STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355128	A. BUILDING _____ B. WING _____	C 02/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MISSOURI SLOPE	**4916 N WASHINGTON ST BISMARCK, ND 58503**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS The standard Medicare/Medicaid recertification survey and facility reported incident and complaint survey started on 02/13/23 and concluded 02/16/23. The concerns identified by the report were substantiated and the concerns identified by the complainants were partially substantiated.	F 000		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on review of information provided by the complainant, record review, review of facility policies, and staff interview, the facility failed to promote care in a manner that maintained or enhanced the resident's dignity for 1 of 1 sampled resident (Resident #163) transported without appropriate attire. Failure to ensure the resident was dressed appropriately during transport does not promote mental well-being and may lead to a resident's loss of dignity. Findings included: Review of the facility policy titled "Promoting Dignity and Resident Rights" occurred on 02/16/23. This policy, revised September 2022,	F 557	1. Staff working with resident #163 were given verbal reeducation immediately upon learning resident went to appointment without appropriate attire. 2. All residents have the potential to be affected. 3. 3rd floor Nurses, 3rd floor CNAs, and Transportation staff received verbal reeducation during stand ups regarding appropriate appointment attire on January 30 and 31. Nursing department staff reeducation was completed at Nursing Department meeting on February 21.	3/16/23

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

Electronically Signed | 03/09/2023

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F 557	Continued From page 1 stated, ". . . it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintains or enhances resident's quality of life by recognizing each resident's individuality . . . All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights . . ." Review of the facility policy titled "Nursing Service" occurred on 02/16/23. This policy, revised April 2022, stated, ". . . Missouri Slope respects the equality, rights and dignity of all . . . residents are treated with care, compassion, respect and consideration at all times . . ." Information provided by the complainant, dated 01/30/23, stated, ". . . Patient was at [name of surgery center] for procedure . . . Pt. [patient] was brought . . . from Nursing home with no pants on, only covered in bath blankets. Given the fridged [sic] temperatures outside, I am concerned the resident was not dressed appropriately to be out in below freezing temperature with no pants or winter coat. When I asked the resident why he wasn't dressed with pants he replied 'he didn't know'. I called the nurse at the nursing home . . . and asked if she was aware of the situation. Her response was that she was aware he was sent here in only bath blankets as he had a bath this morning." Review of Resident #163's medical record occurred on all days of survey. A comprehensive Minimum Data Set (MDS), dated 01/21/23, identified the resident required extensive	F 557	4. The Unit Directors, Charge Nurses, Lead CNA, and Transportation Staff will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure residents have appropriate attire on when leaving the facility for appointments. The first quality assurance monitor will be compiled on March 9. QAPI monitoring will be performed weekly for 4 weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to reeducate staff. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 557	Continued From page 2	F 557		

assistance with dressing and self care.
A nursing progress note, dated 1/30/2023 at 11:15 a.m., stated, "Resident left facility at 11:15 a.m., via transportation driver."

The facility investigation and follow up included the following:

* 01/30/23, a nursing supervisor (#2) documented, "It was reported that resident had been transported to his appointment with a lap blanket over his brief . . . he was not wearing pants or jacket . . . his lack of appropriate clothing was not addressed by the charge nurse or the Certified Nursing Assistant [CNA] when he was brought up to the front nurses station to meet transportation . . . the transportation driver had noticed the lack of appropriate clothing when the resident was in the vehicle and offered the resident a pair of sweat pants that were in the van . . . the resident's lack of appropriate clothing was concerning and investigation into same occurred . . .[nurse (#3)] stated she did not realize the resident did not have pants on as he had a bath blanket over him. [CNA (#4)] stated the nurse told her to wrap him in blankets because they would not want him dressed for the procedure . . . that is why he was dressed that way."

* 01/31/23 at 2:20 p.m., an administrative nurse (#1) had a phone call with Resident #163's family, who shared concern with the resident's attire when transported to his appointment.

