

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155695	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  04/11/2014
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NAME OF PROVIDER OR SUPPLIER  RIVERSIDE VILLAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1400 W FRANKLIN ST ELKHART, IN 46516
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 7, 8, 9, 10, &amp; 11, 2014</p> <p>Facility Number: 003075 Provider Number: 155695 AIM Number: 200364160</p> <p>Survey Team: Shauna Carlson, RN - TC Julie Baumgartner, RN Pam Williams, RN Sharon Ewing, RN</p> <p>Census bed type: SNF/NF: 88 Total: 88</p> <p>Census payor type: Medicare: 15 Medicaid: 63 Other: 10 Total: 88</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on 4/21/14, by Brenda Meredith, R.N.</p>	F000000	<p><b>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after May 11, 2014.</b></p>	
F000356 SS=C	<p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis:</p> <ul style="list-style-type: none"> <li>o Facility name.</li> <li>o The current date.</li> <li>o The total number and the actual hours</li> </ul>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> <li>- Registered nurses.</li> <li>- Licensed practical nurses or licensed vocational nurses (as defined under State law).</li> <li>- Certified nurse aides.</li> </ul> <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> <li>o Clear and readable format.</li> <li>o In a prominent place readily accessible to residents and visitors.</li> </ul> <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation and interview, the facility failed to post current nurse staffing information for 4 of 5 days of the survey. (April 7, 8, 10, and 11, 2014) The facility also failed to ensure the posting data was maintained for a period of 18 months, in that the facility only had one day of posting for review..</p> <p>Findings include:</p> <p>On 4/7/14 at 11:00 A.M., a form titled Daily Staff Posting was observed near the</p>	F000356	<p><b>F356 – Posted Nurse Staffing Information</b></p> <p>It is the practice of this provider to make nurse staffing data available to the public for review, to post the nurse staffing data on a daily basis and to maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient</b></p>	05/11/2014

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	<p>entrance doors. The form was dated 4/4/14.</p> <p>On 4/8/14 at 9:15 A.M., a form titled Daily Staff Posting was observed near the entrance doors. The form was dated 4/7/14.</p> <p>On 4/11/14 at 9:15 A.M., a form titled Daily Staff Posting was observed near the entrance doors. The form was dated 4/9/14.</p> <p>On 4/11/14 at 11:43 A.M., an interview with the Staff Scheduler indicated she only keeps them for a week then shreds them, but does not have the last week, and she has not done the posting for 4/10/14 yet. She indicated she does not have any for this week other than 4/9/14.</p> <p>3.1-13(a)</p>		<p><b>practice:</b></p> <p>There were no specifically identified residents affected by this finding. The current nurse staffing information with the required information is being posted daily. This posted daily nurse staffing data will be maintained and filed for the required time period.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents have the potential to be affected by this finding. The current nurse staffing information with the required information is being posted daily. This posted daily nurse staffing data will be maintained and filed for the required time period. The ED/DNS/designee is responsible for ensuring that this information is posted accurately and timely each day and that the data is maintained appropriately for the required period of time.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>The ED/DNS/designee will be responsible for re-educating and in-servicing the Scheduler/Nurse Staffing Coordinator regarding the requirement for posted Nurse Staffing Information. This in-servicing and re-education will be completed on or before</p>		

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F000371 SS=D	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>1. Based on observation, interview and record review, the facility failed to serve food under sanitary conditions related to hair net use on 1 of 3 dining rooms (dementia unit).</p> <p>2. Based on observation, interview and record review, the facility failed to ensure ice</p>	F000371	<p>5/11/14. The ED/DNS/designee is responsible for ensuring that this information is posted accurately and timely each day and that the data is maintained appropriately for 18 months. <b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> The ED/DNS/designee will be responsible for completing the CQI Audit Tool titled, "Administration" daily for 3 weeks and weekly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up. <b>By what date the systemic changes will be completed:</b> Compliance Date: 5/11/14.</p> <p><b>F371 – Food Procure, Store/Prepare/Serve – Sanitary</b> It is the practice of this provider to store, prepare, distribute and serve food in a sanitary manner. <b>What corrective action(s) will be accomplished for those residents found to have been</b></p>	05/11/2014	

