STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555404	A. BUILDING _____ B. WING _____	C 08/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE VILLAGE HEALTHCARE CENTER	17040 ARNOLD DR. RIVERSIDE, CA 92518

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during the investigation of a Facility Reported Incident (FRI). Facility Reported Incident Number: CA00777781 Representing the Department: Health Facilities Evaluator Nurse(s): 43396 The inspection was limited to the specific Facility Reported Incident investigated and does not represent the findings of a full inspection of the facility. Three deficiencies were issued for the Facility Reported Incident: CA0777781.	F 000	This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction do not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907	
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other	F 609	**F609** **A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Director of Nursing and RN supervisor assessed the resident and found they were safe and free of harm. **B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?** Following the complaint visit, the Director of Nursing Services (DNS)	

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

Administrator 9/8/2022

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 609	Continued From page 1 officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure an allegation of physical abuse by a staff member towards a resident (Resident A) was reported to the California Department of Public Health (CDPH) immediately, or not later than two hours after the allegation was made. In addition, the facility failed to ensure a written report of investigation was provided to CDPH within five working days of the occurrence of the allegation of abuse. These failures had the potential to result in the delay in implementation of appropriate action and provision of protection to the residents and placed the residents at risk for further abuse. Findings: On April 5, 2022, at 10 a.m., an unannounced visit to the facility was conducted to investigate an allegation of abuse for a resident. On April 5, 2022, at 10:05 a.m., an interview with the Director of Nursing (DON) was conducted.	F 609	and Registered Nurse (RN) Supervisor reviewed records and incidents and did not identify any other residents that would be affected by this alleged deficient practice. **C. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?** It is the policy of the facility to ensure that all reports of resident abuse... shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management... will be reported immediately, but no later than two (2) hours if the alleged violation involves abuse. Director of Nursing Services (DNS) provided in-service to Licensed Nurses on 08/25/2022, regarding Policy and Procedure on "Abuse investigation and Reporting" with emphasis on the following: **D. How the facility plans to monitor its performance to make sure that solutions are sustained?** Administrator, DNS/Designee will monitor for compliance.	

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F 609	Continued From page 2 The DON stated Resident A reported to Certified Nursing Assistant (CNA) 2 that someone had hurt her during feeding on March 22, 2022, at approximately 9:35 a.m. The DON stated Resident A further stated the person held her wrists and stuck their two fingers up her nostril. On April 5, 2022, at 10:15 a.m., an interview with the Social Service Director (SSD) was conducted. She stated CNA 2 reported to her about the allegation of abuse from Resident A on March 22, 2022, at around 9:35 a.m. The SSD stated CNA 2 explained to her that when she entered Resident A's room in the morning of March 22, 2022, Resident A stated, "She hurt me, she hurt me." CNA 2 stated that Resident A accused all staff who came in her room of hurting her throughout her shift on the day of the incident. The SSD stated upon interview with Resident A on March 22, 2022, the resident stated someone had hurt her during feeding but was not able to provide detailed description of the alleged abuser. She stated Resident A kept repeating herself by saying, "Your hurt me, you hurt me." The SSD stated on March 22, 2022, at 10 a.m., just right after she finished her interview with Resident A, CNA 1 reported to her that Resident A was making the same statement ("You hurt me, you hurt me") since yesterday (March 21, 2022). The SSD stated CNA 1 informed her that Resident A accused all staff members who came in her room of hurting her, therefore, she did not report it. On April 5, 2022, at 10:35 a.m., an interview with CNA 1 was conducted. She stated she was assigned to Resident A on March 21, 2022, (a day	F 609	DNS/Designee will report findings identified to the QAA Committee during the monthly Quality Assurance Performance Improvement meeting for the purpose of process improvement or changes to the plan to ensure substantial compliance with this plan of correction. **Completion Date: 08/31/2022**	

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F 609	Continued From page 3	F 609		

prior to the day an allegation of abuse was reported). She stated Resident A stated, "You are the one that hurt me." when other staff would enter the room. She stated Resident A was not able to provide detailed information about her allegation when asked. She stated she did not report it to anyone because she thought it was her normal behavior and that she was hallucinating. She stated on March 22, 2022, she heard from SSD regarding Resident A's allegation of someone hurting her that was reported by CNA 2 on that day and this was when she reported it to the SSD regarding the same statement that she heard from Resident A on March 21, 2022. She further stated that this was the first incident Resident A reported of someone hurting her.