During an interview on 02/16/23 at 03:03 p.m., a nursing supervisor (#2) confirmed the facility transported Resident #163 to the same day

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F 557	Continued From page 3 surgery center in a brief and bath blankets. She would expect the facility to dress residents appropriately. The facility failed to maintain Resident #163's dignity by transporting him in a van to public areas wearing clothing not appropriate for the weather conditions.	F 557		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to provide the necessary care and services for 1 of 12 sampled residents (Resident #50) with orders for oxygen therapy. Failure to ensure oxygen is provided as ordered may result in increased shortness of breath and complicate the resident's respiratory status. Findings include: Review of the facility policy titled "Oxygen" occurred on 02/15/23. This policy, reviewed January 2023, stated, "Oxygen will be administered to residents for comfort, to improve tissue oxygenation, and to prevent or reverse	F 695	1. Immediately replaced resident #50□s portable oxygen tank. 2. All residents requiring portable oxygen have the potential to be affected. 3. 4th floor Nurses and CNAs received verbal reeducation on February 14 and 15 during stand ups regarding monitoring portable oxygen tanks and switching tanks out prior to registering in the red. Nursing department staff reeducation was completed at Nursing Department meeting on February 21. 4. The Unit Directors, Charge Nurses,	3/16/23

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F 695	Continued From page 4 hypoxia [deficiency in the amount of oxygen reaching the tissues]. . . . Oxygen Tank Use. Check the pressure gauge to ensure the presence of adequate oxygen contents. If less than 500 psi [pressure per square inch] remains in tank, get a new tank. . . . verify that oxygen is flowing to the resident. . . ." Review of Resident #50's medical record occurred on all days of survey. Diagnoses included pulmonary fibrosis (scarred lung tissue), chronic respiratory failure with hypoxia (heart or lungs are unable to maintain adequate oxygen levels), and dependence on supplemental oxygen. A physician's order, dated 12/21/21, stated, "Titrate [adjust the oxygen liter flow rate] O2 [oxygen] to keep sats [saturations] greater than or equal to 90% . . ." Observation during the noon meals on 02/14/23 and 02/15/23 showed Resident #50 seated in a wheelchair at the dining room table with a nasal cannula in place attached to a portable oxygen tank located on the back of the wheelchair. During both observations the needle on the oxygen tank regulator registered in the red, indicating an empty tank. During an interview the afternoon of 02/15/23, an administrative staff member (#1) stated she would expect staff to replace Resident #50's oxygen tank when empty.	F 695	Lead CNA, and Mentor CNAs will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure portable oxygen tanks are monitored and switched prior to registering in the red. The first quality assurance monitor will be compiled on March 9. QAPI monitoring will be performed weekly for 4 weeks, monthly for three months, and then quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to reeducate staff. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	
F 725 SS=E	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to	F 725		3/16/23

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F 725	Continued From page 5 provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on review of resident council meeting minutes, review of facility policy, confidential resident/family/group interviews, and staff interview, the facility failed to ensure sufficient nursing staff and related services available to meet the residents' needs for 9 of 36 sampled residents (Resident A, B, C, D, E, F, G, H and I), 2 supplemental residents (Resident J and K), and 8 of 8 Resident Council residents (Resident L, M, N, O, P, Q, R and S) who required staff assistance. Failure to provide sufficient staffing and answer call lights in a timely manner	F 725	1. For residents A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, and S, nursing staff were reeducated at Nursing Department meeting on February 21 on resident services availability and timeliness. 2. All residents have the potential to be affected. 3. Nursing department staff reeducation was completed at Nursing Department	

