STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF27	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONDELL HEIGHTS RETIREMENT COMMUNIT	106 E MAIN STREET NEWCASTLE, WY 82701

(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
S 000	OPENING COMMENTS Rules and Regulations utilized for this survey are: Rules and Regulations for Program Administration of Assisted Living Facilities, Chapter 12, effective 08/24/2020. Rules and Regulations for Licensure of Assisted Living Facilities, Chapter 4, effective 06/28/2001. A complaint survey was conducted by Healthcare Licensing and Surveys from 1/3/24 to 1/4/24. The survey was prompted by complaint intakes LIC-24-011 and LIC-24-012. The following common abbreviations are used throughout this document: ALF: Assisted Living Facility CNA: Certified Nurse Aide DON: Director of Nursing FNP: Family Nurse Practitioner MAR: Medication Administration Record RN: Registered Nurse	S 000		
S5000	Ch 12 Sec 6 (a) Personnel and Staffing Requirements (a) Management. If the assisted living facility has a governing body, it must designate a manager. If there is no governing body, the owner shall appoint a manager. (i) The Manager shall: (A) Be at least twenty-one (21) years of age; (B) Assume the overall responsibility for the day-to-day operation of the facility;	S5000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Ruth Taylor | TITLE: Owner/Administrator | (X6) DATE: 1/25/2024

STATE FORM 6899 80G311 If continuation sheet 1 of 12

POC accepted DOC 2/29/24. Ruth notified 2/5/24 @ 10:15 AM Hoppenbusch RN

Healthcare Licensing and Surveys

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S5000	Continued From page 1 (C) Direct the work of others, including the training and development of staff; (D) Be able to read, write, and speak English; (E) Maintain financial and other records; (F) Have a telephone with a listed number in the phone directory under the name of the assisted living facility; (G) Be familiar with and follow the State's promulgated Assisted Living Facility Licensure and Program Administration Rules; (H) Pass an open book test on the same. The open book test shall be administered by the Program Division. The passing score will be 85% or greater. Those individuals who successfully completed the examination administered by the Licensing Division shall have their test scores honored; (I) The manager shall provide an acceptable plan of correction to the Licensing Division within ten (10) days of the date when a statement of deficiencies is received by the assisted living facility; (J) The manager shall not act as, or become the legal guardian or conservator of, or have power of attorney for any resident of the facility; and (K) The manager shall meet one or more of the following requirements: (I) The manager shall have	S5000		

Healthcare Licensing and Surveys

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S5000	Continued From page 2 completed at least forty-eight (48) semester hours or seventy-two (72) quarter hours of post-secondary education in healthcare, elderly care, health case management, facility management, or other related field from an accredited college or institution; or (II) Have completed at least two (2) years' experience working with elderly or disabled individuals. This experience may have been paid, full-time employment, or time equivalent in part-time employment or volunteer work that is directly involved with the elderly or disabled. This State Rule and Regulation is not met as evidenced by: Based on observation, review of personnel files, review of the resident records and staff interview, the facility failed to ensure the manager directed the work of others, including training and development of the staff for 5 of 5 employee files reviewed (CNA #1, CNA #2, CNA #3, CNA #4, DON). The findings were: 1. Interview with the co-owner on 1/3/24 at 1:10 PM verified he was the onsite manager and they had a part-time nurse as their director of nursing (DON). 2. Observation of CNA#1 on 1/3/24 at 2 PM showed the CNA assisted resident #1 with medication administration. a. Review of personnel file for CNA #1 showed a hire date of 9/11/23. b. An orientation/training checklist was in the employee file. In the section titled "Cuing, Coaching, Monitoring Self-administering Residents", it showed the employee was oriented towards the task and signed by a previous	S5000		

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S5000	Continued From page 3	S5000		

non-licensed employee. Further review showed there was no evidence the employee received any "training" related to that task.

c. Interview of CNA #1 on 1/3/24 at 1:28 PM revealed she had been employed at the facility for 4 months. She verified this was her first day working the floor and would be assisting residents with their medications. In addition, CNA #1 verified she had completed her CNA classes but had no additional training or supervision to assess her competency to assist residents with medications during her employment at the facility.

