Electronically delivered
February 17, 2021

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

RE: CCN: 245102
Cycle Start Date: January 29, 2021

Dear Administrator:

On January 29, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" tag) and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by April 29, 2021 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by July 29, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.
Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245102	A. BUILDING _____ B. WING _____	C 01/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUER HEALTH CARE	**1635 WEST SERVICE DRIVE WINONA, MN 55987**

(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
E 000	Initial Comments A COVID-19 Focused Infection Control survey was conducted on 1/27/21, 1/28/21 and 1/29/21, at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations §483.73(b)(6). The facility was in full compliance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	E 000		
F 000	INITIAL COMMENTS On 1/27/21, 1/28/21 and 1/29/21, an abbreviated survey was completed at your facility to conduct complaint investigations. A COVID-19 Focused Infection Control survey was also conducted on 1/27/21, 1/28/21 and 1/29/21, by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. Sauer Health Care was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities and 483.80 for Infection Control. The following complaint was found to be substantiated: H5102030C and H5102029C with no deficiencies. H5102027C and H5102028C deficiency issued at F755. The following complaint was found to be unsubstantiated: H5102031C. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first	F 000		

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

Electronically Signed | 02/25/2021

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 000	Continued From page 1 page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	F 000		
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 §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	F 755		3/31/21

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F 755	Continued From page 2 by: Based on interview and document review the facility failed to have medications available, identify medication errors and notify physician when medications were not administered per orders for 2 of 3 residents (R1, R7) reviewed for medication administration. Findings include: R1 admission medication orders dated 10/14/20 indicated pregabalin (used to treat nerve and muscle pain, including fibromyalgia) capsule 100mg, to give 100mg by mouth three times a day related to polyneuropathy (is when multiple peripheral nerves become damaged) due to other toxic agents. R1 reported a grievance on 11/16/20 indicated R1 was out of pregabalin medication on Sunday and it was not ordered. It included that she was informed by nursing that it was ordered on 11/16/20. R1 indicated her feet were burning. Facility follow up of grievance indicated that the director of nursing told her that staff did not re-order the medication when they should have and that is why it is out. Follow up included that the director of nursing provided coaching and policy for ordering the medication to staff. R1 medication administration record for November indicated pregabalin was not given November 15th HS (at bedtime) November 16th morning and November 16th noon. On November 15th according to the medication administration record (MAR) the medication was not available. There was no further notation for the two doses on November 16th.	F 755	In response to the above stated citation Sauer Health Care took immediate actions: " Initial verbal education provided to RN Manager re: concerns related to medication errors. " Initial investigation by DON into R1 and R7 to determine root cause, effects if any and address concerns related to medication errors. " Individual counseling done with regularly scheduled AM and PM shift LPNs Additional actions taken by Sauer Health Care since 1/29/2021 " Notification provided to Provider for R1 and R7 related to missed medications. " Mandatory Licensed Staff/TMA in-service on 2/16/2021. Education provided to staff regarding Medication Administration, Pharmacy Services and Medication Events " Created Licensed Staff End of Shift document that is to be filled out for each shift related to medication administration, safety, barriers and resident concerns. DON will evaluate its effectiveness, review data and determine new process going forward. " Update of the following policies 1. Medication Administration, General Guidelines Policy 2. Medication Event Policy 3. Physician□s Order Transcription Policy 4. Controlled Substances, Management of Policy	

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F 755	Continued From page 3 R1 face sheet included diagnoses of malignant neoplasm of anus, fibromyalgia, and chronic pain syndrome, polyneuropathy due to other toxic agents, restless leg syndrome. R1 Minimum Data Set (MDS) assessment dated 1/12/2021 included almost constant pain frequency rated at 10. MDS included R1 has scheduled, as needed, and non-medication interventions for pain management. R1 care plan included R1 has pain related to perirectal surgery and diagnoses of irritable bowel syndrome, restless legs, gastroesophageal reflux disease, fibromyalgia, and polyneuropathy. Goals included R1 will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through review date. R1 interventions included evaluate the effectiveness of pain interventions with review for compliance, alleviating of symptoms, dosing schedules, and resident satisfaction with results, impact on functional ability and impact on cognition; R1 is able to call for assistance when in pain, reposition self, ask for medication, tell how much pain is experienced and what increases or alleviates pain; R1 pain is alleviated/relieved by rest, repositioning, diclofenac (is used to relieve pain, swelling (inflammation), and joint stiffness caused by arthritis) gel, lidocaine patches, distractions, and oral medication. During an interview on 1/28/21 at 10:45 a.m., LPN-A stated there is a process to follow when medications are low or not available. Nursing are to reorder prior to running out and or call pharmacy if the medications are not delivered on time. LPN-A said if a medication is not available, the nurse should document and make a	F 755	5. Disposal of Controlled and Non-Controlled Medications Policy 6. Emergency Medication Kit (E-Kit) Use of and Replacement Policy " EKIT binders will be updated with current medication content " Medication Event discussion/review added to new QAPI format for March meeting " DON completed random sampling review of 10 (25%) resident medication administration records over the last 3 months. No adverse effects noted. " DON or designee will complete daily audits of medication administration on 10 residents x 2 weeks, then weekly x 2 weeks, then monthly x 6 months to ensure compliance and address any violation of the plan. " Create Medication Re-Order Policy " Health Care Academy courses assigned to Licensed staff and TMA staff. Medication Administration assigned to licensed staff to be completed by 3/31/21. Medication Assistance for the Medication Aides assigned to TMA staff to be completed by 3/31/2021. " In March 2021, Licensed Pharmacist Consultant will resume in person, pre-COVID audits and med pass observations. " Education of this will be provided to appropriate staff with confirmation of learning to be complete on or before March 31, 2021 Compliance for adherence to this plan will be the responsibility of the Director of Nursing with overall compliance being the	