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F 725	Continued From page 6 increased the risk for falls, discomfort, incontinence, and skin breakdown. Findings include: Review of the facility policy titled "Call lights" occurred on 02/16/23. This policy, revised March 2022, stated, ". . . ensure residents have access to the call light . . . staff will routinely check that the call light is within reach of the resident and secured as needed . . . staff members are to respond to an activated call light and if assist cannot be provided, the appropriate staff should be notified . . . inform the resident if you cannot meet the need and assure them you will notify the appropriate personnel . . ." Review of the facility policy titled "Promoting Dignity and Resident Rights" occurred on 02/16/23. This policy, revised September 2022, stated, ". . . it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment that maintains or enhances resident's quality of life by recognizing each resident's individuality. . . . All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights . . . when interacting with a resident, pay attention to the resident as an individual . . . respond to requests in a timely manner . . . converse with the resident while doing cares . . . speak respectfully to residents . . . maintain resident privacy . . . assist residents to participate in activities of choice . . ." During interviews, residents and family members	F 725	meeting on February 21. Reviewed resident customer service importance for all departments at Monthly Directors Meeting on March 7. Vice President of Resident Services will continue to QAPI call light response times. Lead CNA will focus observations and staff reeducation on QAPI involving call light response, fall risk awareness, toileting, skincare, resident customer service, call light placement, and transporting residents to activities. Six CNA Training Classes have been scheduled from January to July 2023. CNA Training students receive extra education on resident customer service. Customer service session added to World□s Greatest Welcome, an orientation session that all newer staff in their first 1-3 months of employment attend. Hiring events are occurring to recruit new talent. CEO will routinely attend monthly Resident Council meetings when invited to maintain open communication regarding resolution and progress with these initiatives. 4. The Unit Directors, Charge Nurses, Lead CNA, and Mentor CNAs will be responsible to monitor/audit. The Infection Preventionist/Staff Development/QAPI Director and Vice President of Resident Services will compile QAPI data and monitor to ensure increased resident satisfaction. The first quality assurance monitor will be compiled on March 9. QAPI monitoring will be performed weekly for 4 weeks, monthly for three months, and then	

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F 725	Continued From page 7 stated the following: - 02/13/23 at 10:36 a.m., Resident K stated, " There are times it takes staff up to an hour to answer the call light. When I have to sit in my BM [bowel movement] that long, then I get skin problems and open areas." - 02/13/23 at 01:15 p.m., Resident A stated, "The call lights aren't answered in a timely manner with wait times "past 10 minutes." I was left on a bed pan for one hour before any staff came to help me. I had pressed the call light multiple times for assistance off the bed pan, and the CNA [certified nursing assistant] refused to help me to the bathroom." - 02/13/23 at 2:31 p.m., Resident J stated, "They are short staffed, the staff tell me so, and sometimes can take a while to answer [call light], like up to a half hour." - 02/13/23 at 2:48 p.m., Resident B stated, "I don't get to bed soon enough and get a good night's rest. It takes a while for them [staff] to come and get me ready for bed." - 02/13/23 at 3:05 p.m., Resident C stated, "Sometimes it can take half an hour to answer [call light]. They have a lot of travel staff and those from out of state can be rude." - 02/14/23 at 8:46 a.m., Family member (#1) for Resident F stated, "I have concern with turnover and travel staff, who don't seem to care as much, can be rough with transfers, and don't take time to read the care plan and be aware of [Resident F's] needs."	F 725	quarterly thereafter for one year. After that time, continuation of monitoring will be determined by facility performance. Monitoring will continue until three consecutive rounds of monthly monitoring demonstrates sustained compliance as approved by the QAPI committee and medical director. If concerns are identified, immediate action will be taken to reeducate staff. Monitoring results will be reviewed by the QAPI Committee at each scheduled meeting.	

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F 725	Continued From page 8	F 725		

- 02/14/23 at 09:45 a.m., Resident H stated, "The biggest problem is lack of help. They are short staffed and have a lot of travel staff. There are times it takes 15 to 30 minutes or longer to answer my call light and if they come in, they turn off my call light and say they will get someone or do not return. It has resulted in my incontinence. They have a lot of staff that do not know how to take care of me."

- 02/14/23 at 10:44 a.m., Resident D stated, "My issue is that once I am placed on the toilet it takes a half hour or longer to get staff to come take me off."

- 02/14/23 at 12:07 p.m., Resident E stated, "The CNA tells me I call too much and moved my call light away, or tells me I just went to the bathroom and to just pee in my brief, that is what they [briefs] are there for."

- 02/14/23 at 12:08 p.m., Family member (#2) for Resident E stated, "[Resident E] is supposed to call when needs to get up. I have noticed the call light to be on the wall behind the bed or not in reach several times. I have concerns only with the staff, mostly travel staff, who don't know the residents and there is no consistency as they float all over."