3. Observation of CNA #2 on 1/4/24 at 8:45 AM showed the CNA assisted resident #1 with medication administration.

a. Review of the personnel file for CNA #2 showed a hire date of 6/14/22.

b. There was no evidence of an orientation checklist or training related to "Cuing, Coaching, Monitoring Self-administering Residents."

c. Review of the December 2023 (MAR) for resident #3 showed the resident received 49 doses of medication with the initials that matched CNA #2.

d. Interview with CNA #2 on 1/4/24 at 11:13 AM verified the initials on the MAR were hers.

e. Interview with the manager on 1/3/24 at 6:40 PM verified there was no orientation/training record for this employee.

4. Review of the personnel file for CNA #3 showed a hire date of 6/16/22.

a. There was an orientation/training checklist dated 7/12/23 but no evidence the employee had been oriented/trained related to the "Cuing, Coaching, Monitoring Self-administering Residents" task.

b. Review of the December 2023 MAR for resident #3 showed the resident received 111

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S5000	Continued From page 4 medications during the month where the initials matched those of CNA #3. 5. Review of the personnel file for CNA #4 showed a hire date of 10/13/22. a. There was an orientation/training checklist dated 10/24/22 but no evidence the employee had been evaluated for competency related to the "Cuing, Coaching, Monitoring Self-administering Residents" task. b. Review of the December 2023 MAR for resident #3 showed the resident received 26 medications during the month where the initials matched those of CNA #4. 6. Review of the employee file for the DON showed a hire date of 10/17/23. Interview with the DON on 1/3/24 at 5:15 PM revealed she had been employed at the facility for 2 months, worked part-time at the facility and the staff called her if they needed something. She was not aware she needed to assess the residents ability to manage their medications and/or supervise resident medication management delegated to the CNA staff. a. Review of facility policy titled "What's included in the basic rate?", no date, showed "Medical services supervised by Registered Nurse...Medication ordering, assistance and documentation of dosage and time..." b. Review of facility policy titled "Medications and administration", no date, showed A. ...the "nurse will determine the level of assistance needed through the Admission process, and will document what assistance or intervention will be offered in the Wellness Plan. C. "All medication management and administration services are overseen by a registered nurse as required by the Wyoming Nurse Practice Act..."	S5000		

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S5000	Continued From page 5 7. Interview with the co-owner on 1/3/24 at 2:50 PM verified the CNAs provided medication assistance to residents. He further stated on 1/3/24 at 3:10 PM the facility had a DON that came into the facility 2 times a week and as needed and she was their only licensed nurse at the time. An additional interview on 1/4/24 at 9:40 AM confirmed the initials on the MAR were CNA staff.	S5000		
S5008	Ch 12 Sec 7 (b)(iii) Assisted Living Facility (ALF) Core Services (b) (iii) The Registered Nurse shall make an initial assessment of the resident's needs, which describes the resident's capability to perform ADLs and notes all significant impairments in functional capability. (A) Initial assessment. A current assessment shall be maintained in each resident's file. (B) The assessment shall include at least the following information: (I) Medically defined conditions and prior medical history; (II) Physical Status; (III) Sensory and physical impairments; (IV) Nutritional status and requirements; (V) Special treatments and/or procedures;	S5008		

