

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155494	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 09/08/2015
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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00181257.</p> <p>Complaint IN00181257 - Substantiated. Federal/State deficiencies related to the allegations are cited at F225, F226, F329, and F431.</p> <p>Survey date: September 08, 2015</p> <p>Facility number: 000478 Provider number: 155494 AIM number: 100290430</p> <p>Census bed type: SNF/NF: 83 Total: 83</p> <p>Census payor type: Medicare: 17 Medicaid: 60 Other: 6 Total: 83</p> <p>Sample: 28</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>QR was completed by 34849 on</p>	F 0000	Preparation and/or execution of this plan of correction in general, or this corrective action in particular, does not constitute an admission of agreement by this facility of the facts and specific corrective actions are prepared and/or executed in compliance with state and federal laws. This facility respectfully requests paper compliance for this citation.	
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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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F 0225 SS=D Bldg. 00	<p>September 15, 2015.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of</p>			

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	<p>the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>Based on interview and record review, the facility failed to ensure a thorough investigation was completed related to an alleged incident of resident mistreatment for 1 of 1 resident reviewed for abuse. (Resident # C).</p> <p>Findings include:</p> <p>During an interview with the Administrator on 09/08/2015 at 2:35 a.m., she indicated the following, "When an allegation or injury of unknown origin is reported, an investigation is started. It is reported to the State and proper steps are taken to separate the individuals. The resident's medications are evaluated. If staff is involved, the staff is suspended pending investigation. If it [the allegation] is proven, the staff member is terminated."</p> <p>A copy of an incident report that was submitted on 08/24/15 to the Indiana State Department of Health was provided by the DON (Director of Nursing) on 09/08/15 at 1:45 a.m. This report indicated the following occurred:</p> <p>"On 08/22/2015, an unidentified Nurse on the Onyx Unit noted CNA (Certified</p>	F 0225	<p>F-225 It is the policy of the facility to conduct an accurate, timely, comprehensive investigation on any reported incidence of abuse or alleged mistreatment. Going forward, any incidence of mistreatment or alleged mistreatment for Resident #C or any other resident that resides in the facility will be immediately investigated by the appropriate leadership staff. The investigation will be accurate, timely and comprehensive. Any necessary notifications and/or reporting will be done as per policy and regulation.</p> <p>All residents who reside in the facility have the potential to be affected by this finding.</p> <p>Any</p> <p>Incidence of mistreatment or alleged mistreatment will be</p>	09/30/2015

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	<p>Nursing Assistant) # 1 to have one end of a bed sheet tied around the waist and the other end tied around Resident # C's waist as both were walking up and down the hallway. The resident was immediately separated from the CNA and head to toe assessment was completed by the nurse, with no injuries identified. No emotional distress was indicated by the resident. The MD (Medical Doctor), the DON (Director of Nursing), the Administrator, the local police and the family of the resident were notified. An investigation was started, and the CNA was suspended pending investigation. SS (Social Services) interviews will be completed on all residents on the hall to ensure no other residents were affected. SS or designee will visit the resident daily till no concern is noted to ensure no distress is present. The DON indicated on 08/25/15, the follow up investigation was completed. The nursing assessments were completed with no negative findings. The Social Services Director interviewed other residents on the unit and no concerns were noted. SS interviewed affected resident and no distress noted. Care plans reviewed and updated. Involved staff member interviewed and disciplinary action taken."</p> <p>During an interview on 09/08/15 at 4:10</p>		<p>immediately reported to the Administrator and the DON. The Administrator will give direction personally or through the DON as to whom is to initiate the investigative process until one or both of them can take the investigation over to see that it is properly completed. Investigations will be discussed at the appropriate time in the daily morning IDT/CQI meetings. This will include DON/Designee review to see that any interventions or follow up put into place based on the findings of the investigation are being completed. Any concerns will be addressed immediately. This will be an ongoing process with all investigations. Reporting will be done as appropriate depending on criteria. Investigations will be kept in a file in a secure area.</p>	

