STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155205	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 11/20/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENCROFT HEALTHCARE	1225 GREENCROFT DR GOSHEN, IN 46527

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F000000	This visit was for a Recertification and State Licensure Survey. Survey dates: November 13,14,15,18,19, & 20, 2013 Facility Number: 000112 Provider Number: 155205 AIM Number: 100288710 Survey Team: Deb Kammeyer, RN TC Lora Swanson, RN Julie Wagoner, RN Pam Williams, RN (11/13, 11/14, & 11/15 2013) Census Bed Type: SNF: 34 SNF/NF: 149 Total: 183 Census by Payor Type: Medicare: 11 Medicaid: 121 Other: 51 Total: 183 These deficiencies reflect State findings cited in accordance with 410 IAC 16.2.	F000000	F 000 Initial CommentsThis plan of correction constitutes Greencroft Healthcare's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission or that a deficiency exists, or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. We respectfully request a desk review of this Plan of Correction	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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	Quality review completed on November 26, 2013, by Janelyn Kulik, RN.			

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F000248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. Based on observation, record review and interviews, the facility failed to implement individualized and consistent activities for 2 of 3 residents reviewed in a sample of 40 reviewed for activities. (Resident #152 and #137) Findings include: 1. On 11/18/13 at 10:50 A.M., record review indicated, Resident #152's diagnoses included, but were not limited to, "...vascular dementia, anxiety, depressive disorder and osteoporosis...." The quarterly MDS (Minimum Data Set) assessment, completed on 10/10/13, indicated Resident #152's cognitive skills was severely impaired and required extensive assistance for mobility, transfers and locomotion on the unit. Review of the Activity Comprehensive Assessment, dated 4/26/13, indicated	F000248	F 248 Activities Meet Interests/NeedsResident #152 has a CD player/radio in room. Resident #152 care plan was reviewed. Staff will encourage resident #137 to participate in activities. Resident #137 care plan was reviewed. Resident #152 and #137 did not suffer any psychosocial distress.The care tracker system has an “activity” light turned on for all residents that are on a 1:1, sensory stimulation program, in addition to bed and room bound residents. All charts were audited by activities staff to make sure that residents activity needs are accommodated per their care plan. Activities and nursing staff members were in-serviced and reeducated on accommodating residents needs while in their rooms and encourage all other residents to participate in activities per their choice (Attachment A).The Life Enhancement Coordinator or designee will monitor the implementation of activity interventions weekly via the Activity Chart (Attachment B). Quarterly activity care plans are	12/05/2013

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	individual preferences as: likes listening to many different types of music (Laurence Welk, Gaither's gospel and country music), snacks between meals (ice cream), and spending time outdoors. Review of a care plan, dated 5/16/13, indicated I am not able to provide most of my programming (mental, psychosocial, etc.) by myself and would benefit from structured 1:1 program of activity. Goal: I will accept 1:1 programming, looking to provide physical, psychosocial, spiritual, and/or mental stimulation programs 1-2 x wk (week) through next review on 1/10/14. Approach: Provide 1:1 programming as tolerated in the form of the following options: History: Dogs and horses, country western music, motorcycles. Relaxation: Massage therapy, music. Physical programming: walk with her during her wondering. Social programming: talk to her, engage in conversation as she tolerates. Mental stimulation: identifying pictures, smells. Specific interest programming: Gaither's music and other types per MP3 player at times, animal and animal therapy, special snacks (root beer floats, ice cream). Spiritual programming: special worship. Outside: fresh air (outside walks as well as wheelchair		reviewed and updated as needed by the Life Enhancement Coordinator or designee (Attachment B).The Life Enhancement Coordinator or designee will submit a summary of findings to QAPI committee quarterly for review and recommendation.Alleged date of compliance 12/5/2013.	

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	walks outside of her community environment but indoors for stimulation). Television/movies as tolerated. Transportation to and from activities as needed. On 11/15/13 at 10:45 A.M., an observation of the activity board for the Gables Hall indicated the following activities: 11/15/13 exercises, art class, catholic communion and coffee club. 11/18/13 exercises, harmonica players and bingo. 11/19/13 exercises, folk music and social time. 11/20/13 exercises, devotions, country ride and social time. On 11/15/13 at 11:00 A.M., Resident #152 was observed resting in bed occasionally yelling out. The room was dark. No radio was observed in the room. At 2:00 P.M., the resident was observed resting in bed, the room was dark and no music was playing. No staff was observed in the room. An uncovered meal tray was observed at the resident's bedside. An unknown Certified Nurse Aide (CNA) indicated that the resident was very sleepy since her shower and that most days the resident will only eat one good meal a day. On 11/18/13 at 10:55 A.M., the			

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	resident was observed resting in bed, the room was dark, no radio was in the room. No staff was observed in the room. At 2:00 P.M. the resident was again observed resting in bed, a radio was at the bedside with music playing. On 11/19/13 at 9:18 A.M., the resident was in bed, her roommates radio was on. On 11/20/13 at 9:10 A.M., the resident was in bed, her roommates radio was playing. No staff was observed in the room. On 11/18/13 at 11:10 A.M., an interview with Activity Assistant #2 indicated that she started working with the resident's on the Gables hallway sometime in August. The Activity Assistant further indicated that Resident #152 becomes easily agitated and disruptive in group activities so she does 1 on 1 with the resident. The Activity Assistant indicated she does not keep track of or document the activities she does with the resident, but she did recall seeing the resident in the hallway looking at the birds and the cat on the unit. The Activity Assistant also indicated that she has not looked at and is not familiar with the residents			

