

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2022
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NAME OF PROVIDER OR SUPPLIER ENVIVE OF INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP COD 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaints IN00370780, IN00371182, and IN00371831.</p> <p>Complaint IN00370780 - Substantiated. Federal/state deficiencies related to the allegations are cited at F759, F760, and F761.</p> <p>Complaint IN00371182 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Complaint IN00371831 - Substantiated. Federal/state deficiencies related to the allegations are cited at F759, F760, and F761.</p> <p>Survey dates: January 26, 27, and 28, 2022</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Census Bed Type: SNF/NF: 88 Total: 88</p> <p>Census Payor Type: Medicare: 8 Medicaid: 78 Other: 2 Total: 88</p> <p>These deficiencies reflect State Findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on February 9, 2022.</p>	F 0000	<p>Envive of Indianapolis submits this response and Plan of Correction (POC) as part of the requirements under state and federal law. The POC is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this POC with the intention that it is inadmissible by any third party in any civil or criminal action proceedings against the provider or its employee, agents, officers, or directors. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and should be inadmissible in any proceeding on that basis. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and</p>	
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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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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 0759 SS=E Bldg. 00	<p>483.45(f)(1) Free of Medication Error Rts 5 Prcnt or More §483.45(f) Medication Errors. The facility must ensure that its-</p> <p>§483.45(f)(1) Medication error rates are not 5 percent or greater; Based on observation, interview, and record review, the facility failed ensure a medication error rate of less than 5%, related to failure to administer 9:00 a.m. medications in the allowed time frame for 3 of 4 residents observed (Residents E, F, and BB) and in 28 for 36 opportunities during medication administration resulting in an error rate of 77.7%.</p> <p>Findings include:</p> <p>1. On 1/26/22 at 10:22 a.m., Resident E was observed sitting up in bed talking with the Admissions Coordinator after yelling for her to enter the room. The resident indicated she had not received her medications that morning. Resident E conversed in a rambling speech pattern jumping from subject to subject, smiling but displaying anxious behavior with speech, body posture and waving of her hands.</p> <p>On 1/26/22 at 10:35 a.m., Licensed Practical Nurse (LPN) 5 indicated Resident E had received pain medication that morning but not her scheduled 9:00 a.m. medications. LPN 5 indicated she was "having a bad day" and was "too busy" to review the resident's physician's orders or Medication Administration Record (MAR).</p>	F 0759	<p>requests paper compliance review in lieu of a Survey Review on January 28th 2022.</p> <p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All the nursing staff will be educated and in serviced to ensure all medications are administrated on time, if there is late administration of medication the MD will be notified and the late administration will be documented in progress notes.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken. Director of nursing/designee will audit all the Medication administration records in the building to ensure that the deficient practice does not occur again. If medication administration</p>	02/20/2022

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	<p>Observation of the 9:00 a.m. medication pass on 1/26/22 - 1/27/22, indicated 3 of 4 residents' medications were administered after the 1 hour before or after policy to include:</p> <p>On 1/26/22 at 11:07 a.m., LPN 5 was observed to administer 12 medications to Resident E that were ordered for 9:00 a.m. The medications included anastrozole 1 mg (hormone based chemotherapy), Eliquis 5 mg (anticoagulant), Vitamin D3 (supplement), Lamotrigine 25 mg (treats seizures and bipolar disorder), Xifaxan 550 mg (antibiotic), risperidone 3 mg (antipsychotic), duloxetine 60 mg (Cymbalta antidepressant), senna plus 8.6-50 mg (laxative), furosemide 20 mg (diuretic), metoprolol 25 mg (antihypertensive), MiraLAX 17 gm (laxative), and Wixela 250/50 inhaler (corticosteroid to treat COPD).</p> <p>Observation of the MAR, dated January 2022, indicated staff initials documented on some medications as administered through 1/29/22.