Healthcare Licensing and Surveys

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S5008	Continued From page 6 (VI) Mental and psychosocial status; (VII) Discharge potential; (VIII) Dental condition; (IX) Activities potential; (X) Rehabilitation potential; and (XI) Medication regimen. (1.) Documentation of resident's ability to self-medicate This State Rule and Regulation is not met as evidenced by: Based on resident record review, staff interview and review of the facility's policies, the facility failed to assess the residents' ability to self medicate for 4 of 7 sample residents (#1, #2, #4, #7). The findings were: 1. Review of the record for resident #1 showed an admission order signed and dated 2/3/22 and the order indicated the individual was capable of self administration of medications. The following concerns were identified: a. Review of the resident's medication administration record (MAR) showed for the month of December 2023 the resident received 710 doses of medication and each time a CNA initialed the MAR. b. The resident's record did not contain a nurse assessment of the resident's ability to self medicate. c. Review of the ALF-102 completed by a RN on 4/20/23 showed the resident required a licensed nurse to administer medications.	S5008		

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S5008	Continued From page 7 d. Interview with CNA #1 on 1/3/24 at 2:30 PM verified that most of the residents' medications were stored in the medication room and the CNAs provided medication assistance to the residents. e. Interview with the DON on 1/3/24 at 5:10 PM verified she had not assessed any of the residents' ability to self medicate. f. Interview with the co-owner on 1/4/24 at 9:40 AM confirmed the initials on the December MAR were those of the CNA staff. 2. Review of the record for resident #2 showed an admission order signed and dated 7/25/23 and the order indicated the individual was capable of self administration of medications with a hand written note "manage by staff." The following concerns were identified: a. Review of the resident's MAR showed for the month of December 2023 the resident received 279 doses of medication and each time a CNA initialed the MAR. b. Review of the resident's assisted living facility form 102 (ALF-102), that was unsigned and undated, showed the resident required minimal assistance to self administer medications. c. The resident's record did not contain a nurse assessment of the resident's ability to self medicate. 3. Review of the record for resident #4 showed an admission order signed and dated 10/14/22 and the order indicated the individual was capable of self administration of medications. The following concerns were identified: a. Review of the resident's MAR showed for the month of December 2023 the resident received 378 doses of medication and each time a CNA initialed the MAR.	S5008		

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S5008	Continued From page 8 b. Review of the resident's ALF-102 completed by a FNP on 10/31/23 showed the resident required a licensed nurse to administer medications. c. The resident's record did not contain a nurse assessment of the resident's ability to self medicate. 4. Review of the record for resident #7 showed an admission order signed and dated on 4/4/23 and the order indicated the individual was capable of self administration of medications. The following concerns were identified: a. Review of the resident's MAR showed for the month of December 2023 the resident received 282 doses of medication and each time a CNA initialed the MAR. b. Review of the resident's ALF-102 completed by a FNP on 10/31/23 showed the resident required a licensed nurse to administer medications. c. The resident's record did not contain a nurse assessment of the resident's ability to self medicate. 5. Interview with the DON on 1/3/24 at 5:15 PM revealed she had been employed at the facility for 2 months, worked part-time at the facility and was not aware she needed to assess the resident's ability to manage their medications and/or supervise resident medication management delegated to the CNA staff. 6. Review of facility policy titled "Medications and administration", no date, showed A. ...the "nurse will determine the level of assistance needed through the Admission process, and will document what assistance or intervention will be offered in the Wellness Plan. C. "All medication management and administration services are	S5008		

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S5008	Continued From page 9 overseen by a registered nurse as required by the Wyoming Nurse Practice Act..."	S5008		
S5015	Ch 12 Sec 7 (d)(i) Assisted Living Facility (ALF) Core Services (d) Medications. (i) An individual record shall be kept for each resident, recording any prescription drugs administered by the facility. This record shall include: (A) Name of resident; (B) Name and telephone number of primary physician; (C) Name and telephone number of primary pharmacy; (D) Name and description of the medication, including prescribed dosage; (E) Dosage administered; (F) Quantity; (G) Times and dates administered; (H) Method of administration; (I) Any adverse reactions to the medication; (J) Signature of licensed staff administering medication; and (K) RN review date and signature	S5015		