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	activity care plan. On 11/19/13 at 10:25 A.M., an interview with CNA #3 indicated that the resident does not do well in group activities and that she stays in her room most of the time. CNA #3 further indicated that loud noises seem to bother the resident and that she occasionally sees an MP3 player in the resident's room to play music, but was unsure what else they do for her. On 11/20/13 at 9:00 A.M., record review of the current policy titled "Activities Program" received from the Assistant Director of Nursing indicated "...An ongoing program of activities shall be designed to meet the needs of each resident...Provisions shall be made for an ongoing program of meaningful activities appropriate to the needs and interest of residents...Daily activities shall be planned to include the resident's interests, former lifestyle, sociological, psychological and physical evaluation..." On 11/20/13 at 9:15 A.M., review of the current policy titled "Activities Record Keeping" received from the Assistant Director of Nursing indicated "...The activities staff shall			

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	be responsible for maintaining record keeping data pertaining to resident participation in activities...The following records shall be maintained by the activities department: a. Assessment b. Attendance records...e. Individualized activity plan...The activities staff shall be responsible for obtaining, charting and filing required records...."			
	2. Resident #137 was not observed to attend any activity programs during the daytime hours from 9:45 A.M. - 3:30 P.M. on 10/13/13 or 10/14/13. Resident #137 was observed, on 11/18/13 at 9:15 A.M., seated in a chair across from South nurses station, with his eyes closed , dozing. His walker was in front of him. Staff were noted inviting various residents to "exercise" , but no one invited him to the activity. Resident #137 was observed, on 11/18/13 at 9:56 A.M., seated in a chair across from South nurses station, his eyes were closed and he			

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	appeared to be dozing. His walker was in front of him. Staff were noted inviting some residents to go to a Music program, but no one asked Resident #137 if he desired to attend the activity. Resident #137, was observed on 11/18/13 at 10:30 A.M., seated in a chair across from the South nurses station, dozing, with his eyes closed. His walker was in front of him. Resident #137, was observed on 11/18/13 at 11:20 A.M., seated across from South nurses station, now awake, with walker in front of him. Resident #137 was observed on 11/18/13 at 2:20 P.M., seated across from South nurses station awake, with his walker in front of him Resident #137 was observed on 11/18/13 at 2:36 P.M., sitting across from the South nurses station. He stated he was really tired. Nursing staff were noted to cue and minimally assisted him to stand and ambulate with his walker to his room, where he was assisted to his bed. Resident #137 was observed on 11/19/13 at 9:15 A.M., seated in chair			

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	across from nurses station. He was noted to stand up and ambulate around the nurses station with his walker. When greeted, Resident #137 indicated he had to go to the restroom. He was directed to a nurse for assistance, as he did not know where his restroom was located. Resident #137 was observed on 11/19/13 at 9:35 A.M., lying on his bed with his eyes closed. Resident #137 was observed on 11/19/13 at 10:45 A.M., lying on his bed asleep. Resident #137 was observed on 11/19/13 at 1:52 P.M., lying in his bed asleep. Resident #137 was observed on 11/20/13 at 9:00 A.M., sitting in dining room finishing his breakfast. Resident #137 was awake, said he was sleepy but was bright and communicating. Resident #137 was observed on 11/20/13 at 9:35 A.M., seated in his recliner, sitting straight up, eyes closed, glasses on, shoes on, walker in front of him. A volunteer from activities was inviting certain residents to an "Exercise" activity but did not			

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	stop and invite Resident #137. Resident #137 was observed on 11/20/13 at 10:12 A.M., seated in his recliner sitting straight up. His eyes were closed but fluttering as he scratched his arm. No one was noted asking him if he wanted to go to devotions. The Activity schedule for 11/18/13 was as follows: 9:30 Exercises in MH (meeting house) 10:00 A.M. - Harmonica player in MH 2:00 P.M. - Bingo in MH The Activity schedule for 11/19/13 was as follows: 9:30 Exercises in MH 10:00 folk music - in MH 2:00 Social time EW (east wing) and SU (south unit) 6:00 Movie and popcorn in AR (activity room) The Activity schedule for the morning of 11/20/13 was as follows: 9:30 Exercises in MH 10:00 Devotions in MH The clinical record for Resident #137 was reviewed on 11/19/13 at 10:15 A.M. Resident #137 was admitted to the facility on 11/21/08, with			

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	diagnosis, including but not limited to, chronic ischemic heart disease, dementia, atrial fibrillation, pacemaker, depressive disorder, arteriosclerosis, aortic valve disorder, cyst on kidney, hyperpiesia of the prostate, peripheral vascular disease A Resident Interests inventory assessment, completed on 11/14/12, indicated the resident's current interests included "talking about farming and John Deere tractors, having snacks and coffee with cream, going on hay rides and 'checking the weather', outdoor activities, reading the newspaper and Bible, hymns, Christian activities, church, devotions, and Bible study. A Resident Activity Comprehensive assessment, completed on 04/29/13, included the following information regarding Resident #137: must attend Bible study and church, not able to farm anymore, loves being outdoors, eye sight poor, can not walk long distances, does attend some music groups, enjoys family visits. The current care plan for activities, initiated 05/16/13, indicated the following: "problem - I choose to sleep a great deal of time every day,			