</p> <p>Resident E's record was reviewed on 1/28/22 at 11:48 a.m. Diagnoses on Resident E's profile included, but were not limited to, acute respiratory failure with hypoxia, type 2 diabetes mellitus, dementia, bipolar disorder, hypertension, encephalopathy, chronic embolism and thrombosis of vein, chronic obstructive pulmonary disease, and cirrhosis of liver.</p> <p>Resident E's medical record to include the MAR and Nurse's Notes, dated 1/26/22, indicated no documentation to indicate the resident's medications were administered late, or the physician notified.</p> <p>2. On 1/26/22 at 11:55 a.m., LPN 5 was observed to administer 10 medications to Resident W that</p>		<p>is not on time, or late administration is not marked on MAR or there is no documentation or No MD notification then the staff member will be immediately educated to ensure that deficit practice does not reoccur.</p> <p>/p></p> <p>- what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Director of nursing or designee will randomly make rounds and audit documentation that medication administration is on time. Any concerns will be immediately addressed, and staff will be immediately educated. DON/Designee will complete the audits Monday through Sunday on different shifts to ensure that medications are administered on time. DON/Designee will review the audits with the IDT during clinical meeting Monday through Friday. The results of these audits will be reviewed in Quality Assurance meeting monthly for 6 months or until 100% compliance is achieved for 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p>	

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	<p>were ordered for 9:00 a.m. The medications included Ergocalciferol Oral Solution (vitamin D), potassium (supplement), Eliquis, metoprolol (antihypertensive), Vitamin D3 (supplement), Vitamin C (supplement), Zinc (supplement), Mucinex (expectorant), risperidone (antipsychotic), and mirtazapine (antidepressant).</p> <p>Resident W's record was reviewed on 1/28/22 at 1:00 p.m. Diagnoses on Resident W's profile included, but were not limited to, Alzheimer's dementia and congestive heart failure.</p> <p>Resident W's medical record to include the MAR and Nurse's notes, dated 1/26/22, indicated no documentation to indicate the resident's medications were administered late, or the physician notified.</p> <p>3. On 1/27/22 at 10:11 a.m., LPN 15 was observed to administer 6 medications to Resident BB that were ordered for 9:00 a.m. The medications included Aspirin, Januvia (antidiabetic), Eliquis, glipizide (antidiabetic), metoprolol, and lisinopril (antihypertensive).</p> <p>Resident BB's record was reviewed on 1/28/22 at 1:45 p.m. Diagnoses on Resident BB's profile included, but were not limited to, history of cardiovascular accident, hyperlipidemia, diabetes mellitus type 1, and pain.</p> <p>Resident BB's medical record to include the MAR and Nurse's notes, dated 1/27/22, indicated no documentation to indicate the resident's medications were administered late, or the physician notified.</p> <p>On 1/27/22 at 11:00 a.m., the Vice President (VP) of Clinical Services indicated, the facility was in the</p>		<p>/p></p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>/sup></p> <p>DON/Designee will complete random audits daily Monday through Sunday four times a week on random shifts including weekends for four weeks, then three times a week for two weeks, then two times a week for the two weeks, once a week for one weeks. DON/Designee will complete the audits Monday through Sunday on different shifts including weekends to ensure that medications are administered on time, late administration is marked on MAR along with progress notes. DON/Designee will bring the audit sheets back in morning meeting every day to be reviewed. The results of these audits will be reviewed in Quality Assurance meeting monthly for 6 months or until 100%compliance is achieved for 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated Date of Compliance--02/20/2022</p>	
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	<p>process of implementing an electronic medical record documentation system which would make the process of documenting and tracking of medications more efficient. She was looking into why staff were out of compliance with the medication passes but would rather have them late and correct than inaccurate.