

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155104	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 09/22/2016
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NAME OF PROVIDER OR SUPPLIER HERITAGE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 W BUENA VISTA RD EVANSVILLE, IN 47710
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F 0000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00202794 and Complaint IN00204089.</p> <p>Complaint IN00202794 - Substantiated. Federal/State deficiencies related to the allegations are cited at F314.</p> <p>Complaint IN00204089 - Substantiated. Federal/State deficiencies related to the allegations are cited at F224, F226, and F425.</p> <p>Survey dates: September 21 and 22, 2016</p> <p>Facility number: 000043 Provider number: 155104 AIM number: 100290960</p> <p>Census bed type: SNF: 17 SNF/NF: 130 Total: 147</p> <p>Census payor type: Medicare: 22 Medicaid: 98 Other: 27 Total: 147</p>	F 0000		
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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 0224 SS=D Bldg. 00	<p>Sample: 13</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3.1.</p> <p>Quality review completed on September 29, 2016 by #02748.</p>			
	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROP RIATN</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident</p>			

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	<p>property.</p> <p>Based on observation and record review, the facility failed to ensure residents' narcotic medications were not taken from a medication cart, for 2 of 4 residents reviewed for misappropriation of property, in a sample of 13. Residents D and E</p> <p>Findings include:</p> <p>1. On 9/21/16 at 10:10 A.M., the Administrator provided an Incident Report which had been emailed and sent to the Indiana State Department of Health (ISDH). The Incident Report included: "Incident Date: 06/30/2016, Incident Time: 03:01 PM, Residents Involved: [Resident D]...Brief Description of Incident: 6/30/2016 QMA, went to administer PRN [as needed] NORCO 7.5-325 mg [a medication for pain relief] to [Resident D]. At this time discovered card of Norco and count sheet for Norco were not present in the cart. QMA notified Unit Director. Unit Director and DON [Director of Nursing] searched cart for Norco. Unit Director pulled the delivery sheet from pharmacy that Norco had been delivered for [Resident D].</p>	F 0224	<p>F224:</p> <p>Corrective actions for residents affected by deficient practices: Reviewed all Narcotic medications and audited all medication carts for missing Narcotics immediately upon discovering missing Narcotics. Facility re-ordered missing Narcotics.</p> <p>How other residents have potential to be affected by the same deficient practices & corrective action: After audits completed, determined no other residents were affected. The continuation of audits has prevented further deficit practice.</p> <p>Systemic changes: Abuse Prohibition policy updated and will complete a facility wide in-service.</p> <p>Monitoring corrective actions: Quality Assurance Tool tracking form will be completed weekly x 1 month and monthly x 5 months to ensure audits are being completed.</p> <p>Date to be completed: October 22, 2016.</p>	10/22/2016	

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	<p>DON searched both carts for to [sic] account for all Narcotics. DON discovered Norco card and count sheet was missing for [Resident E]. Unit Director called pharmacy to make sure Norco had been delivered for [Resident E]...All med carts searched on all units to ensure all narcotics had a card and card count sheet...All nurses and QMA's [sic] that had access to the involved med cart are being drug tested...."</p> <p>The clinical record of Resident D was reviewed on 9/21/16 at 11:55 A.M. Diagnoses included, but were not limited to, Alzheimer's disease and osteoarthritis.</p> <p>A quarterly Minimum Data Set (MDS) assessment, dated 6/22/16, indicated the resident scored a 3 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident D received scheduled pain medication in the previous 5 days.</p> <p>A Physician's order, initially dated 12/28/15 and on the June 2016 orders, indicated, "Norco 7.5-325 tablet by mouth every 6 hrs as needed for pain."</p> <p>The resident's Medication Administration Record, dated June 2016, indicated she received Norco 7.5-325 on June 24 and twice on June 26, 2016 for complaints of</p>			