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	<p>water was served under sanitary conditions related to the cleanliness of the ice scoop.</p> <p>Findings include:</p> <p>1. On 4-7-2014, from 11 A.M. to 11:35 A.M., lunch service was observed on the dementia unit and the following was noted:</p> <p>CNA #1 was observed with her hair pulled back in a pony tail and her hair net had a hole in the back allowing the pony tail to be outside of the hair net. CNA #1 was observed serving lunch to the residents on the dementia unit.</p> <p>On 4-11-2014, at 10:10 A.M., record review of the Infection Control policy, last revised on 4/2011, received from the Clinical Educator, indicated "...c) All staff will wear hair restraints that will cover all hair...."</p> <p>On 4-11-2014, at 10:57 A.M., interview with the Certified Dietary Manager indicated staff on the dementia unit are required to wear hair nets, covering all their hair, while serving food.</p> <p>2. On 4/7/14 at 11:10 A.M., during initial tour CNA #4 was observed scooping ice from cooler placing it into residents cup, then placed ice scoop in cooler, then walked into room 108 to serve ice water to resident.</p> <p>On 4/10/14 at 1:15 P.M., an Interview with CNA #4 the ice scoop should not be left in cooler when serving residents ice water and should be placed in the holder next to cooler.</p>		<p><b>affected by the deficient practice:</b></p> <p>There were no specifically identified residents affected by this finding. Facility meals are being distributed and served to all residents using sanitary conditions. Staff serving food will have their hair properly restrained with a hair net. Ice water is being served using proper protocol and sanitary conditions. None of the residents were negatively affected by this finding.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents being served during meal service have the potential to be affected by this practice. Staff responsible for serving food during meal service on the Dementia Unit is using hair restraints to cover all their hair per facility policy as observed by DNS/MCF/Designee. Direct Care staff is utilizing proper technique and infection control practices while passing fresh water as observed by DNS/Designee.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>An all staff in-service will be conducted on or before 5/11/14 by the ED/DNS/designee. This in-service will include review of the policy related to General Food</p>				

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	<p>On 4/14/14 at 9:00 A.M., Employee #6 indicated they did not have a policy on ice scoop but provided the current skills validation titled, "Skills Validation Passing Fresh Water" dated 3/2012, which indicated: "...3. Fill container with ice using ice scoop. Make sure scoop touches only the ice. 4. Replace ice scoop to covered container, or cover it with a clean towel or plastic bag to prevent contamination ...."</p> <p>3.1-21(i)(3)</p>		<p>Prep and Handling, Personal Hygiene and Passing Fresh Ice Water. All staff will be re-educated regarding the importance of serving food in a sanitary manner by using hair coverings properly placed to cover all their hair during meal service on the Dementia Unit as outlined in the facility policy. They will also be re-educated and in-serviced on utilizing proper technique and infection control practices while passing fresh water. DNS/designee will be responsible for conducting rounds to ensure staff is utilizing proper technique and infection control practices while passing fresh water on each shift.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> To ensure ongoing compliance with this corrective action, the ED/DNS/designee will be responsible for completion of the CQI Audit tools titled, "Dining Room Manager Observation Checklist" daily for 30 days and weekly thereafter for at least 6 months. In addition, Skills Validations for Passing Fresh Water will be conducted for direct care staff no less than 5 times per week for 3 weeks and then monthly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the</p>		

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F000441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p>		<p>CQI Committee for review and follow up. <b>By what date the systemic changes will be completed:</b> Compliance date: 5/11/14.</p>				

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	<p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was served under sanitary conditions related to hand washing during food service in two of three dining rooms. (Assisted dining room, Dementia dining room)</p> <p>Findings include:</p> <p>On 4/7/14 at 11:15 A.M., CNA #1 was observed washing hands for 10 seconds, then continued to serve resident lunch trays.</p> <p>On 4/7/14 at 11:16 A.M., Hospitality Aide #2 observed washing hands for 8 seconds, then continued to serve resident lunch trays.</p> <p>On 4/7/14 at 11:20 A.M., Hospitality Aide #2 observed washing hands for 8 seconds, then continued to serve resident lunch trays.</p> <p>On 4/7/14 at 11:21 A.M., Hospitality Aide #2 observed washing hands for 11 seconds, during this time she was observed touching faucet handle adjusting temperature, then continued to serve resident lunch trays.</p> <p>On 4/7/14 at 12:11 P.M., CNA #3 was observed washing hands wash hands for 12 seconds then continued to serve resident lunch trays.</p> <p>On 4/7/14 at 12:12 P.M., CNA #4 was observed to wash her hands for 12 seconds, sit down to assist feeding resident #61 then adjusted resident #24 clothing protector, at adjacent table, then began feeding Resident</p>	F000441	<p><b>F441 – Infection Control, Prevent Spread, Linens</b></p> <p>It is the practice of this provider to establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p><b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b></p> <p>There were no specifically identified residents affected by this finding. Facility meals are being distributed and served to all residents using sanitary conditions. Staff is following proper hand washing technique during food service and resident meal times. None of the residents were negatively affected by this finding. Residents #24 and #40 are receiving meals by staff using proper sanitary procedures.</p> <p><b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents being served during meal service have the potential to be affected by this practice.</p>	05/11/2014