On April 5, 2022, at 11:14 a.m., an interview with CNA 2 was conducted. She stated Resident A yelled out, "You are the one that hurt me," when she entered the resident ' s room on March 22, 2022. CNA 2 told Resident A her name and that she was there to assist her with feeding. She stated Resident A stated someone had hurt her during feeding by shoving a spoon in her mouth. She stated Resident A was not able to provide the exact date and time the incident occurred nor a description of the alleged abuser.

CNA 2 further stated this was the first time Resident A complained of someone hurting her.

On April 5, 2022, at 11:32 a.m., an observation of Resident A was conducted. Resident A was laying in bed in bed sleeping comfortably. Resident A did not appear to be in distress or discomfort. Attempt was made to interview Resident A but was not successful due to her impaired mental status.

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F 609	Continued From page 4 On April 5, 2022, Resident A's record was reviewed. Resident A was admitted to the facility on January 13, 2018, with diagnoses which included dementia (loss of mental status), anxiety disorder, psychosis and others. Resident A did not have the capacity to understand or make decisions. The "Progress Notes," dated March 22, 2022, at 12:43 p.m., indicated the allegation of abuse from Resident A. The notes indicated Resident A reported that someone had hurt her during feeding. It was also noted that Resident A kept repeating herself by saying "You hurt me, you hurt me" to every staff who entered her room. There was no documented evidence an incident report of Resident A's statement of someone hurting her on March 21, 2022, a day prior to when the allegation of abuse was first reported. On April 5, 2022, at 11:35 a.m., a follow up interview with the DON was conducted. The DON stated she was aware of the report from CNA 1 that Resident A was accusing staff of hurting her on March 21, 2022, which is a day prior to when the incident was first reported. She stated CNA 1 did not report it to anyone until March 22, 2022, after it was first reported by CNA 2. The DON stated CNA 1 should have reported it to her and or the ADM as soon as the allegation of abuse was made by Resident A on March 21, 2022. The DON stated the facility did not complete a final report of the investigation and thought the Administrator have done it already. The DON stated the final report of the investigation must be completed and sent to the State Agency within	F 609		

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F 609	Continued From page 5	F 609		

five (5) working days from the time the abuse allegation was initially reported. She stated the final report of investigation of the allegation of abuse from Resident A should have been completed timely.

On April 5, 2022, at 11:45 a.m., an interview with the Administrator (ADM) was conducted. The ADM stated he received a report over the phone from the facility regarding the incident on March 22, 2022, but did not receive a full report until he return to the office the following week. He stated during his absence, the DON was designated to oversee and ensure all abuse incidents were reported and investigated timely.

The ADM stated he thought the final report of the investigation of the abuse allegation was already done by the DON. The ADM was not able to provide documentation the final report had been completed timely.

The ADM provided the final report on April 5, 2022 (day of onsite visit - 14 days after the allegation of abuse was reported to the State Agency).

On April 8, 2022, at 10:33 a.m., a follow up phone interview with the ADM was conducted. The ADM stated CNA 1 should have reported the incident to him or the DON on March 21, 2022, after the initial allegation of abuse was reported by Resident A. The ADM stated the facility should have reported the incident to the State Agency within 2 hours after the allegation of abuse was reported by Resident A on March 21, 2022.

A review of the facility policy and procedure titled, "Abuse Investigation and Reporting," dated July

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F 609	Continued From page 6 2017, was conducted. The policy indicated, "...All reports of resident abuse ...shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigation will also be reported ...Role of the administrator ...if an incident or suspected incident of resident abuse ...is reported, the Administrator will assign the investigation to an appropriate individual ...the individual conducting the investigation will ...interview staff members (on all shifts) who had contact with the resident during the period of the alleged incident ...interview the resident's roommate, family members, and visitors ...review all events leading up to the alleged incident ...An alleged violation of abuse ...will be reported immediately, but not later than: two (2) hours if the alleged violation involves abuse ...Within five (5) working days of the alleged incident, the facility will give the resident, resident's representative (sponsor), the Ombudsman, state survey and certification agencies ...a written report of the findings of the investigation and a summary of corrective action taken to prevent such incident from reoccurring ..."	F 609	**F610** **A. A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Director of Nursing and RN supervisor assessed the resident and found they were safe and free of harm. **B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?** Following the complaint visit, the Director of Nursing Services (DNS) and Registered Nurse (RN) Supervisor reviewed records and incidents and did not identify any other residents that would be	
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the	F 610		