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	<p>knee and leg pain.</p> <p>2. The clinical record of Resident E was reviewed on 9/21/16 at 11:30 A.M. Diagnoses included, but were not limited to, Parkinson's disease and osteoarthritis.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 4/23/16, indicated the resident scored a 15 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident D received scheduled pain medication in the previous 5 days.</p> <p>A Physician's order, initially dated 5/5/16 and on the June 2016 orders, indicated, "Norco 5-325 tablet by mouth every 4 hrs as needed for pain."</p> <p>The resident's Medication Administration Record, dated June 2016, indicated the resident had not received any Norco during the month of June.</p> <p>On 9/22/16 at 9:25 A.M., during an interview with the Unit Director, she indicated a QMA was going to give Resident D some Norco for pain, and could not find it in the cart. She indicated they were also unable to find the count sheet for the Norco. She indicated they searched all of the med carts, and found another drug card and medication</p>			

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	<p>missing for Resident E. She indicated there were no other missing drugs and/or cards. She indicated the facility did drug testing on all of the staff who had been in contact with the medication carts.</p> <p>On 9/22/16 at 11:25 A.M., the Administrator provided the current facility policy on "Abuse Prohibition," revised 6/16. The policy included: "Abuse' means the willful infliction of injury, unreasonable confinement, intimidation or punishment...This also includes deprivation of goods or services that are necessary to maintain their well-being...Financial exploitation (Misappropriation of Residents Funds or Property) is defined as an improper course of conduct or without informed consent of the older adult that results in monetary, personal, or other benefit, gain or profit for the proprietor or monetary or personal loss for the older adult...."</p> <p>This Federal tag relates to Complaint IN00204089.</p> <p>3.1-28(a)</p>			

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F 0226 SS=D Bldg. 00	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>Based on observation and record review, the facility failed to implement their policy to ensure residents' narcotic medications were not taken from a medication cart, for 2 of 4 residents reviewed for misappropriation of property, in a sample of 13. Residents D and E</p> <p>Findings include:</p> <p>1. On 9/21/16 at 10:10 A.M., the</p>	F 0226	<p>F226:</p> <p>Corrective actions for residents affected by deficient practices:</p> <p>Upon discovery of missing narcotics all medication carts were audited to make sure each resident that had a narcotic order had a card of narcotics & count sheet for the card.</p> <p>How other residents have potential to be affected by the same deficient practices & corrective action:</p> <p>Insured each resident had a card of narcotics for medications order</p>	10/22/2016

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	<p>Administrator provided an Incident Report which had been emailed and sent to the Indiana State Department of Health (ISDH). The Incident Report included: "Incident Date: 06/30/2016, Incident Time: 03:01 PM, Residents Involved: [Resident D]...Brief Description of Incident: 6/30/2016 QMA, went to administer PRN [as needed] NORCO 7.5-325 mg [a medication for pain relief] to [Resident D]. At this time discovered card of Norco and count sheet for Norco were not present in the cart. QMA notified Unit Director. Unit Director and DON [Director of Nursing] searched cart for Norco. Unit Director pulled the delivery sheet from pharmacy that Norco had been delivered for [Resident D]. DON searched both carts for to [sic] account for all Narcotics. DON discovered Norco card and count sheet was missing for [Resident E]. Unit Director called pharmacy to make sure Norco had been delivered for [Resident E]...All med carts searched on all units to ensure all narcotics had a card and card count sheet...All nurses and QMA's [sic] that had access to the involved med cart are being drug tested...."</p> <p>The clinical record of Resident D was reviewed on 9/21/16 at 11:55 A.M. Diagnoses included, but were not limited to, Alzheimer's disease and osteoarthritis.</p>		<p>Systemic changes / Deficient practice does not recur: Narcotic cart audits started on 6/30/16 and conducted 3x weekly for 4 weeks then monthly thereafter.</p> <p>Monitoring corrective actions: DON or designee will continue narcotic audits on all medication carts to make sure each resident with an active order for narcotics has a card and count sheet for medication ordered. Audits will be conducted weekly x 1 month and monthly x 5 months.</p> <p>Random drug screens on 3 nursing staff members per month x 6 months.</p> <p>Date to be completed: October 22, 2016</p>	

