

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 06/17/2016
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NAME OF PROVIDER OR SUPPLIER SUNRISE ON OLD MERIDIAN	STREET ADDRESS, CITY, STATE, ZIP CODE 12130 OLD MERIDAN ST CARMEL, IN 46032
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R 0000 Bldg. 00	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: June 16-17, 2016</p> <p>Facility Number: 012141 Provider Number: 012141 AIM Number: NA</p> <p>Residential Census: 85</p> <p>Residential sample: 7</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-5.</p> <p>Quality Review was completed by 21662 on June 22, 2016.</p>	R 0000		
R 0027 Bldg. 00	<p>410 IAC 16.2-5-1.2(b) Residents' Rights - Deficiency (b) Residents have the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. Residents have the right to exercise their rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>Based on observation and interview, the facility failed to provide dining services in a dignified manner for 6 of 30</p>	R 0027		07/10/2016

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>residents observed during a dining service (Resident's #5, 8,17, 23, 27 and 29).</p> <p>Findings include:</p> <p>On 6/17/2016 at 11:33 a.m., during the lunch service on the Memory Care Unit the following was observed:</p> <p>At 12:10 p.m., six residents were sitting at a dining table. Five of the six, had been served and four of the six were eating their meal. Resident #8 sat in her wheelchair with no food. Resident #27 sat in her broda chair with her meal in front of her.</p> <p>During an interview at 12:10 p.m., CNA #5 indicated Resident #8 received a mechanical soft diet and it had not been received by the kitchen yet. She indicated resident #27 needed to be fed by staff.</p> <p>At 12:12 p.m., Resident #5 was resting her head in her fruit bowl. Resident #17 was restless and attempting to stand from his broda chair. His jeans were pulled down and his brief was exposed. He had an orange colored drink in front of him and lacked fruit or a main course.</p> <p>At 12:20 p.m., Residents #23 and #29 left</p>		<p>06/17/2016</p> <p>and on going</p> <p>06/17/2016</p> <p>06/17/2016</p> <p>06/17/2016</p>				

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	<p>the dining room.</p> <p>At 12:25 p.m., ten residents had not received the main course.</p> <p>At 12:26 p.m., CNA #6 sat down and fed Resident #27 several bites of fruit and several sips of red colored liquid. The aide left the resident after the several bites and sips of fluid.</p> <p>At 12:30 p.m., Resident #5 was addressed by CNA #7 to eat her fruit. The resident indicated "No!", she did not feel well and wanted to lay down. CNA #7 removed the resident from the dining room at 12:33 p.m. The resident had not received her meal and had not eaten any fruit.</p> <p>At 12:34 p.m., CNA # 5 sat down and fed Resident #27 several bites of the main course and offered a drink of red colored liquid.</p> <p>At 12:38 p.m., Resident #8 was served her meal. CNA #6 began feeding Resident #8 and fed Resident #27 additional bites of food.</p> <p>At 12:42 p.m., CNA #5 indicated, the floor had ran out of food and they had just called the kitchen to bring more food up to serve the residents who had not</p>		<p>06/17/2016</p> <p>06/17/2016</p> <p>06/17/2016</p>				

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	<p>been served.</p> <p>At 12:46 p.m., Resident #29 returned and sat down at the dining table. No main course was present. CNA #7 served the resident vanilla ice cream at this time.</p> <p>At 12:50 p.m., Resident #23 returned to the dining room and was given vanilla ice cream. No main course had been served.</p> <p>At 12:55 p.m., CNA #5 indicated they had sent someone from the Memory Care Unit to the kitchen to obtain the food for the residents who had not been served. She indicated they were probably "crazy" in the kitchen.</p> <p>At 12:58 p.m., the main course arrived from the kitchen to the Memory Care Unit.</p> <p>At 1:05 p.m., Resident #23 was served the main course. He stated "thank you, thank you!"</p> <p>At 1:06 p.m., Resident #29 was offered the main course. She indicated to CNA #8 that she did not want it. She indicated she would just have ice cream and water today.</p> <p>On 06/17/2016 at 1:30 p.m., during an interview, the Assistant Executive</p>		<p>07/10/2016</p> <p>7/10/2016</p>				