- 02/15/23 at 10:46 a.m., Family member (#4) for Resident I stated, "Staffing is an overall concern with the resident's care. During observations over the past three or four weeks, the oxygen concentrator flow rates have varied by two or three liters above or below the ordered two liters, depending on the staff working . . . the portable

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F 725	Continued From page 9	F 725		

oxygen tank on the back of [Resident I's] wheelchair has been found empty multiple times. [Resident I] has had periods of times without oxygen, and we have had to notify staff." Family member (#5) stated, "I observed many times when [Resident I] put on the call light waiting 15 to 30 minutes or longer before a CNA enter the room, turning off the call light, stating they will 'find someone to help' and do not return. I then went out to the hallway to search for staff to help." Family members (#4 and #5) stated, "We observed the staff putting [Resident I] on the toilet and waited 45 minutes for staff to return to assist resident. [Resident I] stated they were very uncomfortable sitting on the toilet a long time." Family member (#5) stated, "I visited and observed [Resident I] sitting in the wheelchair with no call light in reach, attempting to stand up, and go to the bathroom. I put the call light on and waited over 15 minutes for staff to come and take [Resident I] to the bathroom." Family members (#4 and #5) stated, "We are concerned about the call light not being available, the wait times, the incontinence issues and the risk for falls."

- 02/15/23 at 12:09 p.m., Family member (#3) for Resident G stated, "It takes at least 20 minutes for staff to answer the light and often I hear, 'I'm not [Resident G's] CNA today, I'll see who it is, and then it takes another 20 minutes or longer for them to come. Family member (#3) also stated, "When it takes too long to answer a call light, I will often search for staff in the hallways to get assistance for [Resident G] or other residents."

During a group interview on 02/15/23 at 10:36 a.m., [Residents L, M, N,O, P, Q, R, and S] discussed the following:

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F 725	Continued From page 10 * "Staffing shortages are on all units. If a floor is short staffed, they [administration] reassign a staff member to a floor that is short, leaving other units with less staff." * "It takes a lot to do or go somewhere around here. You have to go through a lot of hoops. Staff do not always get to us on time to take us to activities, or other events due to lack of staff. We are frustrated, as it has affected where we choose to go, and many of us decide not to attend some activities." * "Call lights are not answered in a timely manner, at times it takes 20 to 30 minutes, or longer, to get help. Staff often come into our rooms when the call light is on, turn off the call light, and tell us they will 'be right back' and they do not return. It happens on all shifts, all floors." * Resident O stated, "I had a soiled brief and pants, the CNAs assisted me to the toilet. I was left sitting on the toilet for 45 minutes or more, on three separate occasions, and was upset and embarrassed." * Resident P stated, "One time, I turned the call light on when I was in pain and I waited 30-45 minutes to get pain medication." During an interview in the afternoon of 02/16/23, an administrative staff member (#1) stated, "I am aware of the staffing problems, and I am working on solutions."	F 725		
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760		

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F 760	Continued From page 11 The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on review of information provided by the complainant, facility reported incident investigation, record review, and staff interview, the facility failed to ensure residents remained free from significant medication errors for 1 of 1 sampled resident (Resident #167) who failed to receive an ordered medication on multiple days. Failure to administer medication according to a physician's order may have contributed to high sodium levels and resulted in the resident's hospitalization. This citation is considered past non-compliance based on review of the corrective action the facility implemented immediately following the incident. Findings include: Information provided by the complainant indicated the facility failed to obtain and administer medication which resulted in Resident #167's hospitalization and cancellation/delay of a scheduled radiology test and appointments with specialists in another city. The facility reported incident investigation, dated 11/15/22, stated, "Resident did not receive his Desmopressin [antidiuretic hormone] from 11/10/22 - 11/13/2022. Resident went for preplanned MRI (Magnetic Resonance Imaging) with anesthesia on 11/15/2022. Pre-procedure lab work showed a Na [sodium] of 156. Resident was sent to ER [emergency room] for evaluation and was admitted for high Na and pneumonia. . .	F 760	Past noncompliance: no plan of correction required.	

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	355128	A. BUILDING _____ B. WING _____	C 02/16/2023

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F 760	Continued From page 12	F 760		

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Review of Resident #167's medical record occurred on all days of survey. Diagnoses included diabetes insipidus (condition in which your body produces too much urine and isn't able to properly retain water).

An order, dated 10/12/22, stated, "Desmopressin tab 0.1mg [milligram], take 1 tablet by mouth every day (Related Diagnoses: Diabetes Insipidus. . . .)" The dose frequency was increased to twice daily on 10/25/22.