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	declining most offers of group activity. I need to be invited to group activities of particular interest and given extra encouragement to attend these activities (joyful singers, musical performances, church services, activities related to farming, coffee club and central cafe.... Goal: I will be given extra encouragement to attend group activities of particular interest... Approach: (Resident's first name) will be given extra encouragement to attend group activities of particular interest, with guidance to/from each event, facility by staff/volunteers and/or family, (Resident's first name) will have the opportunity to 'check the weather' and get outside for fresh air often (daily when weather is good) - accompanied by staff/volunteers or family, for his safety, (Resident's first name) will have daily opportunities to socialize with staff and others at mealtimes, in the hallways, or at various times/places daily. Staff will give cues during conversation to help him with happy farming memories." An Activity progress note, completed 10/15/13, indicated "No significant changes from prior assessment for activity levels. Sleeping more now, most am and pm (sic), but will attend activities if asked and taken. Able to			

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	determine own levels with support and cues. Expressed satisfaction at this time when asked, but was confused at same time as to why he was asked. Refer to attachments for activity charting, this assessment period and for the past quarter. Will continue 1:1 visits for support and encouragement." The activity participation log for Resident #137 indicated from 11/11/13 - 11/19/13, the resident was only documented as having attended on Coffee Chat activity on 11/15/13 at 2:00 P.M. Interview with the Activity Director, on 11/20/13 at 11:15 A.M. indicated his staff was having to work as nursing assistants and some of the 1:1 activities or individual activities were not always documented . He indicated Resident #137 slept a lot and did not attend many group activities. He indicated he had noticed less activity participation in September 2013 and brought the concerns to Quality Assurance in October 2013. He indicated he was working on a corrective system to capture more activity participation but it had not yet been instituted. He indicated he was doing the best he could do with the staff he had available.			

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	3.1-33(a)			

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F000279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).			
	Based on record review and interview, the facility failed to develop a written comprehensive care plan for 1 of 5 residents reviewed for unnecessary medications. (Resident #24) Findings include: On 11/19/13 at 2:25 P.M., record review indicated Resident #24's diagnoses included, but were not limited to, "...Alzheimer's disease, diabetes type II, hypertension, osteoarthritis, spinal stenosis,	F000279	F 279 Develop Comprehensive Care PlansThe care plan for resident #24 was reviewed and updated for diagnosis of 780.79 (Malaise) on 11/22/2013.The charts of all residents receiving central nervous system stimulants were audited by Nurse Team Leader (NTL) and MDS nurses to make sure care plans were up to date.Licensed nurses were in-serviced and reeducated on documentation and updating care plans (Attachment C).The NTL or designee will review the 24 hour report sheet daily and audit charts to make sure care plans have been updated and	12/05/2013

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	hypothyroidism, anemia, chronic kidney disease, major depressive disorder, peripheral vascular disease and neurogenic bladder...." The quarterly MDS (Minimum Data Set) assessment, completed on 7/25/13, indicated Resident #24's was cognitively impaired with a BIMS (Brief Interview for Mental Status) score was 1. A physician order, dated 3/18/13, indicated "...Ritalin 5 mg (milligrams) BID (two times daily)...." No diagnosis for the medication was indicated with the physician order. A Medication Review for Mood/Behavior, dated 5/6/13, indicated "...Behavior/Mood Summary: Generally keeps her eyes closed but she is not necessarily sleeping. Ritalin was ordered in hopes it would increase her alertness...." A Social Service note, dated 7/23/13, indicated "...Resident is more awake since the start of Ritalin...." A Physician Progress note, dated 8/14/13, indicated "...More awake with Ritalin...." A Note to Attending Physician, dated		interventions are in place. This will be on going. Findings will be reported to the DON or designee.The DON or designee will submit a summary of findings to the QAPI committee quarterly for review and recommendations.Alleged date of compliance 12/5/2013.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155205	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	X3) DATE SURVEY COMPLETED 11/20/2013
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	9/25/13, indicated "...Resident appears more alert and easier to engage with recent addition of Ritalin...." A Psych-Social Assessment note, dated 10/21/13, indicated "...Routinely reviewing for mood stability. Ritalin was started in hopes of improving her level of alertness. No changes in her mood, appears stable...." On 11/20/13 at 10:00 A.M., review of a care plan, dated 10/31/13, indicated the problem: At risk for decline in self performance with activities of daily living and transfers related to the use of Remeron and Exelon daily for depression and dementia. Interventions included but were not limited to "...Observe, document, report to MD (physician) as needed signs and symptoms of drug related complications, lethargy, sedation, increased agitation...Behavior team meet periodically and review meds and current status of resident in review of need to reduce or eliminate meds. Monitor for target behaviors/symptoms and document per facility protocol...." There was no documentation regarding the use of Ritalin.			