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	Director indicated the main course should have been served shortly after the residents received and finished the appetizer. She indicated it should not have taken over an hour and a half to receive a main course.		<p>06/29/2016 and on going</p> <p>6/29/2016 and on going</p> <p>A. With respect to the specific resident/situation cited:</p> <p>R8 receives a mechanical soft diet from the kitchen as ordered by the physician and is reflected on the resident's Individualized Service Plan (ISP).</p> <p>R23-Resident's dining needs indicate the need for reapproach and set up for dining services as reflected in the Individualized Service Plan (ISP). The Reminiscence Coordinator reviewed the Resident's ISP with the team members on 06/17/2016.</p> <p>R29-Resident's dining needs indicate the need for reapproach and set up for dining services as reflected in the Individualized Service Plan (ISP). The Reminiscence Coordinator reviewed the Resident's ISP with the</p>				

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			<p>team members on 06/17/2016.</p> <p>R5- Resident's dining needs indicate the need for reapproach and set up for dining services as reflected in the Individualized Service Plan (ISP). The Reminiscence Coordinator reviewed the Resident's ISP with the team members on 06/17/16.</p> <p>R17- Resident's dining needs indicate the need for reapproach and set up for dining services as reflected in the Individualized Service Plan (ISP). The Reminiscence Coordinator reviewed the Resident's ISP with the team members on 06/17/2016.</p> <p>R27-. Resident's dining needs indicate the need for reapproach and set up for dining services as reflected in the Individualized Service Plan (ISP). The Reminiscence Coordinator reviewed the Resident's ISP with the team members on 06/17/2016.</p>	

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			<p>B. With respect to how the facility will identify residents/situations with the potential for the identified concern:</p> <p>The Reminiscence Coordinator (RC) conducted an audit of current residents with the potential for the identified concern for not having food in a timely manner, engaged in a meal and not feeling well and identified that no other residents had the potential to be affected.</p> <p>C. With respect to what systemic measures have been put into place to address the cited concern:</p> <p>The Reminiscence Coordinator (RC) retrained dining room care managers on utilizing the production sheets that indicates all food items have been received from main kitchen at each meal. The Dining room care manager will be proactive prior to food running low to ensure enough options for all the residents.</p>	

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			<p>The Reminiscence Coordinator (RC) retrained Care Managers on the Reminiscence dining room experience, which includes reviewing the Resident's Individual Service Plan (ISP) to identify resident's dining needs, how to reapproach residents who are not engaged in the meal and the need to assist resident with meals.</p> <p>D. With respect to how the plan of correction will be monitored:</p> <p>The Reminiscence Coordinator (RC)/Designee will conduct weekly random audits for a period of 90 days of the dining room experience in Reminiscence neighborhood.</p> <p>The Executive Director (ED)/Designee will conduct a weekly random audit for a period of 90 days of the dining room experience in the Reminiscence neighborhood. The Executive Director (ED)/Designee will review the results of the weekly audit during the QAPI meeting for a period of 90 days. The Executive Director (ED)/Designee will ensure that immediate corrective action is taken if deficiencies are noted.</p>	

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R 0247 Bldg. 00	<p>410 IAC 16.2-5-4(e)(7) Health Services - Deficiency (7) Any error in medication administration shall be noted in the resident ' s record. The physician shall be notified of any error in medication administration when there are any actual or potential detrimental effects to the resident.</p> <p>Based on observation, interview and record review, the facility failed to follow the Physician's orders for 1 of 8 residents reviewed for medication administration (Resident #71).</p> <p>Findings include:</p> <p>During observation of medication administration, on 6/16/16 at 4:20 p.m., the following were observed:</p> <p>QMA #1 obtained vital signs from Resident #71. Vital signs included a blood pressure of 129/61 and a heart rate of 56. QMA #1 then proceeded to administer the following medications:</p> <p>a. Docusate Sodium (a stool softner) 100 mg (milligram) capsule b. Ferrous Sulfate (an iron supplement) 325 mg tablet</p>	R 0247		07/06/2016

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	<p>c. Metoprolol tart (a blood pressure medication) 25 mg tablet</p> <p>d. MyFortic (an immunosuppressant medication) 360 mg tablet</p> <p>e. Zofran (a nausea medication) 8 mg tablet</p> <p>f. Tacrolimus (an immunosuppressant medication) 2 - 1 mg tablets</p> <p>g. Tamsulosin (a prostate medication) 0.4 mg capsule</p> <p>During medication administration reconciliation on 6/17/16 at 8:30 a.m., Resident #71's current Physician orders indicated an order for Metoprolol tart 25 mg tablet to be given 1 tablet orally twice a day and hold for a SBP (systolic blood pressure) of less than 110 or a HR (heart rate) of less than 60 for hypertension.</p> <p>During an interview, with the Resident Care Director on 6/17/16 at 9:40 a.m., she indicated the Metoprolol medication should have been held and the Physician should have been notified.</p>		06/16/2016	