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F 610	Continued From page 7 investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure a thorough investigation of an allegation of abuse by a staff toward a resident was completed according to the facility ' s policy and procedure, for one of three sampled residents (Resident A). This failure had the potential for an abuse allegation not to be thoroughly investigated and could result to a delay in the implementation of appropriate action to prevent abuse on the residents. Findings: On April 5, 2022, at 10 a.m., an unannounced visit to the facility was conducted to investigate an allegation of abuse for a resident. On April 5, 2022, at 10:05 a.m., an interview with the Director of Nursing (DON) was conducted. The DON stated Resident A reported to Certified Nursing Assistant (CNA) 2 that someone had hurt her during feeding on March 22, 2022, at 9:35 a.m. Resident A further stated the person held her wrists and stuck their two fingers up her nostril. On April 5, 2022, at 10:15 a.m., an interview with	F 610	affected by this alleged deficient practice. **C. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?** It is the policy of the facility to ensure that all reports of resident abuse... shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management... will be reported immediately, but no later than two (2) hours if the alleged violation involves abuse... Within five (5) working days of the alleged incident, the facility will give the resident, resident's representative (sponsor), the Ombudsman, state survey and certification agencies... a written report of the findings of the investigation and a summary of the corrective action taken to prevent such incident from reoccurring..." Director of Nursing Services (DNS) provided in-service to Licensed Nurses on 08/25/2022, regarding Policy and Procedure on "Abuse investigation and Reporting" with emphasis on the following:	

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F 610	Continued From page 8 the Social Service Director (SSD) was conducted. She stated CNA 2 reported to her about the allegation of abuse from Resident A on March 22, 2022, at around 9:35 a.m. The SSD stated CNA 2 explained to her that when she entered Resident A's room in the morning of March 22, 2022, Resident A stated, "She hurt me, she hurt me." CNA 2 stated that Resident A accused all staff who came in her room of hurting her throughout her shift on the day of the incident. The SSD stated upon interview with Resident A on March 22, 2022, the resident stated that someone had hurt her during feeding but was not able to provide detailed description of the alleged abuser. She stated Resident A kept repeating herself by saying, "Your hurt me, you hurt me." The SSD stated on March 22, 2022, at 10 a.m., just right after she finished her interview with Resident A, CNA 1 reported to her that Resident A was making the same statement ("You hurt me, you hurt me") since yesterday (March 21, 2022). The SSD stated CNA 1 informed her that Resident A accused all staff members who came in her room of hurting her, therefore, she did not report it. The SSD stated she did not conduct further interviews of staff and other residents regarding this allegation of abuse. On April 5, 2022, at 10:35 a.m., an interview with CNA 1 was conducted. She stated she was assigned to Resident A on March 21, 2022, (a day prior to the day incident was reported). She stated Resident A stated, "You are the one that hurt me," when other staff would enter the room. She stated Resident A was not able to provide detailed information about her allegation when asked. She stated she did not report it to anyone because	F 610	**D. How the facility plans to monitor its performance to make sure that solutions are sustained?** Administrator, DNS/Designee will monitor for compliance. DNS/Designee will report findings identified to the QAA Committee during the monthly Quality Assurance Performance Improvement meeting for the purpose of process improvement or changes to the plan to ensure substantial compliance with this plan of correction. **Completion Date: 08/31/2022**	

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she thought it was her normal behavior and that she was hallucinating. She stated on March 22, 2022, she heard from SSD regarding Resident A's allegation of someone hurting her that was reported by CNA 2 on that day and this was when she reported it to the SSD regarding the same statement she heard from Resident A on March 21, 2022. She further stated that this was the first incident Resident A reported of someone hurting her.

On April 5, 2022, at 11:14 a.m., an interview with CNA 2 was conducted. She stated Resident A yelled out, "You are the one that hurt me," when she entered the resident ' s room on March 22, 2022. CNA 2 told Resident A her name and that she was there to assist her with feeding. She stated Resident A stated someone had hurt her during feeding by shoving a spoon in her mouth. She stated Resident A was not able to provide the exact date and time the incident occurred nor a description of the alleged abuser.

CNA 2 further stated this was the first time Resident A complained of someone hurting her.