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	On 11/20/13 at 10:50 A.M., an interview with RN #1 indicated, that a care plan was not developed for the use of Ritalin. On 11/20/13 at 11:00 A.M., record review of the current policy titled "Care Plan Process" received from the Assistant Director of Nursing indicated "...Purpose: An interdisciplinary team shall develop and maintain a comprehensive care plan for each resident. Policy: a written comprehensive care plan for each resident shall be developed that includes measurable goals and objectives and timetables to meet the resident's needs identified in the comprehensive assessment...1. The comprehensive care plan will: a. Incorporate identified problem areas and/or strengths. b. Incorporate risk factors associated with identified problems...e. List specific interventions that staff will take to assist the resident in meeting/achieving the goals...3. Care plans shall be revised as changes in the resident's condition dictate. Reviews will be done at least quarterly at a care plan conference by the interdisciplinary team...." 3.1-35(a)			

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F000280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.			
	Based on record review and interview, the facility failed to ensure the care plan regarding antianxiety medication was revised for 1 of 5 residents reviewed for unnecessary medications. (Resident #88) Findings include: 1. The clinical record for Resident #88 was reviewed on 11/18/13 at 2:10 P.M. Resident #88 was admitted to the facility on 02/17/12, with diagnosis including, but not limited to, rhabdomyolysis, atrial fibrillation, hypertension, cardiomyopathy, chronic kidney	F000280	F 280 Right to Participate Planning CareThe care plan for resident #88 was reviewed and updated for use of PRN Ativan on 11/19/2013.The charts of all residents receiving PRN anxiolytics were audited by NTL and MDS nurses to make sure care plans were up to date.Licensed nurses were in-serviced and reeducated on documentation and updating care plans (Attachment C).NTL or designee will review the 24 hour report sheet daily and audit charts to identify changes and make sure interventions are in place and care plans are up to date. This is on going. Findings will be reported to the DON or	12/05/2013

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	disease, epilepsy, history of uterine cancer, insomnia, pain, and glaucoma. The physician's orders for Resident #88 included an order, dated 11/01/13, for the antianxiety medication, Ativan 0.5 milligrams (mg) to be given every 6 hours PRN (as needed) for nervousness and anxiety. The resident also received the antianxiety medication, Vistaril 25 mg three times a day routinely. The care plans for Resident #88, current through 12/26/13, included the following plan: "Resident self-reports mild mood symptoms including little interest in doing things, feeling depressed, and having little energy. She currently takes medication for insomnia and a PRN medication for anxiety." The interventions to the plan included: "1:1 visits to provide opportunity for verbalization of concerns and feelings and to review coping skills, encourage out of room activities and visits from family and friends, review medication to determine effectiveness and make changes as needed, complete regular assessments to evaluate mood, and monitor mood symptoms in caretracker and review in behavioral/mood meetings."		designee.The DON or designee will submit a summary of findings to the QAPI committee quarterly for review and recommendation.Alleged date of compliance 12/5/2013.	

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	During an interview on 11-19-13 at 2:00 P.M., Social Worker #10 indicated she had not updated the care plan since the PRN Ativan had been added to the resident's orders. She indicated prior to that the routine Vistaril had been reduced to TID (three times a day) from QID (four times a day). Social Worker #10 did not indicate any specific interventions to help Resident #88 cope with her anxiety. During an interview on 11/19/13 at 2:03 P.M., Unit Manager #1, indicated nursing was supposed to chart in the electronic record and on a PRN paper Anxiolytic MAR (medication administration record) which did include documentation of interventions, though non specific for Resident #88. Review of November form indicated only 3 of the 8 times the medication was given were other interventions attempted prior to administering the medication. 3.1-35(d)(2)(B)			

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F000282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.			
	Based on observation, record review and interview, the facility failed to follow interventions on an activity care plan for 1 of 3 residents reviewed for care plans. (Resident #152) Findings include: On 11/18/13 at 10:50 A.M., record review indicated, Resident #152's diagnoses included, but were not limited to, "...vascular dementia, anxiety, depressive disorder and osteoporosis...." The quarterly MDS (Minimum Data Set) assessment, completed on 10/10/13, indicated Resident #152's cognitive skills was severely impaired and required extensive assistance for mobility, transfers and locomotion on the unit. Review of the Activity Comprehensive Assessment, dated 4/26/13, indicated individual preferences as: likes listening to many different types of music (Laurence Welk, Gaither's gospel and country music), snacks	F000282	F 282 Services by qualified PersonsThe care plan of resident #152 was reviewed. A CD player/radio is in the room for the resident to enjoy music.The charts of all residents on a 1:1 and sensory stimulation programs were audited by activities and nursing staff to make sure residents activity needs are met appropriately per their care plan. The Care tracker system has an “activity” light turned on for all residents that are on a sensory stimulation program.Activities staff and nursing staff were in-serviced and reeducated on accommodating residents needs while in their room (Attachment A).The Life Enhancement Coordinator or designee will monitor the activity needs of resident weekly and sign off on quarterly activity assessments (Attachment B). The Life Enhancement Coordinator or designee will submit a summary of findings to the QAPI committee quarterly for review and recommendation. Alleged date of compliance 12/5/2013.	12/05/2013