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			06/20/2016	
			7/6/2016	
			6/28/2016	

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			6/28/16	

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			<p>A. With respect to the specific resident/situation cited:</p> <p>R71-The family and physician were notified of the identified concern.</p> <p>B. With respect to how the facility will identify residents/situations with the potential for the identified concern:</p> <p>The Resident Care Director (RCD) conducted an audit of current residents to identify other residents with the potential for the identified concern. (8) additional residents were identified with the potential to be affected. Out of the 10 other potential residents none have been affected by this error.</p> <p>C. With respect to what systemic measures have been put</p>		

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			<p>into place to address the cited concern:</p> <p>The Resident Care Director (RCD) will retrain the Wellness Nurses and qualified medication aides (QMA's) on following the Physicians orders as directed.</p> <p>D. With respect to how the plan of correction will be monitored:</p> <p>The Resident Care Director (RCD/Nurse Designee will conduct weekly random audits for a period of 90 days of the 10 residents with medication parameters to ensure that Physicians orders are being followed, and is responsible to ensure corrective action is taken if deficiencies are noted.</p> <p>The Executive Director (ED) is responsible to ensure on going compliance by reviewing the weekly medication audit outcomes and trends during the monthly QAPI meeting for a period of 90 days on the 10 residents. The ED will ensure that root cause analysis is completed and retraining and corrective action</p>	

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R 0273 Bldg. 00	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure food items were labeled and stored under sanitary conditions and failed to maintain a sanitary kitchen for 85 of 85 residents who received food from the main kitchen.</p> <p>Findings include:</p> <p>During a kitchen tour on 6/16/16 at 08:55 a.m., with the Kitchen Manager (KM)</p>	R 0273	<p>is taken if deficiencies are noted.</p> <p>06/16/1606/16/1606/16/1606/16/1606/17/1606/17/1607/14/166/16/16 and on going 6/28/16 and on going A. With respect to the specific resident/situation cited: a. The gray trash cans were relocated to avoid any further splatters. b. The lid was closed immediately on the gray trash. c. The metal prep table was cleaned to remove the dry food debris. The uncovered small standing mixer was cleaned and covered.</p>	07/14/2016

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	<p>and the Dietary Services Director (DSD), the following observations were made:</p> <p>a. Two rectangular gray trash cans with brown lids were located beside the warming table. The lids had beige and brown splatters on the tops and sides of the lids.</p> <p>b. A large gray trash can located beside a metal prep table had the lid opened.</p> <p>c. The lower level of the metal prep table had small amounts of dry food debris and an uncovered, small standing mixer with a metal bowl with dried, beige debris on the outer portion of the bowl.</p> <p>During an interview at that time, the KM indicated the small standing mixer was not routinely covered. He additionally indicated the trash can should be closed.</p> <p>d. Brown and black debris build-up was observed on top of the broiler.</p> <p>e. Yellow and beige debris build-up was observed on top of the ovens.</p> <p>f. Dark brown and black debris was observed on the floor and on top of the large diameter pipe running behind the cook stove, ovens and a large steel pot.</p> <p>During an interview at that time, the KM indicated they routinely cleaned the</p>		<p>d. The boiler was cleaned. e. The ovens were cleaned. f. The floor behind the cook stove and the large steel pot were cleaned. Food products without labels and dates have been discarded. The plastic rack has been replaced.</p> <p>B. With respect to how the facility will identify residents/situations with the potential for the identified concern: The Dining Services Director (DSD) completed an audit of food items to ensure they are dated and labeled appropriately. Items found without dates and labels were discarded. Kitchen appliances were cleaned.</p> <p>C. With respect to what systemic measures have been put into place to address the cited concern: The Dining Services Director (DSD) retrained dining room and kitchen staff on dating, storage and labeling food items.</p> <p>D. With respect to how the plan of correction will be monitored: The Dining Service Director (DSD) will complete a weekly audit for the next 90 days and then monthly on going of the 3 kitchen areas to include cleanliness, open food is dated and stored properly. Executive Director(ED)/designee completes random monthly spot checks of dating and labeling of opened foods, disposal of all expired food items, and food being properly stored in all 3 kitchen areas. The ED will review the results of the spot check</p>				