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S5015	Continued From page 10 This State Rule and Regulation is not met as evidenced by: Based on resident record review, resident interview and staff interview the facility failed to ensure licensed staff administered medications for 3 of 7 sample residents (#3, #5, #6). The findings were: 1. Review of the record for resident #3 showed an admission order signed and dated on 10/14/22 that showed the resident was unable to self administer medications and had a history of dementia. The AFL-102 signed and dated by a RN on 8/11/23 showed the resident required licensed staff to administer medications. The following concerns were identified: a. Review of the resident's December 2023 MAR showed the resident received 376 doses of medication that month. b. Interview with the co-owner on 1/3/24 at 2:50 PM revealed the CNAs were providing medication assistance to the resident. c. Interview with the resident on 1/3/24 at 3 PM in the dining area revealed signs of advanced dementia and the resident was non-interviewable. d. Interview with CNA #2 on 1/4/24 at 11:13 AM verified the initials on the MAR were hers. 2. Review of the record for resident #5 showed an admission order signed and dated on 9/5/23 that showed the resident was unable to self administer medications and had a history of vascular dementia. The AFL-102 signed and dated by a FNP on 11/8/23 showed the resident required licensed staff to administer medications. The following concerns were identified: a. Review of the resident's December 2023 MAR showed the resident received 313 doses of medication and each dose was initialed by	S5015		

Healthcare Licensing and Surveys

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S5015	Continued From page 11 unlicensed staff. 3. Review of the record for resident #6 showed an admission order signed and dated on 5/31/22 that indicated the resident was unable to self administer medications and had a history of vascular dementia. The AFL-102 signed and dated by a RN on 6/1/22 showed the resident required licensed staff to administer medications. The following concerns were identified: a. Review of the resident's December 2023 MAR showed the resident received 455 doses of medication and each dose was initialed by unlicensed staff.	S5015		

Mondell Heights Retirement Community
Ref: LH-2024-0061
Survey date: 01/04/2024

S5000 Ch 12 Sec 6 Personnel and Staffing Requirements

This State Rule and Regulation is not met as evidenced by:
Based on observation, review of personnel files, review of the resident records and staff interview, the facility failed to ensure the manager directed the work of others, including training and development of the staff for 5 of 5 employee files reviewed (CNA#1, CNA#2, CNA#3, CNA#4, DON). The findings were:

1. Interview with the co-owner on 1/3/24 at 1:10 PM verified he was the onsite manager and they had a part-time nurse as their director of nursing (DON).

2. Observation of CNA#1 on 1/3/24 at 2 PM showed the CNA assisted resident #1 with medication administration.
   a. Review of personnel file for CNA#1 showed a hire date of 9/11/23.
   b. An orientation/training checklist was in the employee file. In the section titled "Cuing, Coaching, Monitoring Self-administering Residents", it showed the employee was oriented towards the task and signed by a previous non-licensed employee. Further review showed there was no evidence the employee received any "training" related to that task.
   c. Interview of CNA#1 on 1/3/24 at 1:28 PM revealed she had been employed at the facility for 4 months. She verified this was her first day working the floor and would be assisting residents with their medications. In addition, CNA#1 verified she had completed her CNA classes but had no additional training or supervision to assess her competency to assist residents with medications during her employment at the facility.

3. Observation of CNA#2 on 1/4/24 at 8:45 AM showed the CNA assisted resident #1 with medication administration.
   a. Review of the personnel file for CNA#2 showed a hire date of 6/14/22.
   b. There was no evidence of an orientation checklist or training related to "Cuing, Coaching, Monitoring Self-administering Residents."
   c. Review of the December 2023 (MAR) for resident #3 showed the resident received 49 doses of medication with the initials that matched CNA#2.
   d. Interview with CNA#2 on 1/4/24 at 11:13 AM verified the initals on the MAR were hers.
   e. Interview with the manager on 1/3/24 at 6:40 PM verified there was no orientation/training record for this employee.