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	<p>#24.</p> <p>On 4/7/14 at 12:21 P.M., Hospitality Aide #5 observed wiping resident #40 nose with clothing protector then resumed feeding resident.</p> <p>On 4/7/14 at 12:23 P.M., Hospitality Aide #5 observed wiping resident #40 nose with clothing protector then resumed feeding resident.</p> <p>On 4/10/14 at 1:15 P.M., an interview with CNA #1 indicated hands should be washed for 10 seconds washing in between all fingers and wash in between resident contact or after contact with resident clothing.</p> <p>On 4/11/14 at 8:45 A.M., the ED (Executive Director) indicated they did not have a policy on hand washing but provided the current skills validation titled, " Hand Hygiene" dated 3/2012, which indicated: "...6. Use friction for at least 20 seconds...."</p> <p>On 4/11/14 at 10:45 A.M., an interview with CNA #1 indicated hands should be washed after having contact with resident, residents clothing, and in between passing trays to residents.</p> <p>3.1-18(l)</p>		<p>Facility meals are being distributed and served to all residents using sanitary conditions. Staff is following proper hand washing technique during food service and resident meal times.</p> <p>An all staff in-service will be conducted on or before 5/11/14 by the ED/DNS/designee. This in-service will include review of the policy related to General Food Prep Handling and Serving as well as proper hand washing practices during meal service. All staff will be re-educated regarding the importance of serving food in a sanitary manner by using proper hand washing technique and hand hygiene during food service and resident meal times. They will be re-educated and in-serviced on best practices regarding hand washing, proper technique and use of friction for at least 20 seconds.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>An all staff in-service will be conducted on or before 5/11/14 by the ED/DNS/designee. This in-service will include review of the policy related to General Food Prep Handling and Serving as well as proper hand washing practices during meal service. All staff will be re-educated regarding the importance of serving food in a sanitary manner by using</p>		

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			<p>proper hand washing technique and hand hygiene during food service and resident meal times. They will be re-educated and in-serviced on best practices regarding hand washing, proper technique and use of friction for at least 20 seconds. Meal observation being conducted by managers daily on all three meals to ensure food is distributed and provided to residents in a safe and sanitary manner.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> To ensure ongoing compliance with this corrective action, the ED/DNS/designee will be responsible for completion of the CQI Audit tools titled, "Dining Room Manager Observation Checklist" daily for 30 days and monthly thereafter for at least 6 months. In addition, Skills Validations for Hand Hygiene will be conducted for direct care staff and those staff members involved in meal service no less than 5 times per week for 3 weeks and then weekly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b> Compliance date: 5/11/14</p>		

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F000514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to document the administration of medications and insulin for 1 of 5 residents who fit the criteria for unnecessary medications. (Resident #76) Findings include: Record review for Resident #76 was completed on 4/9/14 at 11:45 A.M. The diagnoses included, but were not limited to, "...hypertension[high blood pressure] , kidney disease chronic , diabetes mellitus uncomplicated type 2, congestive heart failure, symptom insomnia , and atrial fibrillation [ heart arrhythmia]...."</p> <p>Physician orders, written 1/19/14, indicated "...Zolidem [ medication used to help the body sleep] 5mg [milligram] tab. Take 1 tablet by mouth daily at bedtime...."</p> <p>Physician orders, written 1/19/14, indicated "...Torsemide [medication used to rid the body of excess fluid] 100 mg tablet. Take \bd tablet (50 mg) by mouth every Monday,</p>	F000514	<p><b>F514 – Records Complete/Accurate/Accessible</b> It is the practice of this provider to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible, and systematically organized. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> <i>Resident #76</i> – The physician and the responsible party were notified of this resident's medication orders. This resident has been receiving medications per physician's order and experienced no negative outcome as a result of this finding. <b>How other residents having the potential to be affected by the</b></p>	05/11/2014