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	<p>kitchen nightly, but deep-cleaned the kitchen monthly.</p> <p>In the standing refrigerator the following were observed:</p> <p>a. A large jar of salsa with a hand written date on the lid of 4/19.</p> <p>b. A large container of teriyaki sauce with a hand written date on the lid of 4/5.</p> <p>During an interview at that time, the KM indicated the dates written on the lids of the salsa and teriyaki sauce were the dates received, not the dates opened.</p> <p>In the walk in cooler the following were observed:</p> <p>a. A medium sized, clear container with a green lid contained mandarin oranges. The container lacked a label indicating contents or dates.</p> <p>During an interview at that time, the KM indicated the mandarin oranges should have been labeled.</p> <p>b. A large kitchen rack was sitting in the walk in cooler by the door. The rack had a blue covering with a clear plastic front. The plastic front had a large hole torn in the middle approximately the size of a basket ball. The edges of the plastic had dried, red gel and food particles.</p>		<p>during the monthly QAPI meeting for a period of 90 days. The Executive Director (ED) is responsible to ensure that immediate corrective action is taken if deficiencies are noted.</p>				

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	<p>c. 2 large, steel rectangular pans with red jello were resting on two of the rack shelves and were labeled as "jello" with a date on the label of "6/14". The jello pans lacked plastic coverings. Additional desserts of peach cobbler that rested above the jello and cakes that rested below the jello had plastic coverings.</p> <p>During an interview at that time, the KM indicated the covering over the rack should have been intact or the jello covered.</p> <p>d. 3 glass carafes; one with yellow and two with burgundy liquids were located on the bottom shelf of the walk in cooler beside two boxes of wine. The liquids were not labeled or dated.</p> <p>During an interview at that time, the KM indicated the liquids in the carafes were wine and should be labeled.</p> <p>During an interview on 06/16/2016 at 3:15 p.m., the Dietary Services Director indicated all food items should be discarded thirty days after opening. He indicated all food items should be labeled with an open date and he would expect his staff to label all food when it is opened.</p> <p>During an interview on 06/17/2016 at</p>						

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	<p>10:00 a.m., the DSD indicated he had no set staff scheduled for the weekly deep cleaning.</p> <p>A document titled "DAILY AND WEEKLY CLEANING SCHEDULE", dated "week of: 6/13", provided by the DSD on 06/17/2016 at 10:00 a.m., indicated a daily task of mopping kitchen and office floors was documented as completed on "Mon, Tues, Wed, Thurs". The Weekly task assignments lacked a staff member assignment or documentation of completion for the week of 6/13.</p> <p>A current policy, titled "FOOD STORAGE, PREPARATION AND SERVICE", dated July 16, 2013, provided by the DSD indicated, "...A. General Food Storage...All food items must be labeled and dated...."</p> <p>A current policy, titled "KITCHEN SANITATION", dated July 16, 2013, provided by the DSD indicated, "...D. Disposal of garbage...9. Garbage containers must be covered when not actively being used. E. Kitchen Cleaning Schedule. 1. Cleaning Schedule. a. The Dining Services Coordinator must develop a cleaning schedule for the kitchen...b. The cleaning schedule must be posted in the kitchen.</p>						

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R 0306 Bldg. 00	<p>c. Each Dining Services Team Member must have a regular schedule of cleaning duties...."</p> <p>410 IAC 16.2-5-6(g)(1-9) Pharmaceutical Services - Noncompliance (g) Medications administered by the facility shall be disposed in compliance with appropriate federal, state, and local laws, and disposition of any released, returned, or destroyed medication shall be documented in the resident ' s clinical record and shall include the following information: (1) The name of the resident. (2) The name and strength of the drug. (3) The prescription number. (4) The reason for disposal. (5) The amount disposed of. (6) The method of disposition. (7) The date of the disposal. (8) The signature of the person conducting the disposal of the drug. (9) The signature of a witness, if any, to the disposal of the drug. Based on observation, interview, and record review, the facility failed to label medications with an open date and discard of expired medications in 1 of 1 medication rooms and to dispose of</p>	R 0306	<p>06/28/2016 6/17/16 6/17/16 6/17/16 6/17/16 6/20/2016 6/20/2016 6/20/2016</p>	07/06/2016			