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	between meals (ice cream), and spending time outdoors. Review of a care plan, dated 5/16/13, indicated I am not able to provide most of my programming (mental, psychosocial, etc.) by myself and would benefit from structured 1:1 program of activity. Goal: I will accept 1:1 programming, looking to provide physical, psychosocial, spiritual, and/or mental stimulation programs 1-2 x wk (week) through next review on 1/10/14. Approach: Provide 1:1 programming as tolerated in the form of the following options: History: Dogs and horses, country western music, motorcycles. Relaxation: Massage therapy, music. Physical programming: walk with her during her wondering. Social programming: talk to her, engage in conversation as she tolerates. Mental stimulation: identifying pictures, smells. Specific interest programming: Gaither's music and other types per MP3 player at times, animal and animal therapy,special snacks (root beer floats, ice cream). Spiritual programming: special worship. Outside: fresh air (outside walks as well as wheelchair walks outside of her community environment but indoors for stimulation). Television/movies as tolerated.			

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	Transportation to and from activities as needed. On 11/15/13 at 11:00 A.M., Resident #152 was observed resting in bed occasionally yelling out, the room was dark. No radio was observed in the room. At 2:00 P.M., the resident was observed resting in bed, the room was dark and no music was playing. No staff was observed in the room. An uncovered meal tray was observed at the resident's bedside. An unknown Certified Nurse Aide (CNA) indicated that the resident was very sleepy since her shower and that most days the resident will only eat one good meal a day. On 11/18/13 at 10:55 A.M., the resident was observed resting in bed, the room was dark, no radio was in the room. No staff was observed in the room. At 2:00 P.M. the resident was again observed resting in bed, a radio was at the bedside with music playing. On 11/19/13 at 9:18 A.M., the resident was in bed, her roommates radio was on. On 11/20/13 at 9:10 A.M., the resident was in bed, her roommates			

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	radio was playing. No staff was observed in the room. On 11/18/13 at 11:10 A.M., an interview with Activity Assistant #2 indicated that she started working with the resident's on the Gables hallway sometime in August. The Activity Assistant further indicated that Resident #152 becomes easily agitated and disruptive in group activities so she does 1 on 1 with the resident. The Activity Assistant indicated she does not keep track of or document the activities she does with the resident, but she did recall seeing the resident in the hallway looking at the birds and the cat on the unit. The Activity Assistant also indicated that she has not looked at and is not familiar with the resident's activity care plan interventions. On 11/19/13 at 10:25 A.M., an interview with CNA #3 indicated that the resident does not do well in group activities and that she stays in her room most of the time. CNA #3 further indicated that loud noises seem to bother the resident and that she occasionally sees an MP3 player in the resident's room to play music, but was unsure what else they do for her.			

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	On 11/20/13 at 9:00 A.M., record review of the current policy titled "Activities Program" received from the Assistant Director of Nursing indicated "...An ongoing program of activities shall be designed to meet the needs of each resident...Provisions shall be made for an ongoing program of meaningful activities appropriate to the needs and interest of residents...Daily activities shall be planned to include the resident's interests, former lifestyle, sociological, psychological and physical evaluation..." On 11/20/13 at 9:15 A.M., review of the current policy titled "Activities Record Keeping" received from the Assistant Director of Nursing indicated "...The activities staff shall be responsible for maintaining record keeping data pertaining to resident participation in activities...The following records shall be maintained by the activities department: a. Assessment b. Attendance records...e. Individualized activity plan...The activities staff shall be responsible for obtaining, charting and filing required records...." 3.1-35(g)(2)			

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F000323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. Based on observation, and interviews the facility failed to ensure the mattresses fit the bed frames and were free of gaps for 3 residents who met the criteria. (Residents #217, #82, and #207) This potentially affected 21 residents who's mattresses did not fit the bed. In addition, the facility failed to ensure hazardous chemicals were not assessable to cognitively impaired residents on 3 of 4 nursing units. Findings include: 1. A. Observation of the bed for Resident #217, on 11/13/13 at 11:00 A.M. indicated the bed mattress was noted to be too short for the bed frame. The mattresses and bed frames were measured, during an Environmental Tour, on 11/19/13 10:15 A.M.- 11:00 A.M.. The gap between the bottom of the mattress and footboard for the bed for Resident # 217 was 6 inches.	F000323	F 323 Free of Accident HazardsTwenty-one beds, including resident #82, #207, and #217 have “bolsters” placed at the foot of the mattress to fit tightly within the bed frame on 12/4/2013. (Attachment E) All grooming items of residents were stored in their respective drawer or closet.Room checks were completed on 11/19/2013 by the Director of Environmental Services, Maintenance Supervisor, and DON to make sure that all mattresses fit within the bed frame and personal grooming items were properly stored. All staff were in-serviced and reeducated regarding proper mattress fitment and storage of personal grooming items (Attachment F).Environmental rounds and nursing rounds will be conducted by the Director of Environmental Services and DON or designees’ to make sure of proper mattress fitment and storage of personal grooming items (Attachment G). The Director of Environmental Services will submit findings to the Administrator or designee weekly. This will be on going. The Administrator or designee will	12/05/2013