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	<p>Wednesday and Friday at 0900...."</p> <p>Physician orders, written 1/19/14, indicated "...Nexium [medication used to reduce stomach acid] 40 mg cap. Take 1 Capsule by mouth once daily at 0900...."</p> <p>Physician orders written 1/19/14 indicated "...Humalog [medication used to lower blood sugar] 100 U/ML (3ML VL) inject Sub-q [subcutaneous] per Sliding Scale before Meals 110-125= 1 unit, 126-140=2 unit, 141-160=3 unit, 161-180=4unit,181-200=5units,201-240=6units, 241-280=7units, 281-320=8units,321-360=9units &gt;360=10 units...."</p> <p>Resident #76's care plan for insomnia indicated "...Problem Resident is at risk for adverse side effects related to use of antidepressant, hypnotic, and antianxiety medication; Dx Depression, Insomnia, Anxiety...Approach...Administer meds as ordered, observe for effectiveness...."</p> <p>Resident #76's care plan for hypertension indicated "...Problem Ineffective tissue perfusion related to DX HTN[hypertension]...Approach...Administer meds as ordered...."</p> <p>Resident #76's care plan for diabetes indicated "...Problem: Resident is at risk for adverse effects of hyperglycemia related to use of glucose lowering medication and diagnosis of diabetes mellitus...Approach...Medications as ordered...."</p> <p>Resident #76's medication administration record indicated the following dates and</p>		<p><b>same deficient practice will be identified and what corrective action(s) will be taken:</b></p> <p>All residents have the potential to be affected by this finding. A facility audit will be completed by the Nurse Management Team. This audit will include review of each resident's Medication Administration Record. This audit will ensure that residents are receiving their medications and insulin timely and per physician's order and that the documentation on the MAR indicates the administration of these medications. Any concerns/omission or documentation related observations noted during this audit will be clarified and/or corrected at the time.</p> <p><b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b></p> <p>A mandatory nursing in-service will be conducted on or before 5/11/14 by the DNS/designee. This in-service will include review of the facility policy related to Medication and Insulin Administration. All nursing staff will be re-educated on the process of proper medication and insulin administration including the required documentation after medications and insulin have been administered. In addition, the DNS and/or member of the Nurse Management Team will be</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155695		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  04/11/2014	
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	<p>times for March 2014 were missing documentation to correspond with the administration of the ordered Zolpidem:</p> <p>3/1/14 at HS (bedtime)</p> <p>Resident #76's medication administration record indicated the following dates and times for March 2014 were missing documentation to correspond with the administration of the ordered Torsemide:</p> <p>3/19/14 at 0900</p> <p>3/28/14 at 0900</p> <p>Resident # 76's medication administration record indicated the following dates and times for April 2014 were missing documentation to correspond with the administration of the ordered Nexium:</p> <p>4/8/14 at 0900</p> <p>On 4/9/14 at 2:28P.M., review of Resident #76's medication administration record indicated the following dates and times for February 2014 were missing documentation to correspond with the administration of the ordered Humalog:</p> <p>2/10/14 at 0700 for blood sugar reading of 139</p> <p>2/10/14 at 0700 for blood sugar reading of 270</p> <p>On 4/9/14 at 2:28P.M., interview with the Director of Nurses indicated she could not locate documentation of medications being given.</p>		<p>responsible for review of the MARS/TARs no less than five times per week to ensure medications are being administered timely and per physician's order.</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b> Ongoing compliance with this corrective action will be monitored through the facility CQI Program. The DNS/designee will be responsible for the completion of the CQI Audit Tool titled, "MAR/TAR Review" daily for 3 weeks and weekly for 6 months. If threshold of 90% is not met, an action plan will be developed. Findings will be submitted to the CQI Committee for review and follow up.</p> <p><b>By what date the systemic changes will be completed:</b> Compliance Date: 5/11/14.</p>				

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	<p>On 4/11/14 at 10:13A.M., interview with the Director of Nurses indicated the facility does not have a policy for sliding scale insulin administration or physician orders. She further indicated her expectation is that the nurses follow the physicians order for the resident they are caring for.</p> <p>On 4/11/14 at 10:13A.M., a copy of the facility procedure regarding Medication Administration, received from the Director of Nursing, indicated: "...Procedure #17. Medication administration will be recorded on the Mar [medication administration record] or TAR [treatment administration record] after given...#22. Insulin administered subcutaneously and the site is rotated...."</p> <p>3.1-50(a)(2)</p>			