</p> <p>On 1/27/22 at 11:24 a.m., the VP of Clinical Services provided a Medication Administration and General Guidelines policy, dated 2020, and the policy was the one currently being used by the facility. The policy indicated, "Medications are administered as prescribed, in accordance with State Regulations using good nursing principles and practices and only by persons legally authorized to do so ...2. Medications are administered in accordance with written orders of the attending physician ...5. Medications are administered at the time they are prepared. They are not pre-poured ...10. Medications are administered within one hour of the scheduled time ...11. The resident's MAR is initialed by the person administering a medication, in the space provided under the date and on the line for what specific medication administration ...12. If a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time ...the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record proved for PRN documentation. The physician must be notified when a doss of medication has not been given ...14. For residents not in their rooms or otherwise unavailable to received medication on the pass, the MAR is "flagged" ...After completing the medication pass, the nurse returns to the missed resident to administer the medication. This must be done during the 1 hour before or 1 hour after medication</p>			

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F 0760 SS=E Bldg. 00	<p>pass time ..."</p> <p>This Federal tag relates to Complaints IN00370780 and IN00371831.</p> <p>3.1-48(c)(1)</p> <p>483.45(f)(2) Residents are Free of Significant Med Errors The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p> <p>Based on observation, interview, and record review, the facility failed ensure medications were administered timely for 10 of 10 residents reviewed for the 9:00 a.m. medication administration (Residents T, V, CC, W, JJ, KK, LL, MM, NN, PP), and failed to ensure 9:00 a.m. medications were administered properly for 16 of 17 residents in the MAR (Medication Administrator Record) reviewed for medication administration (Residents E, F, G, H, J, K, L, M, N, P, Q, R, S, T, V, and W).</p> <p>Findings include:</p> <p>1. Random observation of the A/B Hallway's MAR on 1/26/22, indicated the following resident's medications as not administered before the 1 hour after policy to include, On 1/26/22 at 11:10 a.m. Resident F's medication sheets in the MAR were pulled to the side as if "flagged". 6 medications ordered for 9:00 a.m. were not signed as administered to include, docusate senna (laxative), allopurinol (used to treat gout and kidney stones), citalopram (antidepressant Celexa), benazepril (antihypertensive), atorvastatin (lowers cholesterol), and aspirin (blood thinner).</p>	F 0760	<p>POC- 760</p> <p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? All the nursing staff will be educated and in serviced to ensure all medications are administrated on time, also MAR is signed timely.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken; Director of nursing/designee will audit all the Medication administration records in the building to ensure that the medicine administration is on time all the time and all the MAR is signed at the time of administration. If medication</p>	02/20/2022

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	<p>On 1/26/22 at 11:10 a.m., Resident G's medication sheets in the MAR were pulled to the side as if "flagged". Allopurinol was not signed as administered.</p> <p>On 1/27/22 at 10:12 a.m., LPN 15 indicated the front of B Hallway still have 5 residents that had not received their 9:00 a.m. medications to include, Residents JJ, KK, LL, MM, and NN. LPN 15 indicated she was not sure why the front hallway was taking more time, but last time she had worked the back of B Hallway she was able to finish by 10:00 a.m.</p> <p>On 1/27/22 at 10:15 a.m., Qualified Medication Aide (QMA) 12 indicated the middle of B Hallway still had 5 residents remaining that had not received their 9:00 a.m. medications to include, Residents T, V, W, CC, and PP. QMA 12 indicated she was an agency worker, and it took her longer to pass the medications.</p> <p>On 1/27/22 at 1:16 p.m., Resident CC indicated he had not yet received his noon medications. At 1:22 p.m., LPN 11 verified the resident had not yet received his noon medications.</p> <p>2. On 1/26/22 at 11:59 a.m., LPN 5 indicated she had completed her 9:00 a.m. medication passed on the A and B hallway.</p> <p>On 1/26/22 at 12:05 p.m., observation of A and B hallway MAR used by LPN 5 for the 9:00 a.m. medication pass, indicated 16 of 17 resident had 9:00 a.m. medications not signed as having been administered to include, Residents E, F, G, H, J, K, L, M, N, P, Q, R, S, T, V, and W.</p> <p>On 1/26/22 at 2:15 p.m. LPN 5 indicated, she was having a bad day and there was just too much</p>		<p>administration is not on time or MAR is not signed on time, then the staff member will be immediately educated to ensure that deficit practice does not reoccur. ="" p=""></p> <p>="" span=""></p> <p>- what measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur.</p> <p>Director of nursing or designee will randomly audit medication administration records making sure the medication administration is on time and the MAR is signed timely. Any concerns will be addressed, and staff will be immediately educated. DON/Designee will complete the audits Monday through Sunday on different shifts including weekends to ensure that medications are administered and signed on time. The results of these audits will be reviewed in Quality Assurance meeting monthly for 6 months or until 100%compliance is achieved for 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. ="" p=""></p>		