On April 5, 2022, at 11:32 a.m., an observation of Resident A was conducted. Resident A was laying in bed in bed sleeping comfortably. Resident A did not appear to be in distress or discomfort. Attempt was made to interview Resident A but was not successful due to her impaired mental status.

On April 5, 2022, Resident A's record was reviewed. Resident A was admitted to the facility on January 13, 2018, with diagnoses which included dementia (loss of mental status), anxiety disorder, psychosis and others. Resident A does

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not have the capacity to understand or make decisions.

The "Progress Notes," dated March 22, 2022, at 12:43 p.m., indicated the allegation of abuse from Resident A. The notes indicated Resident A reported that someone had hurt her during feeding. It was also noted that Resident A kept repeating herself by saying "You hurt me, you hurt me" to every staff who entered her room.

There was no documented evidence an incident report of Resident A's statement of someone hurting her on March 21, 2022, a day prior to when the incident of abuse was first reported.

On April 5, 2022, at 11:35 a.m., a follow up interview with the DON was conducted. The DON stated she was aware of the report from CNA 1 that Resident A was accusing staff of hurting her on March 21, 2022, which is a day prior to when the incident was first reported. She stated CNA 1 did not report it to anyone until March 22, 2022, after it was first reported by CNA 2. The DON stated CNA 1 should have reported it to her and or the ADM on March 21, 2022, as soon as the allegation of abuse was made by Resident A.

The DON stated she did not conduct any further investigation regarding the abuse allegation for Resident A.

On April 5, 2022, at 11:45 a.m., an interview with the Administrator (ADM) was conducted. The ADM stated he received a report over the phone from the facility regarding the incident on March 22, 2022, but did not receive a full report until he return to the office the following week. He stated during his absence, the DON was designated to

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F 610	Continued From page 11 oversee and ensure all abuse incidents were reported and investigated timely. The ADM stated all abuse allegation must be investigated thoroughly. He stated based on the nature of the allegation for Resident A, the facility should have done further investigation to include interviews from other staff who were assigned to Resident A on the day of the incident and or prior from various shifts. In addition, the ADM stated interviews of other residents should have been conducted. He stated the only staff that was interviewed were the two CNAs in which were the staff who initially reported the incident. The ADM stated the facility ' s Abuse Protocol was not followed to the full extent according to the facility's policy and procedure. A review of the facility policy and procedure titled, "Abuse Investigation and Reporting, "dated July 2017, was conducted. The policy indicated, "All reports of resident abuse ...shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse investigation will also be reported ...Role of the administrator ...if an incident or suspected incident of resident abuse ...is reported, the Administrator will assign the investigation to an appropriate individual ...the individual conducting the investigation will ...interview staff members (on all shifts) who had contact with the resident during the period of the alleged incident ...interview the resident's roommate, family members, and visitors ...review all events leading up to the alleged incident ...An alleged violation of abuse ...will be reported immediately, but not later than: two (2) hours if the alleged violation involves abuse ...Within five (5) working days of the	F 610		

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	555404	A. BUILDING _____ B. WING _____	C 08/24/2022

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F 610	Continued From page 12 alleged incident, the facility will give the resident, resident's representative (sponsor), the Ombudsman, state survey and certification agencies ...a written report of the findings of the investigation and a summary of corrective action taken to prevent such incident from reoccurring ..."	F 610		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. 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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755	**F755** **A. How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?** Resident A's Lorazepam medication order was faxed to the pharmacy after a follow-up call was made by Licensed Vocational Nurse 1 (LVN1) on 03/21/2022 when the pharmacy confirmed that it did not receive the order. Lorazepam medication was received early morning on 03/22/2022. Records indicate no episodes of yelling noted on 03/21/22.	

