Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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 on 9/26/24. The survey was prompted by complaint intakes WY LIC-24-095, LIC-24-096, and LIC-24-097. The following common abbreviations are used throughout this document: CNA: Certified Nursing Assistant RN: Registered Nurse Less commonly used abbreviations will be annotated in each deficiency. .	S 000		
S5018	Ch 12 Sec 7 (d)(iv) Assisted Living Facility (ALF) Core Services (d) (iv) Medication assistance. (A) The staff shall be responsible for providing necessary assistance to residents deemed capable of self-medicating, but are unable to do so because of a functional disability, in taking oral medications. Non-licensed staff can only assist with oral medications. Medication assistance may include: (I) Reminding resident to take	S5018		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5018	Continued From page 1 medications; (II) Removing medication containers from storage; (III) Assisting with removal of cap: (IV) Assisting with the removal of a medication from a container for residents with a disability which prevents independence in this act; (V) Observing the resident take the medication; and (VI) Documentation of observation. This State Rule and Regulation is not met as evidenced by: . Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure residents received appropriate assistance with medications for 1 of 9 sample residents (#1). The findings were: 1. Review of an "ALF 102: Functional Screening for Assisted Living Facility" dated 8/14/24 showed tesident #1 required minimal self-administered medication and had swallowing or choking precautions. Review of a "Resident Dietary Screening" dated 8/13/24 showed "Needs food Pureed." Review of a "Resident Screening Form" dated 8/13/24 showed resident #1 was marked "yes" for "Resident had mental defects which interfere with their ability to understand and follow instructions relating to the rules of [old facility name which was stuck out and new name written under it]. Pt has dementia [was hand written]." Further review showed the form was marked "no"	S5018		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5018	Continued From page 2 for "Resident is incapable of self-administration of medications;" however, "Needs meds in applesauce/crushed" was hand written under the statement. Review of the "Assisted Living Facility Type I & II Resident Assessment" dated 8/14/24 showed the resident had swallowing problems, was at risk for aspiration, and required pureed food as well as crushed medications. Further review showed the resident was oriented to self only with a history of dementia and forgetting things and was incontinent of urine and bowel. The following concerns were identified: a. Interview with CNA #1 on 9/26/24 at 11:22 AM revealed the resident's family was expected to crush the resident's meds; however, they did not always do it. The CNA stated if the resident's meds were not crushed, staff still gave him/her the medications whole in applesauce. She revealed the resident was not cognitive enough to know what medications were being provided and the nurse did not come to the facility to administer medications. The CNA revealed the manager was only at the facility 1 day each week and staff had notified her the resident required more care than the facility was able to provide; however, the manager did not do anything. Further interview revealed facility staff did not have a way to contact the nurse so they had to notify the manager or owner, who then notified the nurse. b. Interview with CNA #1 on 9/26/24 at 12:30 PM revealed some of the CNAs may have crushed the resident's medications before giving them to the resident. 2. Review of the "Willowcreek Eldercare Communities Policy Manual" dated 10/1/17 showed "...Administration of medications shall be performed by a licensed physician or registered nurse...Willow Creek Communities' staff may assist residents who self-medicate by: 1.	S5018		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5018	Continued From page 3 Reminding the resident to take medication; 2. opening medication containers; 3. reading instructions on container labels; 4. checking the dosage against the label of the container; 5. reassuring the resident that the dosage is correct; 6. observing the resident take the medication; and 7. reminding the resident or the resident's responsible person when the prescription needs to be refilled...Unlicensed Assistive Personnel (UAP) resident medication administration: Any medication given to a resident by an unlicensed personnel shall be given to the resident via blister pack, or medication container, as directed by the registered nurse or physician, and as outlined in the nurse delegation policy..." .	S5018		
S5019	Ch 12 Sec 7 (d)(v) Assisted Living Facility (ALF) Core Services (d) (v) Medication Administration (A) An RN shall be responsible for the supervision and management of all medication administration as required by the Wyoming Nurse Practice Act, and the Wyoming Board of Nursing Rules and Regulations. This State Rule and Regulation is not met as evidenced by: . Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure an RN was responsible for supervision and management of medication administration for 1 of 1 sample resident (#1) who was not capable to self-administer medications. The findings were:	S5019		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5019	Continued From page 4 1. Review of an "ALF 102: Functional Screening for Assisted Living Facility" dated 8/14/24 showed resident #1 required minimal self-administered medication and had swallowing or choking precautions. Review of a "Resident Dietary Screening" dated 8/13/24 showed "Needs food Pureed." Review of a "Resident Screening Form" dated 8/13/24 showed resident #1 was marked "yes" for "Resident had mental defects which interfere with their ability to understand and follow instructions relating to the rules of [old facility name which was stuck out and new name written under it]. Pt has dementia [was hand written]." Further review showed the form was marked "no" for "Resident is incapable of self-administration of medications;" however, "Needs meds in applesauce/crushed" was hand written under the statement. Review of the "Assisted Living Facility Type I & II Resident Assessment" dated 8/14/24 showed the resident had swallowing problems, was at risk for aspiration, and required pureed food as well as crushed medications. Further review showed the resident was oriented to self only with a history of dementia and forgetting things and was incontinent of urine and bowel. The following concerns were identified: a. Interview with CNA #1 on 9/26/24 at 11:22 AM revealed the resident's family was expected to crush the resident's meds; however, they did not always do it. The CNA stated if the resident's meds were not crushed, staff still gave him/her the medications whole in applesauce. She revealed the resident was not cognitive enough to know what medications were being provided and the nurse did not come to the facility to administer medications. The CNA revealed the manager was only at the facility 1 day each week and staff had notified her the resident required more care than the facility was able to provide; however, the	S5019		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5019	Continued From page 5 manager did not do anything. Further interview revealed facility staff did not have a way to contact the nurse so they had to notify the manager or owner, who then notified the nurse. b. Interview with CNA #1 on 9/26/24 at 12:30 PM revealed some of the CNAs may have crushed the resident's medications before giving them to the resident. 