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F 755	Continued From page 4 medication (error) event report. During an interview on 1/28/21 at 1:13 p.m., DON stated she was not aware that the medication was not ordered until the grievance was filed by R1 on 11/16/21. DON stated pregabalin was the only medication missed. DON stated staff assumed the other staff had ordered it. DON stated staff felt there was no change in pain status with the missed doses. DON stated a medication event should have been filed for the missed doses. DON stated provider was notified in rounds book regarding the missed doses. DON stated the nurse should be informing the resident if medication not available. DON stated she did education with staff on ordering following the event. DON stated she does not know why there is no documentation regarding the medication not available for the doses missed on 11/16/21. DON stated [name of another pharmacy] is the backup pharmacy for emergencies. DON stated [name of main pharmacy] used to deliver twice daily but due to the pandemic only delivers once daily at 6:30 p.m. DON stated there is a procedure for obtaining medications after hours and weekends posted on the units. DON stated she does not know why staff did not follow the procedure nor document regarding the missed doses. During an interview on 1/28/21 at 6:00 p.m., registered nurse (RN)-A stated the night nurse had printed script for pregabalin as it was running out and placed it on desk for the day nurse to have signed by physician 2 days prior to the missed dose and it was not followed up on. RN-A said when asked about education, the nursing staff was coached on the process. R7 R7's facility Admission Record, included	F 755	responsibility of the Administrator.	

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F 755	Continued From page 5	F 755		

diagnoses of type 2 diabetes mellitus without complications and chronic kidney disease.

R7's care plan included, "[R7] has diabetes mellitus and takes oral medication as well as daily insulin."

R7's September medication administration record (MAR) identified the physician order; on 9/15/2020, the MAR had a box with a check mark and initial documented which indicated the glipizide 2.5mg had been administered. On 9/16/2020, the MAR had a box with nothing documented.

R7's provider note dated 9/14/20 included, "Order :Seen today by [Physician-A] for a regulatory visit. New orders: ...3) Start Glipizide [an oral anti-diabetic medication] 2.5mg qAM [every morning] with breakfast ..."

R7's progress note dated 9/16/20 included, " ...glipizide not here from the pharmacy, pharmacy called they will be sending these meds later today. [Nurse Practitioner-A] here this was discussed with her, she states to start these meds (medications) tomorrow. vital signs obtained and charted."

Facility Medication Event Report dated 9/16/2020, identified R7's glipizide was not administered per physician's order on 9-15-20. Details of the event indicated not given. Adverse effect noted BS (blood sugar) this A.M. was 193. Immediate measure taken to prevent reoccurrence: Pharmacy called and confirmed meds (medication) will be sent today. Notification provider notified Nurse Practitioner-A on 9/16/20 during rounds. Education provided by the

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F 755	Continued From page 6	F 755		

Registered Nurse: Do not sign out meds (medications) if not given. Plan to prevent reoccurrence: Triple check medication.

During an interview on 1/29/21, at 12:24 p.m. the director of nursing (DON) stated the glipizide was a new medication to start on 9/15/20. The DON verified R7 did not receive the glipizide on 9/15/20 even though the MAR indicated the medication had been administered, as the medication was not in the medication cart to be administered, as the glipizide had not been delivered from the pharmacy. The DON stated the process was the facility received an order, the order was transcribed, and a fax was sent to the pharmacy. The DON stated if we faxed the order over, the medication should have been delivered the evening of the 9/14/20, so the medication should have been available to be administered the morning of the 9/15/20. The DON stated she would have needed to call the pharmacy to see if they received the order and if they did why did the facility not get the medication. The DON stated R7 needed the medications the facility would have needed to get the medication. The DON stated the medication was for the A.M. one time dose. The DON stated the facility should have called the provider to get direction to see if the medication should be administered when it arrived at 6:30 p.m. when it would had been delivered to the facility from the pharmacy. The DON verified the pharmacy was not contacted to see if they had received the fax for the glipizide and verified an investigation was not completed as to why the medication was not available at the facility for administration.