4. Review of the personnel file for CNA#3 showed a hire date of 6/16/~~24~~ 22 LT
   a. There was an orientation/training checklist dated 7/12/23 but no evidence the employee had been oriented/trained related to the "Cuing, Coaching, Monitoring Self-administering Residents" task.
   b. Review of the December 2023 MAR for resident #3 showed the resident received 111 medications during the month where the initials matched those of CNA#3.

5. Review of the personnel file for CNA#4 showed a hire date of 1/13/22.
   a. There was an orientation/training checklist dated 1/24/22 but no evidence the employee had been evaluated for competency related to the "Cuing, Coaching, Monitoring Self-administering Residents" task.
   b. Review of the December 2023 MAR for resident #3 showed the resident received 26 medications during the month where the initials matched those of CNA#4.

6. Review of the employee file for the DON showed a hire date of 1/17/23. Interview with the DON on 1/3/24 at 5:15 PM revealed she had been employed at the facility for 2 months, worked part-time at the facility and the staff called her if they needed something. She was not aware she needed to assess the residents ability to manage their medications and/or supervise resident medication management delegated to the CNA staff.
   a. Review of facility policy titled "What's included in the basic rate?, no date, showed "Medical services supervised by Registered Nurse. Medication ordering, assistance and documentation of dosage and time…"
   b. Review of facility policy titled "Medications and administration", no date, showed A. …the "nurse will determine the level of assistance needed through the Admission process, and will document what assistance or intervention will be offered in the Wellness Plan.
   c. "All medication management and administration services are overseen by a registered nurse as required by the Wyoming Nurse Practice Act…"

7. Interview with the co-owner on 1/3/24 at 2:50 PM verified the CNAs provided medication assistance to residents. He further stated on 1/3/24 at 3:10 PM the facility had a DON that came into the facility 2 times a week and as needed and she was their only licensed nurse at the time. An additional interview on 1/4/24 at 9:40 AM confirmed the initials on the MAR were CNA staff.

S5000What corrective action(s) will be accomplished for the staff members found to have been affected by the deficient practice;

Effective Monday Jan 15,2024 Mondell Heights Retirement Community (MHRC) hired on a full time Registered Nurse. RN will create a CNA competency form that states that she as the RN has observed the CNA assist residents with their medications and has deemed them competent to do so.
The RN will also go through each current resident's binders or via PCC and update the level of assistance needed for medication management and will make any changes she deems necessary.

S5000How will you identify other staff members having the potential to be affected by the same deficient practice(s) and what corrective action(s) will be taken;

The manager will go through each current staff employee's files and make sure that they all have been oriented and trained in Cuing, Coaching, Monitoring Self-administration Residents and that the evidence of the training is provided via the competency form the RN will be providing and signing off on.

Mondell Heights Retirement Community
Ref: LH-2024-0061
Survey date: 01/04/2024

S5000What measures will be put into place or what systemic changes will you make to ensure that the deficient practice(s) does not recur;

This process will be part of the hiring process of each new employee and will be done for each new employee going forward.

S5000How will you monitor the corrective action(s) performance to make sure that solutions are sustained? You must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action(s) evaluated for its effectiveness. The plan of corrections must be integrated into the quality assurance system.

The manager will monitor the employee files to ensure the competency form is filled out dated and signed by both the CNA and the RN.

S5000Must include dates when corrective action(s) will be completed. The corrective actions completion dates must be within acceptable time frames.

RN will go through each resident's assessment forms and make any changes she deems necessary pertaining to the level of medication assistance as well as getting to know the residents and their abilities, and also to create the CNA Competency Form for Supervision of Self Administration to ALF residents. Date of completion will be February 29th, 2024.