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	<p>a.m., the DON (Director of Nursing) indicated he first contacted the corporate nurse when the nurse [witness] informed him about the CNA and Resident #C being tied together with the bed sheet and then he notified the State about the incident. He indicated he interviewed CNA #1 while he was suspended. During the interview, CNA #1 indicated he tied a sheet around the resident and attached it to himself so he could "keep an eye on the resident". The DON indicated he felt the CNA was not out to hurt the resident, educated the CNA on "customer service" and instructed the CNA to "ask the nurse before trying, if you think of something that wasn't the normal practice". The DON indicated he asked the nurse [witness] to leave a written statement of her observation of the incident. A copy of this statement was requested and the DON was unable to locate this statement in the file or in the computer. The DON indicated the SSD (Social Services Director) was to follow up on Resident #C and with other residents on the unit.</p> <p>A copy of the investigation reports was requested. Copies of the documents titled, "Abuse Questionnaire", were provided on 09/08/15 at 4:35 a.m. by the DON. There were four pages provided, indicating four residents had been</p>		<p>At an all staff inservice held 09/23/2015 the following was reviewed:</p> <p style="text-align: center;">A.</p> <p>Abuse Policy-Emphasis on the investigative process</p> <p style="text-align: center;">B. Staff</p> <p>member's role in reporting abuse or alleged abuse</p> <p style="text-align: center;">C.</p> <p>Necessity of implementation of interventions and/or follow up</p> <p style="text-align: right;">put</p> <p>into place as a result of any investigation of abuse or alleged abuse</p> <p>Any staff who fail to comply with the points of the investigation will be further educated and/or progressively disciplined as indicated.</p> <p>At the monthly QA meetings,</p>	

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	<p>interviewed by the SSD regarding the alleged incident. The DON could not locate any additional resident interview documents. The DON could not locate documentation of an updated Care Plan for Resident #C. The DON could not locate any nursing follow-up assessments on Resident #C. The DON could not locate documentation of a police report being filed. The DON indicated CNA #1 quit of his own will, but could not provide documentation of a termination date.</p> <p>The current, "Quality Review, LLC Resident Care Manual", dated 07/01/11, was provided by the Administrator on 09/08/15 at 4:22 a.m. This policy indicated, but was not limited to, the following: "Witness Reports/Complaints: All allegations of abuse must be taken seriously and must be investigated... ..Procedures/Action for any alleged violation involving mistreatment... ..5. The Administrator or designee shall thoroughly investigate all allegations of an event... ..8. The Director of Nursing or designee will complete an assessment of the resident or residents involved (victim and perpetrator) and document findings in the Medical Record and interdisciplinary care plan indicated. 9. The Director of Nursing shall ensure the Incident</p>		<p>the investigations since the previous monthly meeting will be reviewed to identify any patterns as well as to see that interventions and/or follow up put into place based on the results of the investigation have been completed. If necessary, an Action Plan will be written by the committee. The plan will be monitored by the Administrator weekly until resolution.</p>	

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F 0226 SS=D Bldg. 00	<p>documentation and Investigation Tool regarding the event is completed unless the event is suspected misappropriation of resident property...."</p> <p>This Federal tag relates to complaint IN00181257.</p> <p>3.1-28(d)</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. Based on interview and record review, the facility failed to ensure written policies and procedures were implemented related to the completion of a thorough investigation and resident assessments following an alleged incident of resident mistreatment. (Resident # C).</p> <p>Findings include:</p> <p>An incident report that was submitted on</p>	F 0226	F-226 (See responses for F-225 as stated above).	09/30/2015

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	<p>08/24/15 to the Indiana State Department of Health was provided by the DON (Director of Nursing) on 09/08/15 at 1:45 a.m. This report indicated the following occurred:</p> <p>"On 08/22/2015, an unidentified Nurse on the Onyx Unit noted CNA (Certified Nursing Assistant) # 1 to have one end of a bed sheet tied around the waist and the other end tied around Resident # C's waist as both were walking up and down the hallway. The resident was immediately separated from the CNA and head to toe assessment was completed by the nurse, with no injuries identified. No emotional distress was indicated to the resident. The MD (Medical Doctor), the DON (Director of Nursing), the Administrator, the local police and the family of the resident were notified. An investigation was started, and the CNA was suspended pending investigation. The Care Plans were to be reviewed and updated. Preventative measures were added-SS (Social Services) interviews will be completed on all residents on the hall to ensure no other residents were affected. SS or designee will visit the resident daily till no concern is noted to ensure no distress is present. The DON indicated on 08/25/15, the follow up investigation was completed. The nursing assessments were completed with</p>			