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	<p>medications without a secure closure in 1 of 8 medication carts reviewed for medication storage (Resident #28, #14, #2, #19, #53, & #11).</p> <p>Findings include:</p> <p>During medication storage review on 6/17/16 at 9:00 a.m., the facility's medication storage room refrigerator located on the second floor was observed to have the following:</p> <p>a. 1 bottle of Lorazepam (an antianxiety medication) 2 mg/ml (milligrams/milliliter) oral concentration for Resident #28 was opened and not dated.</p> <p>b. 1 bottle of Lorazepam 2 mg/ml oral concentration for Resident #14 was opened and not dated.</p> <p>c. 1 bottle of Lorazepam 2 mg/ml oral concentration for Resident #2 was opened and not dated.</p> <p>d. 3 Compro (an antiemetic medication) 25 mg suppositories for Resident #19. The pharmacy label indicated "do not use after 1/14/16".</p> <p>e. 1 bottle of Latanoprost ophthalmic solution 0.005% (eye drops) for Resident #53. The pharmacy label indicated "use before 5/21/16".</p> <p>f. 1 Aplisol 1 ml vial (used for detecting tuberculosis) was opened and not dated.</p>		<p>07/06/2016</p> <p>A. With respect to the specific resident/situation cited: R-28-The undated medication was destroyed and reordered for the resident. R-14-The undated medication was destroyed and reordered for the resident. R-2-The undated medication was destroyed and reordered for the resident. R-19-Expired medication was discovered and the nurse on duty destroyed</p>	

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	<p>During review of the medication carts on 6/17/16 at 9:30 a.m., a third floor medication cart was observed to have 2 narcotic cards without secure closures containing Lorazepam 1 mg and 0.5 mg for Resident #11 and with "date opened" labels being used to secure the pills.</p> <p>During an interview, with the Resident Care Director on 6/17/16 at 10:25 a.m., she indicated the medications should have been dated when opened and the narcotics should have been wasted once the secure closure had been broken.</p> <p>The Facility's Pharmacy policy, titled "Expiration Dates and Compromised Medication" dated 05/09/06, received from the Resident Care Director on 6/17/16 at 12:25 p.m., and deemed as the current policy indicated " Policy: Expiration dates assure the adequate potency and effectiveness of medications. Only medication with intact integrity should be administered to a resident. Procedure: Expiration dates: ... 3. With some multi-dose containers it is important to complete the "Date Opened" sticker. The expiration date is then dependent on this date. See the expiration guide for manufacturer recommendations. Compromised medication: 1. Any medication that</p>		<p>medication and reordered from the pharmacy. R-53-Expired medication was discovered and the nurse on duty destroyed medication and reordered from the pharmacy. 1 Aplisol 1 ml vial was destroyed. R-11-The medication in impaired packaging was destroyed. B. With respect to how the facility will identify residents/situations with the potential for the identified concern: The Resident Care Director (RDC) completed an audit of the medication carts and medication refrigerator to ensure no medications were expired. (0) were found with the identified concern. The Resident Care Director (RCD) completed an audit of the medication carts and the medication refrigerator to ensure that opened medications had appropriate dates in place. (0) were found with the identified concern. The Resident Care Director (RCD) completed an audit of the medication carts and medication refrigerator to inspect the integrity of the medication packaging. (0) were found with the identified concern. . C. With respect to what systemic measures have been put into place to address the cited concern: The Resident Care Director (RCD) retrained the Wellness Nurses and Qualified Medication Assistants (QMA's) on how to handle expired medication, dating open bottles</p>				

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	appears to be contaminated or deteriorated should be destroyed using facility policy...."		and the process to follow including notification and destruction of medications or packaging that appear to be compromised. Our systematic approach is to check medications upon arrival and daily at change of shifts with narcotic counts. Open dates and expiration dates are checked daily by qualified med assistants as they pass medications. Also, monthly audits are completed by Resident Care Director/Designee and bi-monthly by pharmacy technicians to inspect medication carts and refrigerators to ensure integrity of the medication packaging, opened dates are present and expired medications are destroyed. D. With respect to how the plan of correction will be monitored: The Resident RCD/Nurse Designee will conduct weekly random audits for the next 90 days of 8 medication carts and 1 medication refrigerators to ensure that medications are not expired, properly labeled and packaging is intact. The RCD/Nurse Designee is responsible to ensure corrective action is taken if deficiencies are noted. The Executive Director (ED) is responsible for ensuring compliance by reviewing the weekly medication audit. The ED will review results and trends during the monthly QAPI meeting for a period of 90 days. The ED will ensure that root cause		

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			analysis and corrective action is taken if deficiencies are noted.		