, Low Back Pain, and Rheumatoid Arthritis. Record review of Resident # 9's Quarterly MDS with ARD of 8/22/22, revealed he had a BIMS score of 11, which indicates moderate cognitive impairment. On 10/03/22 at 5:30 PM, during an interview, LPN #2 confirmed that she had been provided training and had competency checkoffs at the facility regarding medication administration. She said the procedure for administration of as needed mediations included preparing the medication at the time the resident requested the medication.	M 500		

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M 500	Continued From page 11 On 10/03/22 at 5:40 PM, during an interview, LPN #3 confirmed that she had been provided training and had competency checkoffs at the facility regarding medication administration. She confirmed that pain medication ordered as needed, should not be prepared in advance or at all if not requested by the resident. She said that Resident #1, Resident #8, and Resident #9 "rarely if ever" requested pain medication and that Resident #7 usually asked for his pain medication at bedtime. On 10/04/22 at 10:30 AM, during an interview with the Interim DON, she confirmed that on 9/21/2022, she received a call from the Board of Nursing regarding an anonymous report that LPN #1 was diverting medications. She explained that a thorough investigation had be completed and confirmed that the Facility Investigative Report provided for review, was accurate and that there were not new developments post completion of the report. The Interim DON reported that appropriate agencies were notified, and LPN #1 was terminated, a 100% audit of all narcotic drawers on medication carts were completed, and in-service training was completed for all nurses on the administration and documentation of controlled medications. She further stated that all residents with physician orders for controlled pain medication were interviewed. The Interim DON confirmed that the Attorney General's Office, Mississippi Board of Nursing, the Board of Pharmacy, and the local police department were notified of incident and investigative findings. On 10/05/22 at 11:00 AM, during an interview with the Administrator, he confirmed that he had conducted a thorough investigation along with the Interim DON following notification from the	M 500		

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M 500	Continued From page 12 Mississippi Board of Nursing of an anonymous report that LPN #1 was diverting drugs. He stated he conducted interviews with residents and was able to identify and confirm that there were four (4) residents who denied receiving controlled medications at times documented on the Narcotic Count Sheets by LPN #1. He confirmed that LPN #1 tested positive for opioids and oxycodone on a drug screen and was unable to provide a current prescription for medication containing opiates. The Administrator confirmed LPN #1 was suspended and ultimately terminated from employment at the facility. A record review of Resident #1's "Physician's Telephone Order" revealed a Physician's Order dated 4/8/22 for "Tramadol HCL 50 mg (milligrams) tablet take one (1) tablet by mouth every 6 (six) hours as needed." A record review of the "Controlled Substances Proof of Use" (Narcotic Sheet created for each prescription) for days and times LPN #1 signed out for Resident #1's Tramadol 50 mg tablets, one (1) was documented as "QTY (Quantity) Used" on "9/1/22 at 6:15 PM and 1:30 PM, 9/2/22 at 6:15 AM, 9/5/22 at 7:10 AM, 1:40 PM, and 8:30 PM, 9/6/22 at 6:00 AM and 12:40 PM, 9/7/22 at 7:10 AM, 1:30 PM, and 8:30 PM, 9/8/22 at 5:55 AM and 1:15 PM, 9/9/22 at 7:10 AM, 1:40 PM, and 8:00 PM, 9/12/22 at 7:13 AM and 1:25 PM, 9/13/22 at 5:50 AM and 1:15 PM, 9/14 at 6:49 AM, 1:30 PM, and 8:00 PM, 9/15/22 at 5:10 AM and 12:40 PM, 9/16/22 at 7:20 AM, 1:35 PM, and 7:40 PM, 9/19/22 at 7:15 AM and 1:30 PM, 9/20/22 at 6:00 AM and 1:45 PM, 9/21/22 at 5:50 AM and 1:25 PM." The total number of times LPN #1 signed out for Tramadol 50 mg for Resident #1 for these dates totaled 34 tablets.	M 500		