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	<p>no negative findings. The Social Services Director interviewed other residents on the unit and no concerns were noted. SS interviewed affected resident and no distress noted. Care plans reviewed and updated. Involved staff member interviewed and disciplinary action taken."</p> <p>During an interview on 09/08/15 at 4:10 a.m., the DON (Director of Nursing) indicated he had a written statement from the nurse [witness], but could not find any documented statement, when he reviewed the file. The incident report indicated follow up assessments of the resident would be completed and the resident's care plan would be updated. The DON could not locate documentation of an updated care plan. The DON could not locate any nursing follow-up assessments on the resident. The DON indicated the resident was non-verbal, so the Social Services Director would not be able to assess for any distress. The incident report indicated the local police were notified. The DON could not locate documentation of a police report being filed. The DON indicated the CNA quit of his own will, but couldn't provide documentation of a termination date.</p> <p>The current, "Quality Review, LLC</p>			

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	<p>Resident Care Manual", dated 07/01/11, was provided by the Administrator on 09/08/15 at 4:22 a.m. This policy indicated, but was not limited to, the following: "Witness Reports/Complaints: All allegations of abuse must be taken seriously and must be investigated... ..Procedures/Action for any alleged violation involving mistreatment... ..5. The Administrator or designee shall thoroughly investigate all allegations of an event... ..8. The Director of Nursing or designee will complete an assessment of the resident or residents involved (victim and perpetrator) and document findings in the Medical Record and interdisciplinary care plan indicated. 9. The Director of Nursing shall ensure the Incident documentation and Investigation Tool regarding the event is completed unless the event is suspected misappropriation of resident property...."</p> <p>This Federal tag relates to complaint IN00181257.</p> <p>3.1-28(a) 3.1-28(d)</p>			

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F 0329 SS=D Bldg. 00	<p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on observation, interview and record review, the facility failed to properly assess a resident for effectiveness of a medication after the administration of a PRN (as needed) pain medication for 1 of 1 resident reviewed for medications. (Resident #B)</p> <p>Findings include:</p>	F 0329	<p>F-329 It is the policy of the facility to assess a resident for effectiveness of a pain medication after that "prn" (as needed) pain medication has been administered.</p> <p>Resident #8 is assessed for the effectiveness of their prn pain med after it is given to</p>	09/30/2015
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	<p>Resident #B's clinical record was reviewed on 9/8/15 at 1:35 a.m. Diagnoses for Resident #B included, but were not limited to, paraplegia and schizophrenia. The resident had a physician's order for "Hydrocodone/apap (pain medication) 10-325 mg (milligrams), give 1 tablet by mouth every 4 hours for Pain-Chronic" and a physician's order for "Hydrocodone/apap 10-325 mg, give 1 tablet by mouth every 4 hours as needed for Pain-Breakthrough". Both orders were initiated 7/23/15.</p> <p>During a narcotic count of the Sapphire Hall Cart, with LPN (Licensed Practical Nurse) #1 and LPN #2, on 9/8/15 at 2:07 a.m., the narcotic count sheet indicated Resident # B had been given three doses of hydrocodone/apap 10-325 mg that had not been recorded on the narcotic count sheet.</p> <p>During an interview on 9/8/15 at 2:07 a.m., LPN #2 indicated the reason for the discrepancy in the audit form and the actual narcotic count, was she had not recorded the administration of her medications yet for the shift. The nurse indicated the resident received hydrocodone/apap 10-325 mg routinely at 8:00 p.m. and midnight and was given an "as needed" hydrocodone/apap 10-325</p>		<p>evaluate effectiveness. This is documented.</p> <p>Any resident who receives prn pain medication has the potential to be affected by this finding. Going forward, the DON/Designee will monitor to see that prn meds are documented upon administration and that effectiveness of the prn med is assessed and documented timely. Going forward, 3 days weekly on various shifts towards the end of the shift the DON/Designee will monitor the MAR and the narcotic count sheets to see that the pain meds given prn on that shift have been documented timely and accurately on all necessary documents. Further, that the effectiveness of the prn med has been assessed and documented appropriately as well. This monitoring will continue until 4 consecutive weeks of zero negative findings has been achieved.</p>	