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F 755	Continued From page 13 §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure medication was ordered from the pharmacy and administered to the resident timely according to the physician ' s order, for one of three residents reviewed (Resident A). This failure resulted in Resident A not receiving her medication to treat anxiety (nervousness) and placed Resident A for potential adverse effects on her overall health medical condition. Findings: On April 5, 2022, at 10 a.m., an unannounced visit to the facility was conducted to investigate an allegation of abuse for a resident. On April 5, 2022, at 11:32 a.m., an observation of Resident A was conducted. Resident A was lying in bed in bed sleeping comfortably. Resident A did not appear to be in distress or discomfort. Attempt was made to interview Resident A but was not successful due to her impaired mental status. On April 5, 2022, Resident A's record was reviewed. Resident A was admitted to the facility on January 13, 2018, with diagnoses which included dementia (loss of mental status), anxiety	F 755	**B. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken?** All residents in the facility are potentially to be affected by the alleged deficient practice as failure to ensure any medications were ordered from the pharmacy and administered to the residents timely will potentially affect the overall medical condition of residents. Following the complaint visit, the Director of Nursing Services (DNS) and Registered Nurse (RN) Supervisor reviewed and re-ordered current medications that were about to run out to ensure enough supplies were available to residents. **C. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur?** It is the policy of the facility to ensure that medications for the residents must be ordered from the pharmacy three days prior to running out to ensure enough supplies are available to residents. Director of Nursing Services (DNS) provided in-service to Licensed Nurses on 08/25/2022, regarding	

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F 755	Continued From page 14 disorder, psychosis, and others. Resident A does not have the capacity to understand or make decisions. The "Electronic Medical Administration Record (EMAR)," for the month of March 2022, included a physician ' s order, dated November 23, 2020, which indicated, "LORazepam (medication to treat anxiety) tablet 0.5 mg MG (milligram - unit of measurement) Give 0.5 tablet by mouth two times a day for M/B (manifested by) CONSTANT YELLING FOR NO REASON related to ANXIETY DISORDER ..." The EMAR indicated lorazepam tablet 0.5 mg tablet was not administered to Resident A on March 21, 2022, at 9 a.m. and 9 p.m. The "Progress Notes," dated March 21, 2022, at 11:12 a.m., indicated, "...LORazepam...spoke with pharmacy, stated they did not have the order, order was faxed to the pharmacy ..." The "Progress Notes," dated March 21, 2022, at 11:46 p.m., indicated, "...LORazepam...spoke with pharmacy, stated they did not have the order, order was faxed to the pharmacy ..." On April 5, 2022, at 11:54 a.m., an interview with License Vocational Nurse (LVN) 1 was conducted. LVN 1 stated Resident A did not get her scheduled morning and evening dose of lorazepam on March 21, 2022, as ordered by the physician. She stated Resident A's lorazepam	F 755	Policy and Procedure on "Refilling of Medications" with emphasis on the following: (a) If the resident does not have a supply of the medication, the pharmacy is notified immediately; (b) Under no circumstances should there be missed doses of medication; (c) Refill drug supplies are to be reordered when there is approximately a three day supply remaining. During medication pass, Charge Nurses (LNs) in their respective shifts will review and identify all medications that are running out/due for refill per facility protocol and notify the pharmacy immediately. LNs must ensure that any medication identified and reordered for refill must be documented in the 24-hour Communication Log and communicate to the incoming Charge Nurse for follow-up to pharmacy. Pharmacy Consultant will review supply on a monthly basis and reports any findings to the DNS RN Supervisor will check documentation in the 24-hour Communication Log and ensure medications are followed-up and refilled timely. **D. How the facility plans to monitor its performance to make sure that solutions are sustained?**	

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F 755	Continued From page 15 was out of supply when she was going to give the medication. She further stated Resident A usually demonstrates behaviors when she does not get lorazepam. On April 8, 2022, at 9:10 a.m., a follow up phone interview with LVN 1 was conducted. She stated all medications for the resident should be reordered with the pharmacy three days prior to running out of the medication. She stated this was not done according to the facility protocol. On April 13, 2022, at 10:35 a.m., an interview with the DON was conducted. She stated two doses of lorazepam medication (9 a.m. and 9 p.m.) was not given to Resident A on March 21, 2022. The DON was not able to provide a reason why the medication was not reordered prior to running out. She stated all medications for the resident must be reordered from the pharmacy three to four days prior to running out of the medication according to the facility's policy and procedure. The untitled and undated facility's policy on procedure for refilling of medications indicated, " ...if the resident does not have a supply of the medication, the pharmacy is notified immediately ...Under no circumstances should there be missed doses of medication ...Refill drug supplies are to be reordered by the following method when there is approximately a three day supply remaining ..."	F 755	Findings of the Pharmacy Consultant and RN Supervisor will be provided to DNS/Designee. DNS/Designee will monitor for compliance. DNS/Designee will report findings identified to the QAA Committee during the monthly Quality Assurance Performance Improvement meeting for the purpose of process improvement or changes to the plan to ensure substantial compliance with this plan of correction. **Completion Date: 08/31/2022**	