The November 2022 Medication Administration Record (MAR) for Desmopressin (due at 8:00 a.m. and 8:00 p.m.) identified staff charted a "9" on each entry from November 10 at 8:00 a.m. through November 14 at 8:00 a.m. Staff documented the Desmopressin administered on November 14 at 8:00 p.m. The Chart Codes on the MAR stated "9=Other/See Nurse Notes." Staff failed to document a reason in the nurses' notes for not administering the nine doses of Desmopressin.

The Emergency Department record, dated 11/15/2022 at 10:01 a.m., stated, ". . . Patient presents with Hypernatremia [elevated sodium level]. Na of 156. . . . According to wife, over the last 4 days during the snowstorm, patient had not received any of his DDAVP [Desmopressin] as he had run out. Today she noticed that he was confused and sleepy, really would not wake up to answer any questions, 'like he gets when his sodium is high.' He has had limited oral intake over the last couple days. He had evaluation by anesthesia for MRI earlier today, who obtained

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F 760	Continued From page 13 labs with sodium 156. He was sent to the ED for further evaluation. . . . Results for orders placed or performed during the hospital encounter of 11/15/22 . . . Sodium 154 (H) [high] [Range] 136 - 145 meq/L [milliequivalents per Liter] . . ." Resident #167's nurses' notes stated: * 11/10/2022 at 12:08 p.m., "Received a phone call from pre admissions at [local hospital] regarding resident's upcoming MRI scheduled for Tuesday 11-15 -22 at 0630 AM. NPO [nothing to eat/drink] after midnight except sips of water until 0430 [4:30 a.m.]. . . . Hold AM medication. . . ." * 11/15/2022 at 3:05 p.m., "Call received from [emergency room staff], updated me regarding resident's status. Left for MRI at 5:30am, lab results came in while having the MRI, Na at 156 and resident was brought to the ER. Labs redrawn at the ER, Na was at 154 as of 10am . . . CXR [chest x-ray] was done that revealed pneumonia of the left lower lobe . . . Resident is admitted for hypernatremia and pneumonia. . . ." * 12/6/2022 at 12:38, ". . . returned from the hospital . . ." During an interview on 02/16/23 at 2:22 p.m., a nurse administrator (#1) stated nursing staff followed the process to order the Desmopressin, making several attempts. The pharmacist was not in building due to the storm. In follow-up with pharmacy, the pharmacist stated if they knew the significance of the medication, they would have had the on-call pharmacist come in. Since this incident, pharmacy stocked Desmopressin in the emergency kit. This nurse described education provided, interventions put in place, and monitoring conducted to ensure delivery of ordered medications.	F 760		

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F 760	Continued From page 14 Based on the following information, non-compliance at F760 is considered past non-compliance. The facility implemented the corrective action for the resident affected by the deficient practice by: * Completing an investigation by 11/18/22 after conducting interviews of staff involved with ordering and dispensing of medication. * Determining the investigation showed the Desmopressin was unavailable to the resident even though nursing staff followed the process for ordering medication (sending order through the electronic health system, pulling the label from medication card and faxing pharmacy), and partly due to unfortunate factors (needing a new prescription order from the provider and the winter storm affecting pharmacy/provider availability). * Stocked Desmopressin in the FirstDose emergency medication kit on 11/15/22. * Placing a reminder on the MAR that the resident cannot miss a dose of Desmopressin, to order it promptly when noted a low amount of medication in the vial (provider changed Desmopressin to injectable form), to call the on-call pharmacist if needed, and reminder of an extra vial available in the FirstDose emergency kit. The facility addressed measures put in place and implemented systemic changes to ensure the deficient practice does not recur by: * Providing face-to-face re-education on November 14-25, 2022 with each nurse by the 1st floor Unit Director on the importance of following up on reordered medications that do not arrive and providing re-education on	F 760		

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F 760	Continued From page 15 Desmopressin. * One of the Unit Directors began review of reorders on all floors each day to ensure reorders have been transmitted to pharmacy as expected and as needed. * Reviewing the reorder process with the pharmacy manager, including reorders through the electronic health system and faxing, and the process pharmacy uses to request medication refills from providers. The pharmacy manager re-educated staff to look for rejected medication refill requests and timing of refills. * Continuing with a "Medication Reorder" audit to check if ordered medications arrived as requested. The survey team determined a deficient practice existed on 11/10/22. The facility implemented corrective action on 11/14/22 and completed nursing education on 11/25/22.	F 760		