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	<p>going on for her to complete her medication pass on time. No response when asked about resident MAR's not having documentation of medications as having been administered or why Resident E's medications were signed ahead through 1/29/22.</p> <p>On 1/27/22 at 11:00 a.m., the Vice President (VP) of Clinical Services indicated, the facility was in the process of implementing an electronic medical record documentation system which would make the process of documenting and tracking of medications more efficient. She was looking into why staff were out of compliance with the medication passes but would rather have them late and correct than inaccurate.</p> <p>On 1/27/22 at 11:24 a.m., the VP of Clinical Services provided a Medication Administration and General Guidelines policy, dated 2020, and the policy was the one currently being used by the facility. The policy indicated, "Medications are administered as prescribed, in accordance with State Regulations using good nursing principles and practices and only by persons legally authorized to do so ...2. Medications are administered in accordance with written orders of the attending physician ...5. Medications are administered at the time they are prepared. They are not pre-poured ...10. Medications are administered within one hour of the scheduled time ...11. The resident's MAR is initialed by the person administering a medication, in the space provided under the date and on the line for what specific medication administration ...12. If a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time ...the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record proved for PRN documentation. The</p>		<p>="" span=""></p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p> <p>span=""></p> <p>DON/Designee will complete audits daily Monday through Sunday four times a week on random shifts including weekends for four weeks, then three times a week for two weeks, then two times a week for the two weeks, once a week for one weeks. The results of these audits will be reviewed in Quality Assurance meeting monthly for 6 months or until 100%compliance is achieved for 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.="" p=""></p> <p>Date of complaince-02/20/2022</p> <p>span=""></p>	

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F 0761 SS=E Bldg. 00	<p>physician must be notified when a doss of medication has not been given ...14. For residents not in their rooms or otherwise unavailable to received medication on the pass, the MAR is "flagged" ...After completing the medication pass, the nurse returns to the missed resident to administer the medication. This must be done during the 1 hour before or 1 hour after medication pass time ..."</p> <p>This Federal tag relates to Complaints IN00370780 and IN00371831.</p> <p>3.1-48(c)(2)</p> <p>483.45(g)(h)(1)(2) Label/Store Drugs and Biologicals §483.45(g) Labeling of Drugs and Biologicals 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>§483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) 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>§483.45(h)(2) 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,</p>			

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	<p>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.</p> <p>Based on observation, and interview, the facility failed to ensure medications were stored, and destroyed properly in 3 of 3 medication carts reviewed for medication storage (A/B Hallway, C Hallway, and D Hallway). (Residents H, D, X, DD, EE, FF, GG, HH</p> <p>Findings include:</p> <p>On 1/26/22 at 11:37 a.m., observation of A/B hallway medication cart with Licensed Practical Nurse (LPN) 5. An unlabeled cup of unidentified medications was observed sitting in the top drawer of the medication cart among other medications. LPN 5 indicated the medications belonged to Resident H who had refused to take them that morning. LPN 5 was observed to dump the medications in the sharps' container on the side of the medication cart. The resident record to include the Medication Administration Record (MAR) and Nurse's Notes had no documentation to indicate the resident had refused his medications, the medications had been destroyed, or the physician notified.</p> <p>On 1/26/22 at 2:35 p.m., observation of C Hallway back med cart with LPN 13. An unlabeled cup with an unidentified white capsule was observed in the top drawer of the medication cart among other medications. LPN 13 indicated she did not know who the medication belonged to and shut the drawer.