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	The clinical record for Resident #217 was reviewed on 11/18/13 at 11:15 A.M. . Review of the most recent quarterly MDS (minimum data set) assessment for Resident #217, completed on 10/10/13, indicated the resident was confused, and required supervision for bed mobility and transfer needs. Review of a nursing progress notes, from October through November 2013 indicated there was no documentation of any falls from bed where the resident was wedged between the mattress and the bed frame. 1. B.. During observation of the room for Resident #207, conducted on 11/14/13 at 2:25 P.M., the following was noted for the bed: the mattress was too short for bed frame. The mattresses and bed frames were measured, during an Environmental Tour, on 11/19/13 10:15 A.M.- 11:00 A.M.. The gap between the bed frame and the top of the mattress for Resident #207 was 5 1/2 inches. The clinical record of Resident #207 was reviewed on 11/19/13. The most recent Minimum Data Set (MDS) Quarterly Assessment, competed on 8/29/13, indicated the resident required extensive staff assistance for		submit a summary of findings to the QAPI committee quarterly for review and recommendation.Alleged date of compliance 12/5/2013.	

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	bed mobility and transferring needs. Review of the nursing progress notes, from September - November 2013 indicated he had fallen from his recliner but there were no falls or injuries documented from Resident # 207 becoming wedged in the gap between his mattress and bed frame. 1. C. During observation of the room for Resident #82, conducted on 11/14/13 at 9:30 A.M., the mattress was noted to be too short for the bed frame. The mattresses and bed frames were measured, during an Environmental Tour, on 11/19/13 10:15 A.M.- 11:00 A.M.. The gap between the bottom of the mattress and footboard of the bed frame for Resident #82 was 7 inches. The clinical record for Resident #82 was reviewed on 11/15/13. The most recent Minimum Data Set (MDS) assessment for Resident #82, completed on 10/17/13 indicated the resident was alert and oriented and required extensive staff assistance of two for bed mobility and transferring needs. Nursing progress notes from September 2013 - November 2013 indicated there was no documentation of any falls involving the resident becoming wedged or caught in the			

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	gap between the mattress and the bed frame. During the survey process, on 11/13/13 - 11/15/13, during Stage 1 observations, it was noted the mattresses a few of the resident beds were significantly shorter than the bed frames, leaving a large gap at either the top, bottom, or both ends of the bed. On 11/19/13, the Administrator was notified of the concern and a brief environmental tour was conducted with the Maintenance Director. Rolled bed sheet bolsters were immediately placed in the gaps for all affected beds as a temporary measure and all staff were inserviced regarding the bolsters on 11/19/13. An upholstery company was also contacted on 11/19/13 and was in the process of manufacturing permanent bolsters for the affected beds. Interview with the Administrator, on 11/20/13 at 10:30 A.M. indicated QA (Quality Assurance) had done a "bed inventory check" in August 2013 and no one had gone back to correct any of the issues noted. The Administrator did not indicate if ill fitting mattresses were one of the			

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	issues noted. She indicated there were no documented resident injuries or falls involving residents becoming lodged or caught in the gaps between the mattresses and the bed frames. 2. During the Environmental tour of the facility, conducted on 11/19/13 between 10:15 A.M. - 11:00 A.M. the following hazardous materials were noted either in resident rooms beside the hand washing sink or in the resident bathroom beside the hand washing sink: In Room #521, located on the Gables/skilled unit, a bottle of "Hair Tonic" was noted in the resident's bathroom beside the sink. The warning label on the bottle indicated it was "flammable." In Room #107, on the north unit, a box of denture cleanser tablets, a bottle of after shave, and two cans of shaving cream were noted out on the counter beside the hand washing sink located in the resident room. The warning label on the denture cleanser tablets indicated to call the poison control center for accidental ingestion. In Room # 205,on the South unit, a box of denture cleanser tablets, a bottle of aftershave, and a large bottle			

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	of mouthwash , uncapped was noted on the counter next to the hand washing sink located in the room. The warning label on the denture cleansing tablets indicated to keep out of reach of children. Confused ambulatory residents were noted on all three units during the survey process. 3.1-45(a)(1)			

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F000329 SS=D	483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS 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. 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.			
	Based on observation, record review, and interviews, the facility failed to ensure there were non-pharmological interventions attempted prior to the administration of antianxiety medication for 1 of 5 residents reviewed (Resident #88) In addition the facility failed to ensure there were documented medical symptoms to support the use of a central nervous system stimulant for 1 of 5 residents reviewed for unnecessary medications. (Resident #24)	F000329	F 329 Drug Regimen is free from unnecessary drugsResident #88 PRN Anxiolytic order and resident #24 CNS stimulant orders have not been changed. A diagnosis of 780.79 (Malaise) for use of CNS stimulant for resident #24 was added as indication for use. There were no adverse reactions. A mood/behavior tracking tool has been added to support the use of the CNS stimulant (Attachment H).Charts of all residents receiving PRN anxiolytics and CNS stimulants were audited by the NTL and	12/05/2013