S5008 Ch 12 Sec 7 (b)(iii) Assisted Living Facility (ALF) Core Services

This State Rule and Regulation is not met as evidenced by:
Based on resident record review, staff interview and review of the facility's policies, the facility failed to assess the residents' ability to self medicate foir 4 of 7 sample residents (#1, #2, #4, #7). The findings were:

1. Review of the record for resident #1 showed an admission order signed and dated 2/3/22 and the order indicated the individual was capable of self administration of medications. The following concerns were identified:
   a. Review of the resident's medication administration record (MAR) showed for the month of December 2023 the resident received 710 doses of medication and each time a CNA initialed the MAR.
   b. The resident's record did not contain a nurse assessment of the resident's ability to self medicate.
   c. Review of the ALF-102 completed by a RN on 4/20/23 showed the resident required a licensed nurse to administer medications.
   d. Interview with CNA#1 on 1/3/24 at 2:30 PM verified that most of the residents' medications were stored in the medication room and the CNA's provided medication assistance to the residents.
   e. Interview with the DON on 1/3/24 at 5:10 PM verified she had not assessed any of the residents' ability to self medicate.
   f. Interview with the co-owner on 1/4/24 at 9:40 AM confirmed the initials on the December MAR were those of the CNA staff.

2. Review of the record for resident #2 showed an admission order signed and dated 7/25/23 and the order indicated the individual was capable of self administration of medications with a hand written note "manage by staff". The following concerns wer identified:

a. Review of the resident's MAR showed for the month of December 2023 the resident received 279 doses of medication and each time a CNA initialed the MAR.

b. Review of the resident's assisted living facility for 102 (ALF-102), that was unsigned and undated, showed the resident required minimal assistance to self administer medications.

c. The resident's record did not contain a nurse assessment of the resident's ability to self medicate.

3. Review of the record for resident #4 showed an admission order signed and dated 10/14/22 and the order indicated the individual was capable of self administration of medications. The following concerns were identified:

a. Review of the resident's MAR showed for the month of December 2023 the resident received 378 doses of medication and each time a CNA initialed the MAR.

b. Review of the resident's ALF-102 completed by FNP on 10/31/23 showed the resident required a licensed nurse to administer medications.

c. The resident's record did not contain a nurse assessment of the resident's ability to self medicate.

4. Review of the record for resident #7 showed an admission order signed and dated on 4/4/23 and the order indicated the individual was capable of self administration of medications. The following concerns were identified:

a. Review of the resident's MAR showed for the month of December 2023 the resident received 282 doses of medication and each time a CNA initialed the MAR.

b. Review of the resident's ALF-102 completed by FNP on 10/31/23 showed resident required a licensed nurse to administer medications.

c. The resident's record did not contain a nurse assessment of the resident's ability to self medicate.

5. Interview with the DON on 1/3/24 at 5:15 PM revealed she had been employed at the facility for 2 months, worked part-time at the facility and was not aware she needed to assess the resident's ability to manage their medications and/or supervise resident medication management delegated to the CNA staff.

6. Review of facility policy titled "Medications and administration" no date showed A. ...the "nurse will determine the level of assistance needed through the Admission process, and will document what assistance or intervention will be offered in the Wellness Plan. C. "All medication management and administration services are overseen by a registered nurse as required by the Wyoming Nurse Practice Act..."

S5008What corrective action(s) will be accomplished for the resident found to have been affected by the deficient practice;

The RN will go through each of the above listed residents files on PCC and hard copy binders and make the changes if needed concerning the residents assistance needed for medication administration. As the manager going through some of the identified residents Wellness Plan it is observed that there is a drop arrow in PCC that states the resident requires a licensed nurse to administer medications. If this does not truly apply to the identified residents above the RN will edit for these residents and leave this blank going forward.

S5008How will you identify other resident(s) having the potential to be affected by the same deficient practice(s) and what corrective action(s) will be taken;

The RN will go through each current resident's assessments and to make any changes she deems necessary pertaining to medication management.