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	<p>mg at 10:00 p.m. for pain.</p> <p>On 9/8/2015 at 5:00 a.m., the narcotic audit sheet and the electronic medical record for Resident #B were reviewed. These documents did not show any indication that Resident #B received a dose of hydrocodone/apap 10-325 mg pain medication on 9/7/15 at 10:00 p.m. The documentation did not have an assessment of the follow up of the resident's condition of pain after receiving the medication.</p> <p>During an interview on 9/8/2015 at 3:18 a.m., with LPN #2, she indicated she had not signed out any narcotic medications since the beginning of her shift at 7:00 p.m., due to her being too busy. She indicated that it was too busy to sign out the narcotics as she went. She indicated that it was a bad habit to wait till the end of the shift to sign out all narcotics, and bad nursing judgement also. She indicated she had failed to record the administration of the "as needed" hydrocodone/apap 10-325 mg at 10:00 p.m. She indicated that she had completed an assessment for Resident #B at 11:00 p.m., she had just forgotten to document in the electronic medical record and narcotic audit sheet that she had given the medication or that she had followed up on the resident's pain.</p>		<p>Afterwards, random weekly monitoring will occur for a period of not less than 6 months. After that, random monitoring will take place.</p> <p>At an inservice held 09/23/2015, for nursing staff who administer prn meds the following was reviewed:</p> <p style="text-align: right;">A.</p> <p>Medication Administration</p> <p style="text-align: right;">B.</p> <p>PRN meds- Why? When? Effective? What to do if NOT effective?</p> <p style="text-align: right;">C.</p> <p>Controlled Substances-Counting "Shift to Shift"</p> <p style="text-align: right;">Individual Count</p> <p>Sheets</p>	

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NAME OF PROVIDER OR SUPPLIER WATERS OF SCOTTSBURG, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1350 N TODD DR SCOTTSBURG, IN 47170
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	<p>During an interview conducted on 9/8/2015 at 4:21 a.m., with the Director of Nursing (DON), he indicated that narcotics should be signed out in the narcotic audit sheet and electronic medical record as soon as the narcotic is given. He indicated that if a pain medication was given as needed, then the resident should be re-assessed for effectiveness of the pain medication within the hour.</p> <p>A policy dated June 19, 2012 and titled, "Controlled substances have high abuse potential and may be subject to special handling, storage, and record keeping", was provided by the Director of Nursing on 9/8/2015 at 4:15 a.m. and was identified as current. The policy indicated, "if an as needed pain medication was given the nurse should document the effectiveness of the medication".</p> <p>This Federal tag relates to complaint IN00181257.</p> <p>3.1-48(a)(3)</p>		<p>Proper Disposal of this "class"</p> <p>D. Documentation</p> <p>Any staff who fail to comply with the points of the inservice will be further educated and/or progressively disciplined as indicated.</p> <p>At the monthly QA meetings the results of the monitoring by the DON/Designee will be reviewed. Any patterns will be identified. If necessary, an Action Plan will be written by the committee. This plan will be monitored weekly until resolution. Note: Any concerns will have been addressed upon discovery.</p>	

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F 0431 SS=E Bldg. 00	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing</p>			