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	<p>A quarterly Minimum Data Set (MDS) assessment, dated 6/22/16, indicated the resident scored a 3 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident D received scheduled pain medication in the previous 5 days.</p> <p>A Physician's order, initially dated 12/28/15 and on the June 2016 orders, indicated, "Norco 7.5-325 tablet by mouth every 6 hrs as needed for pain."</p> <p>The resident's Medication Administration Record, dated June 2016, indicated she received Norco 7.5-325 on June 24 and twice on June 26, 2016 for complaints of knee and leg pain.</p> <p>2. The clinical record of Resident E was reviewed on 9/21/16 at 11:30 A.M. Diagnoses included, but were not limited to, Parkinson's disease and osteoarthritis.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 4/23/16, indicated the resident scored a 15 out of 15 for cognition, with 15 indicating no memory impairment. The MDS assessment indicated Resident D received scheduled pain medication in the previous 5 days.</p> <p>A Physician's order, initially dated 5/5/16</p>			

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	<p>and on the June 2016 orders, indicated, "Norco 5-325 tablet by mouth every 4 hrs as needed for pain."</p> <p>The resident's Medication Administration Record, dated June 2016, indicated the resident had not received any Norco during the month of June.</p> <p>On 9/22/16 at 9:25 A.M., during an interview with the Unit Director, she indicated a QMA was going to give Resident D some Norco for pain, and could not find it in the cart. She indicated they were also unable to find the count sheet for the Norco. She indicated they searched all of the med carts, and found another drug card and medication missing for Resident E. She indicated there were no other missing drugs and/or cards. She indicated the facility did drug testing on all of the staff who had been in contact with the medication carts.</p> <p>On 9/22/16 at 11:25 A.M., the Administrator provided the current facility policy on "Abuse Prohibition," revised 6/16. The policy included: "Abuse' means the willful infliction of injury, unreasonable confinement, intimidation or punishment...This also includes deprivation of goods or services that are necessary to maintain their well-being...Financial exploitation</p>			

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	<p>(Misappropriation of Residents Funds or Property) is defined as an improper course of conduct or without informed consent of the older adult that results in monetary, personal, or other benefit, gain or profit for the proprietor or monetary or personal loss for the older adult...."</p> <p>This Federal tag relates to Complaint IN00204089.</p> <p>3.1-28(a)</p>			

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F 0314 SS=D Bldg. 00	<p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, interview, and record review, the facility failed to prevent the development of a pressure ulcer on a heel, and failed to provide pressure relief for the area, for 1 of 3 residents reviewed with pressure ulcers, in a sample of 13. Resident B</p> <p>Findings include:</p> <p>On 9/21/16 at 9:15 A.M., during the initial tour, the Director of Nursing (DON) indicated Resident B had a pressure ulcer on her heel. Resident B was observed lying on an air mattress. A boot was observed on the resident's right foot. The DON indicated the pressure ulcer was acquired in the facility.</p> <p>A skin assessment was requested at that time. The DON removed the boot. A large, purplish, intact blister was</p>	F 0314	<p>F314:</p> <p>Corrective actions for residents affected by deficient practices: New order received to place soft podus boot to bi-lateral feet.</p> <p>How other residents have potential to be affected by the same deficient practices & corrective action: Braden Scores were reviewed to ensure prevention measures were appropriate and care plans were updated when indicated. Treatment orders checked for appropriateness.</p> <p>Systemic changes:In-service all nursing staff on skin prevention measures, new wound recommendation forms created and put into place, daily skin checks for high risk individuals.</p> <p>Monitoring corrective actions: DON or designee will perform random audits of 3 residents on each unit 3x weekly for 4 weeks, weekly for 4 weeks and monthly for 4 months to insure all skin prevention measures are in place.</p>	10/22/2016

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	<p>observed on the resident's right outer heel. Resident B indicated the area was painful.</p> <p>The clinical record of Resident B was reviewed on 9/21/16 at 1:55 P.M. Diagnoses included, but were not limited to, Alzheimer's disease and right femur (hip) fracture.</p> <p>An annual Minimum Data Set (MDS) assessment, dated 8/12/16, indicated Resident B scored a 7 out of 15 for cognition, with 15 indicating no memory impairment. The resident required extensive assistance of two+ staff for bed mobility and transfer, and had no pressure areas.</p> <p>Documentation indicated the resident returned to the facility on 9/8/16 following hospitalization for a fractured right hip. A readmission nursing assessment, dated 9/8/16, indicated the resident had no areas on her heels.</p> <p>A "Pressure Ulcer Risk Assessment," dated 9/8/16, indicated: "Sensory Perception, Ability to respond meaningfully to pressure-related discomfort: Slightly limited: Responds to verbal commands, but cannot always communicate discomfort or the need to be turned or has some sensory</p>		Date to be completed: October 22, 2016.	