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	Findings include: 1. Resident #88 was admitted to the facility on 02/17/12, with diagnosis including but not limited, rhabdomyolysis, atrial fibrillation, hypertension, cardiomyopathy, chronic kidney disease, epilepsy, history of uterine cancer, insomnia, pain, glaucoma. The resident's medication regimen included the anti anxiety medication, Vistaril 25 mg (milligrams) to be given routinely three times a day, ordered on 09/17/13. In addition, the antianxiety medication, Ativan .5 mg every 6 hours as needed for nervousness/anxiety had been added on 11/01/13. The November electronic Medication Administration Record (MAR) and the nursing progress notes, indicated the resident had received the Ativan medication, 8 times from November 1 - 20, 2013. On one occasion, 11/15/13 at 12:31 A.M., were interventions attempted prior to the administration of the Ativan. On 11/06/13 at 2:21 P.M., the resident refused to try any other intervention, though the note did not indicate which interventions had been attempted.		MDS nurse.Licensed nurses were in-serviced and reeducated on making sure that all non-pharmacological interventions and outcomes were documented accordingly. PRN Anxiolytic will be administered when non-pharmacological interventions have failed. This will be documented in the chart.NTL or designee will audit the 24 hour report book and audit charts and e-mar for any changes in medication regimen. Findings will be submitted to the DON or designee via the “Healthcare Community Report” (Attachment D). This is on going.The DON or designee will submit a summary of findings to the QAPI committee quarterly for review and recommendations.Alleged date of compliance 12/5/2013.	

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	Interview with RN #1, the unit manager, indicated nurses chart behavior/mood issues in the nursing notes as they occurred and the nursing assistants charted any mood/behavior issue in the Kiosk, an electronic system. Review of the nursing assistant charting for November 2013 for Resident #88 indicated there was no charting of any issues for the resident. Interview with RN #1, the unit manager, on 11/19/13 at 2:03 P.M. indicated the nurses were supposed to chart in the electronic record and on a PRN paper Anxiolytic MAR which did include documentation of interventions, though non specific for Resident #88. Review of November Anxiolytic form indicated only 3 of the 8 times the Ativan was given were other interventions attempted prior to administering the medication. Review of the facility policy and procedure, titled, "10-12 Nrsng [Nursing] Antipsychotic Drugs", dated 02/95 and revised on 09/08, included the following: "...5. PRN anxiolytic drugs should be used only after other			

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	non-pharmological interventions have been tried...6. Document interventions and outcomes on the PRN anxiolytic MAR. ..." The policy referred to antipsychotic, anxiolytic, and hypnotic medications, but did not refer to central nervous system stimulants. 2. On 11/19/13 at 2:25 P.M., record review indicated, Resident #24's diagnoses included, but were not limited to, "...Alzheimer's disease, diabetes type II, hypertension, osteoarthritis, spinal stenosis, hypothyroidism, anemia, chronic kidney disease, major depressive disorder, peripheral vascular disease and neurogenic bladder...." The quarterly MDS (Minimum Data Set) assessment, completed on 7/25/13, indicated Resident #24's was cognitively impaired with a BIMS (Brief Interview for Mental Status) score was 1. A physician order, dated 3/18/13, indicated "...Ritalin 5 mg (milligrams) BID (two times daily)...." No diagnosis			

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	for the medication was indicated with the physician order. A Medication Review for Mood/Behavior, dated 5/6/13, indicated "...Behavior/Mood Summary: Generally keeps her eyes closed but she is not necessarily sleeping. Ritalin was ordered in hopes it would increase her alertness...." A Social Service note, dated 7/23/13, indicated "...Resident is more awake since the start of Ritalin...." A Physician Progress note, dated 8/14/13, indicated "...More awake with Ritalin...." A Note to Attending Physician, dated 9/25/13, indicated "...Resident appears more alert and easier to engage with recent addition of Ritalin...." A Psych-Social Assessment note, dated 10/21/13, indicated "...Routinely reviewing for mood stability. Ritalin was started in hopes of improving her level of alertness. No changes in her mood, appears stable...." On 11/20/13 at 10:00 A.M., review of a care plan, dated 10/31/13, indicated			

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	the problem: At risk for decline in self performance with activities of daily living and transfers related to the use of Remeron and Exelon daily for depression and dementia. Interventions included but were not limited to "...Observe, document, report to MD (physician) as needed signs and symptoms of drug related complications, lethargy, sedation, increased agitation...Behavior team meet periodically and review meds and current status of resident in review of need to reduce or eliminate meds. Monitor for target behaviors/symptoms and document per facility protocol...." There was no documentation regarding the use of Ritalin. On 11/20/13 at 10:50 A.M., an interview with RN #1 indicated, that there was not a care plan for the use of the Ritalin, and further indicated that there was not really any charting in the nurse progress notes regarding the resident's level of alertness. RN #1 indicated the diagnosis to support the use of the Ritalin was malaise and fatigue, but for some reason someone resolved the problem in August and removed the diagnoses from the resident's list of diagnoses. RN #1 further indicated that there was no specific mood/behavior tracking			

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	that they do other than the Medication Review for Mood/Behavior that was last done on 5/6/13. On 11/20/13 at 11:00 A.M., record review of the current policy titled "Care Plan Process" received from the Assistant Director of Nursing indicated "...Purpose: An interdisciplinary team shall develop and maintain a comprehensive care plan for each resident. Policy: a written comprehensive care plan for each resident shall be developed that includes measurable goals and objectives and timetables to meet the resident's needs identified in the comprehensive assessment...1. The comprehensive care plan will: a. Incorporate identified problem areas and/or strengths. b. Incorporate risk factors associated with identified problems...e. List specific interventions that staff will take to assist the resident in meeting/achieving the goals...3. Care plans shall be revised as changes in the resident's condition dictate. Reviews will be done at least quarterly at a care plan conference by the interdisciplinary team...." 3.1-48(a)(6)			