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	<p>dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to properly document the administration and disposal of medications. This deficient practice affected 3 of 5 medication carts observed. (Residents #B, #E, #F, #G, #H, #I, #J, #K, #L, #M, #N, #O, #P, #Q, #R, #S, #T, #U, #V, #W, #X, #Y, #Z, #AA, #BB, and #CC.)</p> <p>Findings include:</p> <p>During a narcotic count of the Sapphire Hall Cart, with LPN (Licensed Practical Nurse) #1 and LPN #2, on 9/8/15 at 2:07 a.m., the following was observed:</p> <ol style="list-style-type: none"> 1. The shift to shift controlled substance count sheet had not been signed for the beginning of the shift by the nurse. 2. Incorrect narcotic drug counts for Resident's #E, # F, #G, #H, #I, #J, #K, #L, #M, #N, #O, #P, #Q, #R, #S, and #T. The narcotics audit sheet indicated that the resident had more narcotics than the actual count in the medication cart. <p>During a narcotic count of the Emerald Hall Cart, with LPN #1 and LPN #2, on 9/8/15 at 2:40 a.m., the following was observed:</p>	F 0431	<p>F-431 It is the policy of the facility to ensure that required documentation occurs as related to medication administration and disposal. Residents B, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, BB, and CC all have their meds administered timely and accurately with all required documentation completed. Additionally, these residents have their meds disposed of timely and accurately as per policy and regulation. Residents who reside in the facility and who receive medication have the potential to be affected by this finding. Going forward, the DON/Designee will monitor daily on various shifts to ensure that controlled substances have been counted and signed out correctly on each shift for the past 24 hours. Further, going forward, the DON or ADON will be one of the two nurses required to destroy controlled substances. This will be done timely and accurately and according to policy. Should a controlled med be dropped or become contaminated during a shift and need to be destroyed, two nurses will both sign for this disposal and it will be done timely and per policy. Further, it will be documented on the count sheet, and replaced at the facility's expense. This practice will be ongoing. See the responses to</p>	09/30/2015
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	<p>3. The narcotic count audit sheet had not been signed for the beginning of the shift by the nurse.</p> <p>4. Incorrect narcotic drug counts for Resident's #B, #U, #V, #L, #W, #X, #Y, #Z, #AA, #BB, and #CC. The narcotics audit sheet indicated that the resident had more narcotics than the actual count in the medication cart.</p> <p>During an interview with LPN #1 on 9/8/2015 at 3:07 a.m., she indicated she had not signed out any narcotic medications since the beginning of her shift at 7:00 p.m. on 9/7/2015. She indicated the reason for the discrepancy in the narcotic medications was she had dropped some of the narcotics and had to dispose of them. She indicated that it was too hectic and she did not dispose of Resident # T's narcotic pain pill (Hydrocodone 7.5/325 mg) along with another nurse as per policy. She indicated she had put Resident #T's pain pill in the sharps container by herself. She indicated that she should sign out all the medications on the narcotic audit sheet as soon as the pills are given. She indicated that two nurses should be present at the time of a narcotic pill destruction and both nurses should document on the narcotic audit sheet that</p>		F-329 for the remainder of the responses to this tag, F431	

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	<p>it was done. She also indicated she did not sign the shift to shift controlled substance count sheet at the beginning of the shift.</p> <p>During an interview on 9/8/2015 at 3:18 a.m., with LPN #2, she indicated she had not signed out any narcotic medications since the beginning of her shift at 7:00 p.m. on 9/7/2015. She indicated the reason for the discrepancy in the narcotic medications was she had dropped some of the narcotics and had to dispose of them. She indicated that it was too busy to sign out the narcotics. She indicated she had put Resident #T's pain pill in the sharps container by herself. She indicated that she should sign out all the medications on the narcotic audit sheet as soon as the pills are given. She indicated that two nurses should be present at the time of a narcotic pill destruction and the two nurses should document on the narcotic audit sheet that it was done. She indicated she normally signs all of her narcotics out at the end of the shift. She indicated that it was a bad habit to wait till the end of the shift to sign out all narcotics, and bad nursing judgement. She also indicated she did not sign the shift to shift controlled substance count sheet at the beginning of the shift.</p> <p>During an interview with the DON</p>			

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	<p>(Director of Nursing) on 9/8/2015 at 4:21 a.m., he indicated that narcotics should be signed out in the narcotic audit sheet as soon as the narcotic is given. He indicated that two nurses should be present at the time of a narcotic pill destruction and the two nurses should document on the narcotic audit sheet or medication destruction form that it was done. He indicated that the oncoming nurse should sign the shift to shift controlled substance count sheet at the beginning of the shift. He also indicated that the narcotic audit sheet should match the narcotic medication count in the medication cart.</p> <p>A policy dated June 19, 2012 and titled, "Controlled substances have high abuse potential and may be subject to special handling, storage, and record keeping", was provided by the Director of Nursing on 9/8/2015 at 4:15 a.m. and was identified as current. The policy indicated, "the nurse should sign the shift to shift controlled substance count sheet at the beginning of the shift".</p> <p>A policy dated June 19, 2012 and titled, "5.2 Controlled Substance Medications", was provided by the Director of Nursing on 9/8/2015 at 5:30 a.m. and was identified as current. The policy indicated, "the nurse should document a</p>			

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	<p>narcotic pass at the time of the administration....the nurse should confirm the amount of controlled drug remaining is correct prior to assembling the required dose for the resident....when a narcotic medication is destroyed it should be in the presence of two licensed nurses and the disposal documented on the accountability record on the line representing that dose".</p> <p>This Federal tag relates to complaint IN00181257.</p> <p>3.1-25(b)(3) 3.1-25(s)</p>			