2. Review of the "Willowcreek Eldercare Communities Policy Manual" dated 10/1/17 showed "...Administration of medications shall be performed by a licensed physician or registered nurse...Willow Creek Communities' staff may assist residents who self-medicate by: 1. Reminding the resident to take medication; 2. opening medication containers; 3. reading instructions on container labels; 4. checking the dosage against the label of the container; 5. reassuring the resident that the dosage is correct; 6. observing the resident take the medication; and 7. reminding the resident or the resident's responsible person when the prescription needs to be refilled...Unlicensed Assistive Personnel (UAP) resident medication administration: Any medication given to a resident by an unlicensed personnel shall be given to the resident via blister pack, or medication container, as directed by the registered nurse or physician, and as outlined in the nurse delegation policy..." .	S5019		
S5047	Ch 12 Sec 8 (a) Services Which Cannot Be Provided By Level 1 (a) The following services cannot be provided: (i) Continuous assistance with transfer and	S5047		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5047	Continued From page 6 mobility; (ii) Care of the resident who is unable to feed himself independently and/or; monitoring of diet is required; (iii) Total assistance with bathing and dressing; (iv) Invasive catheter or ostomy care, such as changing of catheter or irrigation of ostomy; (v) Care of resident who is on continuous oxygen, if; (A) Continuous monitoring is required; or (B) Oxygen is ordered by the physician of physician extender to be titrated based on oxygen saturation levels; (vi) Care of resident whose wandering jeopardizes the health and safety of the resident; (vii) Incontinence care by facility staff; (viii) Wound care requiring sterile dressing changes; (ix) Stage II skin care and beyond; (x) Care of the resident with inappropriate social behavior; e.g. frequent aggressive, abusive, or disruptive behavior; and (xi) Care of resident demonstrating chemical abuse that puts him and/or other at risk; (xii) Monitoring of acute medical conditions.	S5047		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5047	Continued From page 7 This State Rule and Regulation is not met as evidenced by: . Based on medical record review, staff interview, and policy and procedure review, the facility failed to ensure residents did not receive services which could not be provided by the facility for 2 of 9 sample residents (#1, #2). The findings were: 1. Review of an "ALF 102: Functional Screening for Assisted Living Facility" dated 8/14/24 showed resident #1 required minimal self-administered medication and had swallowing or choking precautions. Review of a "Resident Dietary Screening" dated 8/13/24 showed "Needs food Pureed." Review of a "Resident Screening Form" dated 8/13/24 showed resident #1 was marked "yes" for "Resident had mental defects which interfere with their ability to understand and follow instructions relating to the rules of [old facility name which was stuck out and new name written under it]. Pt has dementia [was hand written]." Further review showed the form was marked "no" for "Resident is incapable of self-administration of medications;" however, "Needs meds in applesauce/crushed" was hand written under the statement. Review of the "Assisted Living Facility Type I & II Resident Assessment" dated 8/14/24 showed the resident had swallowing problems, was at risk for aspiration, and required pureed food as well as crushed medications. Further review showed the resident was oriented to self only with a history of dementia and forgetting things and was incontinent of urine and bowel. The following concerns were identified: a. Review of a "Nurses Notes" entry dated 9/11/24 and timed "7 PM-7 AM" showed "8 PM meds given check and change done..."	S5047		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5047	Continued From page 8 b. Review of a "Nurses Notes" entry dated 9/11/24 showed "2 PM patient kept trying to go to sisters house in Cheyenne a ton of redirecting...6 patient got ready for bed changed brief..." c. Review of a "Nurses Notes" entry dated 9/10/24 and timed "7 PM-7 AM" showed "Gave resident meds did a check and change..." d. Review of a "Nurses Notes" entry dated 9/9/24 and timed "7 PM-7 AM" showed "8 PM Meds given check [and] change done..." e. Interview with CNA #1 on 9/26/24 at 11:22 AM revealed the resident's family was expected to crush the resident's meds; however, they did not always do it. The CNA stated if the resident's meds were not crushed, staff still gave him/her the medications whole in applesauce. She revealed the resident was not cognitive enough to know what medications were being provided and the nurse did not come to the facility to administer medications. The CNA revealed the manager was only at the facility 1 day each week and staff had notified her the resident required more care than the facility was able to provide; however, the manager did not do anything. Further interview revealed facility staff did not have a way to contact the nurse so they had to notify the manager or owner, who then notified the nurse. f. Interview with CNA #1 on 9/26/24 at 12:30 PM revealed some of the CNAs may have crushed the resident's medications before giving them to the resident. Further interview revealed an ADL sheet was not implemented for the resident during his/her stay. 2. Review of an "AL Physical assessment dated 5/14/24 showed resident #2 had daily urinary and bowel incontinence and foul-smelling urine. The following concerns were identified: a. Interview with CNA #1 on 9/26/24 at 11:22 AM revealed the resident required a check and	S5047		

Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF024	A. BUILDING: _____ B. WING _____	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW CREEK HOMES OF BUFFALO	1 NORTH KLONDIKE BUFFALO, WY 82834

(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
S5047	Continued From page 9 change every 2 hours and all his/her clothing had to be washed "multiple" times per day due to incontinence. The CNA revealed the resident had been declining for 6 months and s/he was not aware when s/he had been incontinent. Further interview revealed the resident was never issued a discharge notice and the manager stated the resident's care need was the reason s/he was at the facility. 3. Review of the "Willowcreek Eldercare Communities Policy Manual" dated 10/1/17 showed "Services Provided...Personal Care...A. Assisting residents with personal grooming such as bathing, hand-washing, shampoo and hair care, nail filing or trimming, and dressing; B. Assisting resident with oral hygiene and denture care; C. Assisting residents with toileting and toilet hygiene; D. Assisting residents with eating; E. Assisting resident in the use of crutches, braces, walkers, wheelchairs, or prosthetic devices such as vision and hearing aids in a manner that would encourage independence; F. Assisting residents with personal housekeeping; G. Supervising residents with self-administration in accordance with Wyoming Division on Aging rules; H. Assisting residents in arranging for medical and dental care including transportation to and from the medical or dental facility. Family members are encouraged to play an active role in arranging for resident's medical and dental care, including transportation; I. Encouraging resident to maintain independence and sense of self-direction; and J. administering first aid.	S5047		