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	<p>impairment which limits ability to feel pain or discomfort in 1 or 2 extremities. Moisture...Degrees to which skin is exposed to moisture: Occasionally Moist...Activity, degrees of physical activity, Chairfast: Ability to walk severely limited or non-existent...Mobility, ability to change and control body position, Slightly limited...Nutrition, Adequate...Friction & Shear, Potential Problem: Moves feebly or required minimum assistant..." The assessment indicated the resident had a score of 19, which indicated "High Risk." The assessment indicated: "Guidelines, 19-17 [sic] Add: Float heels, Pressure relief cushion in chair."</p> <p>Nursing Notes included the following notations:</p> <p>9/8/16 at 6:41 P.M.: "Returned from hospital per stretcher. Color pales, skin w/d [warm/dry]. Assisted by 3 to bed...Sleeping and non verbal...."</p> <p>9/11/16 at 10:28 A.M.: "Up in w/c [wheelchair] sleeping @ intervals. Awakens easily but still non verbal. Transfers with 2 assist. Total care with ADLs [activities of daily living]. Appetite fair fed per staff...Therapy services cont [continues]."</p>			

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	<p>9/13/16 at 10:53 A.M.: "Cont with therapy services tol fair has diff [sic] following instructions and comprehending. Total care with ADLs. Up in w/c with 2 assist...."</p> <p>9/13/16 at 9:40 P.M.: "Nurses aid stated right heel discolored measured purple/black discolored heel 4 1/2 x 3 cm [centimeters]...call physician [name]...UD [Unit Director] message for wound nurse [name]...."</p> <p>9/14/16 at 12:25 P.M.: "Late Entry: assessed R [right] heel after notified new area present, two areas DTI [deep tissue injury] 2.6 x 2 x UTD [undetermined] and stage 2 serous blister 4.5 x 5.0 x UTD both to be treated with skin prep q [every] shift, air mattress placed on bed and ok'd by therapy, hard multi podus [a type of boot to relieve pressure] on foot as well."</p> <p>9/14/16 at 3:32 P.M.: "...air mattress applied to bed, medi boot to rt [right] le [lower extremity] blister to rt heel intact. no c/o."</p> <p>9/17/16 at 10:58 A.M.: "Pt. [patient] withdrawn this AM, non verbal...Stage 2 fluid filled intact blister to R heel is 6.5 cm x 8 cm - fluid color is light purple. ...Heel protectors on bilateral [sic], heels</p>			

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	<p>floated...."</p> <p>9/20/16 at 2:27 P.M.: "Assessed R heel...found that area is now 8.4 x 8.2 the DTI has a mulitpodus boot on to protect and relieve pressure, received okay for betadine q shift x 21 days."</p> <p>A Care Plan, dated 10/9/14 and revised on 9/8/16, indicated, "The resident has a potential for altered skin r/t [related to] impaired mobility (bed mobility, transfer), Alzheimer's disease, Dementia." The Interventions included: "9/16/16 Skin prep to right heel q shift for altered skin for 21 days. Medium Risk (score 21-20)...Check skin daily...Turn/Repositioning Program...."</p> <p>A Care Plan, dated 9/8/16 and revised on 9/14/16, indicated, "The resident has Hip Fracture r/t Fall." The Interventions included: "9/14/16 Reposition as necessary to prevent skin breakdown. Prevent 90 degree flexion to prevent circulation problems."</p> <p>On 9/22/16 at 8:55 A.M., during an interview with the Wound Care Nurse, she indicated she was notified when the pressure area was found on Resident B. She indicated she was unsure what caused the areas. She indicated there were 2 areas at first, but then combined</p>			