</p> <p>On 1/26/22 at 2:47 p.m., observation of D Hallway front medication cart with Qualified Medication Aide (QMA) 14. The following biological and</p>	F 0761	<p>what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>All the nursing staff will be educated and in serviced to ensure all medications are stored and destroyed appropriately in medication/treatment carts.</p> <p>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken.</p> <p>Director of nursing/designee will audit all the medication/treatment carts in the building to ensure that all the medications are stored and destroyed appropriately. If carts are found having opened, undated, unbagged medications the staff member responsible for the cart will be immediately educated to ensure that deficit practice does not reoccur.</p> <p>/p></p> <p>- what measures will be put into place and what systemic changes will be made to</p>	02/20/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 01/28/2022
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NAME OF PROVIDER OR SUPPLIER ENVIVE OF INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP COD 45 BEACHWAY DR INDIANAPOLIS, IN 46224
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	<p>topical treatments were observed stored in the top drawer with eye drops, ear drops, inhalants, and insulin supplies:</p> <p>a. Resident D an opened, unbagged tube of Biofreeze gel (analgesic) lying among insulin pens, and a plastic opened bottle of Nyamyc Powder (antifungal).</p> <p>b. Resident X an opened, unbagged tube of Biofreeze gel lying among insulin pens.</p> <p>c. Resident DD an opened unbagged tube of Bacitracin (topical antibiotic).</p> <p>d. Resident EE an opened unbagged tube of Calmoseptine Ointment (moisture barrier).</p> <p>e. Resident FF an opened unbagged tube of Diclofenac Sodium 1% gel (used to treat arthritic pain).</p> <p>f. Resident GG an opened unbagged tube of Eucerin Cream (moisturizer) and 2 boxes of Nyamyc Powder.</p> <p>g. Resident HH an opened unbagged tube of zinc oxide cream (skin protectant) and an opened unbagged bottle of Nizoral (antifungal) anti-dandruff shampoo Nyamyc Powder (antifungal).</p> <p>On 1/27/22 at 10:20 a.m., the Vice President (VP) of Clinical Services shook her head negatively when notified unlabeled cups of medications and topical medications and biological were observed in the top drawers of medication carts stored with among other medications to include oral medications and insulin supplies.</p> <p>On 1/27/22 at 11:24 a.m., the VP of Clinical Services provided a Medication Storage in the Facility policy, dated 2020, and indicated the policy was the one currently being used by the facility. The policy indicated, " ...Medications and biologicals are stored safely, securely, and properly following manufacturer's</p>		<p>ensure that the deficient practice does not recur.</p> <p>Director of nursing or designee will randomly make rounds making sure the medication/treatment carts have all the medication stored and destroyed as appropriately. Any concerns will be immediately addressed, and staff will be immediately educated. DON/Designee will complete the audits Monday through Sunday on different shifts including weekends to ensure that medications are stored and destroyed appropriately in medication/treatment carts. DON/Designee will bring the audit sheets back in morning meeting every day to be reviewed. The results of these audits will be reviewed in Quality Assurance meeting monthly for 6 months or until 100%compliance is achieved for 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>/p></p> <p>- how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and</p>	
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	<p>recommendations or those of the supplier ...3. Orally administered medications are kept separate from externally used medications [e.g., suppositories, liquids, lotions, and tablets]...."</p> <p>This Federal tag relates to Complaints IN00370780 and IN00371831.</p> <p>3.1-25(m)</p>		<p>/sup> DON/Designee will complete random audits daily Monday through Sunday four times a week on random shifts including weekends for four weeks, then three times a week for two weeks, then two times a week for the two weeks, once a week for one weeks. DON/Designee will complete the audits Monday through Sunday on different shifts including weekends to ensure that making sure the medication/treatment carts have all the medication stored and destroyed appropriately. DON/Designee will bring the audit sheets back in morning meeting every day to be reviewed. The results of these audits will be reviewed in Quality Assurance meeting monthly for 6 months or until 100%compliance is achieved for 3 consecutive months. The QA committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated.</p> <p>Date of Complaine-02/20/2022</p> <p>/sup></p>	