Buffalo

Survey Date: September 26, 2024

Corporate office Submission of this response and Plan of Correction is NOT a legal admission that a deficiency exists or, that this Statement of Deficiencies was correctly cited, and is also NOT to be construed as an admission against interest by Willow Creek Community, or any employees, agents, or other individuals who drafted or may be discussed in the response or Plan of Correction. The POC shall only be a required effort to respond to the unsubstantiated and subjectively biased allegations alleged in the survey document. In addition, preparation and submission of this Plan of Correction does NOT constitute an admission or agreement of any kind by Willow Creek Community of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

Willow Buffalo-9/26/24

1. Identification of the Deficiency

- The deficiency involves improper medication administration and assistance. Specifically, Resident #1 did not receive the necessary medication in crushed form despite the presence of swallowing precautions. The issue stemmed from inadequate RN supervision and the inappropriate delegation of medication administration to unlicensed personnel.

2. Corrective Actions

- Immediate Correction for Affected Resident (Resident #1):
  - Resident #1's family will be notified of the findings, and a Registered Nurse will reassess the resident's medication plan to ensure proper administration (e.g., crushed medications in applesauce). All medications will be administered according to the physician's orders.
  - Staff will be educated on the resident's specific needs, including the administration of pureed food and crushed medications.
- Staff-Wide Corrective Action:
  - A staff meeting will be held to address the findings of the survey. The meeting will include a review of the facility's medication assistance policy, emphasizing proper medication handling for residents with swallowing difficulties.
  - All staff members involved in medication administration will receive immediate training on proper procedures, including:
    1. Assisting residents who require crushed medications.
    2. Understanding the limits of unlicensed staff roles in medication assistance.
    3. Accurate documentation of medication administration.
    4. System Changes to Prevent Recurrence

- Policy Review and Update:
  - The facility's medication administration policies will be reviewed and revised to comply with state regulations, ensuring that all medication administration is supervised by a Registered Nurse (RN).
  - Clear communication protocols will be established for unlicensed staff (e.g., CNAs) to communicate any medication-related issues to the supervising RN.

10/23/24- 1:30 pm - Spoke with owner, Eric McMillan, POC accepted with agreed upon Changes. Alleged date of compliance is 10/30/24.

- Delegation and Supervision:
  - The facility will ensure an RN is on-site at least three times per week for direct supervision of medication administration. A communication system will be put in place to allow CNAs and unlicensed staff to notify the RN immediately if any issues arise.
  - A daily log will be implemented to document all medication administration activities, including crushed medications and any deviations from the protocol. This log will be reviewed regularly to ensure compliance.
- Crushing Medication Protocol:
  - A standardized protocol will be implemented for residents who require crushed medications. This protocol will include specific steps for preparing and administering medications in a safe manner (e.g., with applesauce) and ensuring the correct consistency of food.

4. Monitoring and QAPI Involvement

- Weekly Audits (First 4 Weeks):
  - Weekly audits will be conducted for the first four weeks to monitor compliance with medication administration protocols. These audits will include direct observation of staff, review of medication logs, and ensuring that proper documentation is maintained.
  - Any identified issues will be addressed immediately, and staff will receive additional training if necessary.
- Monthly Audits (Following Period):
  - After the initial four weeks, monthly audits will be conducted for the next three months to ensure ongoing compliance. These audits will focus on adherence to policies, correct documentation, and reviewing any medication-related incidents.
- QAPI Meetings:
  - The facility's QAPI meetings will include a review of audit results and medication-related issues. These meetings will be used to identify trends, adjust corrective actions, and ensure that all deficiencies are addressed.
  - Staff feedback will also be solicited during these meetings to continuously improve medication administration practices.

5. Completion Timeline

- Immediate Actions (within 7 days):
  - Notification of Resident #1's family and reassessment of the resident's medication plan.
  - Immediate training for all staff involved in medication administration.
- Ongoing Monitoring:
  - Weekly audits for four weeks, followed by monthly audits for three months.
  - Monthly QAPI meetings for at least three months or until substantial compliance is achieved.

Responsible Party: Manager or designee will be responsible for overseeing all corrective actions, system changes, monitoring, and QAPI involvement to ensure compliance. DOC: 10/30/24

_____ _____

Eric McMillan, President Date