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F000431 SS=B	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS 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. 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. 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. 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 dose can be readily detected. Based on observation, record review, and interviews, the facility failed to ensure liquid narcotics were dispensed in a fashion in which a	F000431	F 431 Drug Records, Label/StoreThe facility policy on Medication/Narcotic counting was reviewed and revised to include liquid narcotics (Attachment	12/05/2013

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	minimal missing dose could be detected for 2 of 4 units. This potentially affected 4 residents for whom liquid narcotics were prescribed. (Residents #65, #121, #199 and #33) Findings include: 1. During observation of the medication storage rooms and carts, conducted on 11/18/13 at 2:00 P.M., the following was noted: The medication cart on the north unit, contained an unopened bottle of liquid Morphine Sulfate for Resident #121. Interview with the North unit manager, RN #13, indicated the narcotic inventory form indicated there were 30 mls (milliliters) of medication in the bottle. However, the liquid level noted side of the bottle with a visible graduated measuring hash marks exceeded the 30 ml hash mark. RN #13 confirmed the liquid level was above the 30 ml by an unmeasurable "small amount." One of two medication carts, located on the South unit, contained an opened bottle of liquid Morphine Sulfate for Resident #33 The narcotic inventory record for Resident #33 indicated there should be 29.75 mls of medication left in the bottle. Observation of the medication bottle		I).Licensed nurses were in-serviced and reeducated on the count of liquid narcotics (Attachment J). The contents of liquid narcotics received from pharmacy will be noted on the narcotic count sheet. Each dose administered should be subtracted and documented on the narcotic count sheet. The destruction of narcotics should be witnessed and co-signed.The revised narcotic policy will be placed in each narcotic count book (Attachment I).NTL or designee will audit narcotic count sheets weekly and submit findings to the DON or designee via the “Healthcare Community Report” (Attachment D). This is on going.The DON or designee will submit a summary of findings to the QAPI committee quarterly for review and recommendation.Alleged date of compliance 12/5/2013.	

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	indicated there was less than 30 ml's left in the bottle but the exact amount was unclear and the closest measuring hashmark under the 30 ml hash mark was 27 mls. The medication was noted to be dispensed in .25 ml doses. Thus there were 12 doses between the 27 and 30 ml hash mark. In the same medication cart, an unopened bottle of liquid Morphine Sulfate was observed for Resident #199. The narcotic inventory record indicated the full bottle was to contain 30 mls of medication. However, observation of the bottle with RN #13. indicated there was more than 30 mls of medication in the bottle according to the graduated hash marks located on the side of the bottle. The second of two medication carts, located on the South unit, contained an opened bottle of liquid Morphine Sulfate for Resident #65. The narcotic inventory record for Resident #65's Morphine Sulfate indicated there should be 29.75 mls of medication left in the bottle. Observation of the bottle with LPN #14 confirmed there was just above the 30 ml hash mark of medication left in the bottle. LPN #14 indicated the nursing staff subtracted each dose from the narcotic inventory record as it was given and that the			

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	prescribed dose amount for Resident #65 was 0.25 mls of medication per dose. She confirmed it would be impossible to determine the exact amount of liquid left in the bottles from the hash marks on the side of the bottle. Documentation, provided by the facility, dated 11/03/2009, from the manufacturing company for the liquid Morphine Sulfate Oral Concentrate medication indicated they supplied the medication in 15 ml, 30 ml, 120 ml, and 240 ml bottles. The documentation indicated the bottles were weighed to ensure the exact amounts were placed in the bottles before dispensing, and the graduations on the side of the bottle were "designed to indicate an approximate volume of solution in the bottle and are not intended for dosing or accounting purposes." The documentation indicated a closely kept narcotic record should be kept and "should reconcile very closely" with the actual amounts left in the bottle. The documentation did indicated small amounts would also most likely be retained in the bottle and/or the dispensing device. Interview with the Director of Nursing(DON), during the Final Exit			

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	conference, conducted on 11/20/13 at 2:15 P.M. indicated the facility utilized their narcotic inventory record to reconcile the liquid Morphine. He indicated because of the "volume and viscosity" of the medications the graduated measuring marks would not be completely accurate because the medication was dispensed by "weight of volume." Review of the facility policy and procedure, titled, "Medication/Narcotic Counting," dated 11/19/06 and revised on 11/13, indicated "Whenever a narcotic is removed it needs to be documented on the individual narcotic sheet. Procedure: 1. The nurse/QMA going off shift will look at the narcotic count sheet and the nurse/QMA coming on shift will look at the medication...5. If there is a discrepancy on the resident's count sheet, continue to count all narcotics. The person administering the narcotic may have inadvertently documented or administered the medication in error or from the wrong supply....If at the end of the count there is a discrepancy, report to DON and NTL who will do the following...." There was no procedure specific to liquid narcotics or delineating what to do when the amount delivered by the			

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	pharmacy did not match the visual amount on the bottle, or when the actual visual amount could not be determined to be exact versus the individual narcotic record for liquids. 3.1-25(n)			