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	<p>to make 1 large area.</p> <p>On 9/22/16 at 9:00 A.M., Resident B was observed lying in her bed. A skin assessment was requested at that time. LPN # 1 removed the resident's blanket, and the resident's right heel was observed to be lying on the mattress, without pressure relief. The resident was not wearing a pressure relieving boot. LPN # 1 indicated she thought the resident was to wear the boot "when she was up."</p> <p>On 9/22/16 at 9:10 A.M., LPN # 1 indicated she found the boot on the resident's chair, and applied it to the resident's foot.</p> <p>On 9/22/16 at 9:25 A.M., during an interview with the Unit Director, she indicated Resident B was to have her pressure relieving boot on at all times. She indicated she did not know why the resident developed the pressure area, but that the resident did "guard" her leg at times during movement.</p> <p>On 9/22/16 at 10:45 A.M., the Administrator provided the current facility policy on "Pressure Ulcer Prevention & Management," revised 9/2015. The policy included: "To ensure that a resident who is admitted to the facility without a pressure ulcer does not</p>			

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	<p>develop a pressure ulcer unless clinically unavoidable and that a resident who has an ulcer receives care and services to promote healing and to prevent additional ulcers...Stage II Pressure Ulcer, Partial thickness skin loss involving epidermis, dermis or both. The ulcer is superficial and presents clinically s an abrasion, blister or shallow crater...SDTI [suspected deep tissue injury], Purple/maroon localized area of discolored intact skin or blood filled blister due to damage of underlying soft tissue from pressure and/or shear...If a resident is triggered at risk on the Pressure Ulcer Risk Assessment, preventive measures must be identified, implemented and recorded on the Alerted Skin Integrity/Care Plan...Document the plan of care on the resident's care plan and implement...."</p> <p>This Federal tag relates to Complaint IN00202794.</p> <p>3.1-40(a)(1) 3.1-40(a)(2)</p>				

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F 0425 SS=E Bldg. 00	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>Based on observation, interview, and</p>	F 0425	F425: Corrective actions for residents	10/22/2016	

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	<p>record review, the facility failed to ensure control medications were signed out of the control book immediately after administration, for 9 of 10 residents reviewed regarding correct administration of controlled medications, in a sample of 13. Residents B, D, E, F, G, H, I, J, and K</p> <p>Findings include:</p> <p>On 9/22/16 at 9:10 A.M., QMA # 1 indicated she was done administering her morning medications. A narcotic count was requested at that time.</p> <p>QMA # 1 indicated the staff performed narcotic counts when they start and end each shift. She indicated one staff member counts the medications, while the other staff member checks the drug count card to make sure the numbers match.</p> <p>As QMA # 1 was performing the narcotic count, she indicated she "usually signs all of her narcotics out" when she was done passing her medications. She then proceeded to sign out 10 different control medications, on 9 different residents.</p> <p>On 9/22/16 at 9:25 A.M., during an interview with the Unit Director, she indicated the facility policy would be to sign out the control medications</p>		<p>affected by deficient practices: QMA immediately educated on correct procedure to administer and sign out Narcotics. How other residents have potential to be affected by the same deficient practices & corrective action: In-service all licensed nursing personnel who administer medications on updated policy of Medication Administration. Systemic changes: Medication administration policy updated to include signing out narcotics at time of administration, nurses & QMA in-service on policy updates. Monitoring corrective actions: DON or designee will perform random narcotic count audits with staff on each unit 3x weekly for 4 weeks, weekly for 4 weeks, monthly for 4 months. Date to be completed: October 22, 2016</p>				

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	<p>immediately after administering them.</p> <p>On 9/22/16 at 9:40 A.M., QMA # 1 provided a list of the residents and medications that she signed out. The list included:</p> <p>Resident D: Morphine (a medication for pain relief) Resident E: Lorazepam (an anti-anxiety medication) Resident F: Lorazepam and Hydro/APAP [a medication for pain relief] Resident G: Lyrica (a medication for pain relief) Resident H: Lorazepam Resident I: Clonazepam (an anti-anxiety medication) Resident J: Lorazepam Resident K: Tramadol (a medication for pain relief)</p> <p>On 9/22/16 at 10:45 A.M., the Administrator provided the current facility policy on Medication Administration, dated 4/6. The policy included: "A narcotic record will be maintained listing on separate sheets each type and strength of narcotic dispensed. The record shall also include: Name of resident, Date and time medication administered, Dosage administered...Signature of person administering the dose, Remaining</p>			

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	<p>medication left...."</p> <p>This Federal tag relates to Complaint IN00204089.</p> <p>3.1-25(e)(1)</p>			