S5008What measures will be put into place or what systemic changes will you make to ensure that the deficient practice(s) does not recur;

The RN will be very thorough when it comes to filling out the assessment forms to ensure that each resident's ability to manage their medications is accurate.

S5008How will you monitor the corrective action(s) performance to make sure that solutions are sustained? You must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action(s) evaluated for its effectiveness. The plan of corrections must be integrated into the quality assurance system.

The manager will monitor the assessment forms going forward to confirm that the assessments marked are coinciding with the medication management being provided.

S5008Must include dates when corrective action(s) will be completed. The corrective actions completion dates must be within acceptable time frames.

RN will go through each resident's assessment forms and make any changes she deems necessary pertaining to the level of medication assistance as well as getting to know the residents and their abilities, and also to create the CNA Competency Form for Supervision of Self Administration to ALF residents. Date of completion will be February 29th, 2024.

S5015 Ch 12 Sec 7 (d)(i) Assisted Living Facility (ALF) Core Services

This State Rule and Regulation is not met as evidenced by:
Based on resident record review, resident interview and staff interview the facility failed to ensure licensed staff administered medications for 3 of 7 sample residents (#3, #5, #6). The findings were:

1. Review of the record for resident #3 showed an admission order signed and dated on 10/14/22 that showed the resident was unable to self administer medications and had a history of dementia. The ALF-102 signed and dated by a RN on 8/11/23 showed

the resident required licensed staff to administer medications. The following concerns were identified:

a. Review of the resident's December 2023 MAR showed the resident received 376 doses of medication that month
b. Interview with the co-owner on 1/3/24 at 2:50 PM revealed the CNAs were providing medication assistance to the resident.
c. Interview with the resident on 1/3/24 at 3 PM in the dining area revealed signs of advanced dementia and the resident was non-interviewable.
d. Interview with CNA#2 on 1/4/24 at 11:13 AM verified the initials on the MAR were hers.

2. Review of the record for resident #5 showed and admission order signed and dated on 9/5/23 that showed the resident was unable to self administer medications and had a history of vascular dementia. The ALF-102 signed and dated by a FNP on 11/8/23 showed the resident required licensed staff to administer medications. The following concerns were identified:

a. Review of the resident's December 2023 MAR showed the resident received 313 doses of medication and each dose was initialed by unlicensed staff.

3. Review of the record for resident #6 showed an admission order signed and dated on 5/31/22 that indicated the resident was unable to self administer medications and had a history of vascular dementia. The ALF-102 signed and dated by a RN on 6/1/22 showed the resident required licensed staff to administer medications. The following concerns were identified.

a. Review of the resident's December 2023 MAR showed the resident received 455 doses of medication and each dose was initialed by unlicensed staff.

S5015 What corrective action(s) will be accomplished for the resident(s) found to have been affected by the deficient practice;

RN will go through the above resident(s) files (hard copy & PCC) to determine if the admission orders and ALF-102 are correct. If changes need to be made the RN will make them depending on her assessments.

S5015How will you identify other resident(s) having the potential to be affected by the same deficient practice(s) and what corrective action(s) will be taken;

RN will go through all current resident(s) admission orders, assessments, ALF-102, and Wellness Plans to determine if any changes need made concerning Medication Management and if so she will complete the task.

S5015What measures will be put into place or what systemic changes will you make to ensure that the deficient practice(s) does not recur;

The measures are already in place the Manager and RN will make sure that the paperwork is completed correctly and that it truly reflects the resident(s) needs.

S5015How will you monitor the corrective action(s) performance to make sure that solutions are sustained? You must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented and the corrective action(s) evaluated for its effectiveness. The plan of corrections must be integrated into the quality assurance system.

Upon completion of reviewing each current resident(s) medication management records by the RN the Manager will monitor for any inconsistencies going forward.

S5015Must include dates when corrective action(s) will be completed. The corrective actions completion dates must be within acceptable time frames.

The above actions will all be completed by 02/29/2024