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M 500	Continued From page 13 A record review of the EMAR (electronic medicine administration record) for Resident #1 for September 2022, revealed the dates and times LPN #1 documented administration of Tramadol HCL 50 mg tablets were on 9/1/22 at 1:21 PM, 9/5/22 at 8:36 PM, 9/7/22 at 1:29 PM and 8:36 PM, 9/8/22 at 1:18 PM, 9/9/22 at 1:39 PM, 9/12/22 at 1:27 PM, 9/13/22 at 1:15 PM, 9/19/22 at 1:33 PM, 2/21/22 at 1:20 PM. The total number of times LPN #1 documented the administration of Tramadol 50 mg to Resident #1 for these dates totaled 10 tablets. A record review of Resident #7's "Physician's Telephone Order" revealed a Physician's Order dated 5/26/21 for "Norco 10-325 tablet one (1) tablet by mouth every 6 (six) hours as needed for pain." A record review of the "Controlled Substances Proof of Use" (Narcotic Sheet created for each prescription) for days and times LPN #1 signed out for Resident #7's Norco 10-325 mg tablets, one (1) was documented as "QTY (Quantity) Used" on 9/1/11 at 6:00 AM, 1:20 PM, and 8:19 PM, 9/2/22 at 6:00 AM and 12:15 PM, 9/5/22 at 7:00 AM, 1:20 PM, and 7:50 PM, 9/6/22 at 5:50 AM, 12:15 PM, and 7:00 PM, 9/7/22 at 6:00 AM, 1:45 PM, and 8:25 PM, 9/8/22 at 6:00 AM and 12:45 PM, 9/9/22 at 7:05 AM, 1:30 PM, and 8:15 PM, 9/12/22 at 7:00 AM, 1:15 PM, and 7:20 PM, 9/21/22 at 6:00 AM and 1:20 PM. The total number of times signed out by LPN #1 for Norco 10-325 mg for Resident #7 for these dates totaled 24 tablets. A record review of the EMAR (electronic medicine administration record) for Resident #7 for September 2022, revealed the dates and times LPN #1 documented administration of Norco	M 500		

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10-325 mg tablets were on 9/1/22 at 1:23 PM, 9/5/22 at 1:21 PM and 7:41 PM, 9/7/22 at 8:25 PM, 9/9/22 at 1:28 PM and 8:13 PM, 9/12/22 at 1:16 PM, 9/14/22 at 7:43 PM, 9/20/22 at 1:38 PM, 9/21/22 at 1:20 PM. The total number of times LPN #1 documented the administration of Norco 10-325 mg to Resident #7 for these dates totaled 10 tablets.

A record review of Resident #8's "Physician's Telephone Order" revealed a Physician's Order dated 8/10/22 for "Tramadol HCL 50 mg (milligrams) tablet give two (2) tablets to equal 100 mg by mouth every 6 (six) hours as needed for pain."

A record review of the "Controlled Substances Proof of Use" (Narcotic Sheet created for each prescription) for dates and times LPN #1 signed out for Resident #8's Tramadol 50 mg tablets, two (2) was documented as "QTY (Quantity) Used" (to equal the 100 mg dosage) on 9/7/2 at 6:45 AM, 1:20 PM, and 8:35 PM, 9/8/22 at 6:15 AM and 1:15 PM, 9/9/22 at 7:30 AM, 1:30 PM, and 8:20 PM, 9/12/22 at 7:30 AM and 2:00 PM, 9/13/ at 6:45 AM and 1:15 PM, 9/14/22 at 7:15 AM, 2:15 PM, and 8:00 PM, 9/15/22 at 6:40 AM and 12:55 PM, 9/16/22 at 7:40 AM, 2:10 PM, and 8:20 PM, 9/19/22 at 7:30 AM and 2:15 PM, 9/20/22 at 5:55 AM and 1:40 PM, 9/21/22 at 6:30 AM and 1:30 PM. The total number of times LPN #1 signed out for two (2) tablets Tramadol 50 mg to equal the 100 mg dosage for Resident #8 for these dates totaled 52 tablets (26 times at 2 tablets each time).

A record review of the EMAR (electronic medicine administration record) for Resident #8 for September 2022, revealed the dates and times LPN #1 documented administration of Tramadol

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M 500	Continued From page 15 HCL 100 mg (250 mg tablets) tablets were on 9/7/22 at 1:27 PM, 9/8/22 at 1:16 PM, 9/9/22 at 1:28 PM, 9/12/22 at 7:28 AM. 9/13/22 at 1:14 PM, 9/20/22 at 1:37 PM, 9/21/22 at 1:20 PM. The total number of times LPN #1 documented the administration of Tramadol 50 mg to Resident #8 for these dates totaled 14 tablets (7 times at 2 tablets each time). A record review of Resident #9's "Physician's Telephone Order" revealed a Physician's Order dated 5/14/22 for "Norco 5-325 tablet administer one (1) tablet three (3) times daily by mouth." A record review of Resident # 9's "Controlled Substances Proof of Use" (Narcotic Sheet created for each prescription) revealed that on 9/22/22 and 2:00 PM and 10:00 PM, LPN #1 had documented removal of one (1) Norco 5-325 tablet from Resident #9's medication card containing one (1) blister-packed tablet of Norco 5-325 mg (totaling (two) 2 tablets). As LPN #1's drug screen dated 9/22/22 at 10:05 AM tested positive for opiate and Oxycodone and she was removed from the medication cart at that time and placed on Investigative Leave, LPN #1 and was not in the facility on the time and date of the removal of the Norco 5-325 tablets from the resident's medication card.	M 500		