The facility policy Management of Controlled Substances dated 5/12/15, included in the

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F 755	Continued From page 7	F 755		

procedure for nursing staff to request a new written prescription for controlled substances when the current supply is noted to be low; nursing staff will send a copy of physician order to pharmacy.

The facility policy Physician's Order Transcription policy dated 11/7/12 included that the nurse will fax copy of any written medication order to the pharmacy; medications will be ordered each Monday and Thursday, the AM shift is responsible for ordering medications given more than one time a day, and all shifts are responsible for ordering medications as needed; verify medication to be given with regards to the 5 rights of medication administration and document medications administered.

Facility after hour's procedure for Sterling pharmacy indicated to call Walgreens pharmacy. It included that Walgreens pharmacy to fill supply to get through next business day or through following Monday if receiving order on a Friday. It included that if the order is for a controlled substance, to fill entire quantity.

Facility policy Medication Event dated 12/6/19 included omission (missed medication) of a drug that is ordered but not administered as an example of a medication event. Medication event procedure included that a medication event report must be completed for any medication discrepancy between what was ordered and the medication administration.

Electronically delivered
February 17, 2021

Administrator
Sauer Health Care
1635 West Service Drive
Winona, MN 55987

Re: State Nursing Home Licensing Orders
Event ID: BZ1K11

Dear Administrator:

The above facility was surveyed on January 27, 2021 through January 29, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00705	A. BUILDING: _____ B. WING _____	C 01/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAUER HEALTH CARE	**1635 WEST SERVICE DRIVE WINONA, MN 55987**

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 1/27/21, 1/28/21 and 1/29/21, an abbreviated survey was conducted to determine compliance with State Licensure. Your facility was found to be NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.	2 000		

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2 000	Continued From page 1 The following complaint was found to be substantiated: H5102030C no deficiencies H5102029C no deficiencies The following complaints were found to be substantiated with deficiencies H5102027C substantiated with an associated deficiency issued with licensing orders issued at S4658.1325 Subp. 1 H5102028C substantiated with an associated deficiency issued with licensing orders issued at S4658.1325 Subp. 1 The following complaints was found to be unsubstantiated H5102031C. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
21550	MN Rule 4658.1325 Subp. 1 Adminiatration of Medications; Pharmacy Serv. Subpart 1. Pharmacy services. A nursing home must arrange for the provision of pharmacy services. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to have medications available, identify medication errors and notify physician when medications were not administered per	21550	In response to the above stated citation Sauer Health Care took immediate actions: " Initial verbal education provided to RN	3/31/21

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21550	Continued From page 2 orders for 2 of 3 residents (R1, R7) reviewed for medication administration. Findings include: R1 admission medication orders dated 10/14/20 indicated pregabalin (used to treat nerve and muscle pain, including fibromyalgia) capsule 100mg, to give 100mg by mouth three times a day related to polyneuropathy (is when multiple peripheral nerves become damaged) due to other toxic agents. R1 reported a grievance on 11/16/20 indicated R1 was out of pregabalin medication on Sunday and it was not ordered. It included that she was informed by nursing that it was ordered on 11/16/20. R1 indicated her feet were burning. Facility follow up of grievance indicated that the director of nursing told her that staff did not re-order the medication when they should have and that is why it is out. Follow up included that the director of nursing provided coaching and policy for ordering the medication to staff. R1 medication administration record for November indicated pregabalin was not given November 15th HS (at bedtime) November 16th morning and November 16th noon. On November 15th according to the medication administration record (MAR) the medication was not available. There was no further notation for the two doses on November 16th. R1 face sheet included diagnoses of malignant neoplasm of anus, fibromyalgia, and chronic pain syndrome, polyneuropathy due to other toxic agents, restless leg syndrome. R1 Minimum Data Set (MDS) assessment dated	21550	Manager re: concerns related to medication errors. " Initial investigation by DON into R1 and R7 to determine root cause, effects if any and address concerns related to medication errors. " Individual counseling done with regularly scheduled AM and PM shift LPNs Additional actions taken by Sauer Health Care since 1/29/2021 " Notification provided to Provider for R1 and R7 related to missed medications. " Mandatory Licensed Staff/TMA in-service on 2/16/2021. Education provided to staff regarding Medication Administration, Pharmacy Services and Medication Events " Created Licensed Staff End of Shift document that is to be filled out for each shift related to medication administration, safety, barriers and resident concerns. DON will evaluate its effectiveness, review data and determine new process going forward. " Update of the following policies 1. Medication Administration, General Guidelines Policy 2. Medication Event Policy 3. Physician□s Order Transcription Policy 4. Controlled Substances, Management of Policy 5. Disposal of Controlled and Non-Controlled Medications Policy 6. Emergency Medication Kit (E-Kit) Use of and Replacement Policy " EKIT binders will be updated with current medication content	

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21550	Continued From page 3 1/12/2021 included almost constant pain frequency rated at 10. MDS included R1 has scheduled, as needed, and non-medication interventions for pain management. R1 care plan included R1 has pain related to perirectal surgery and diagnoses of irritable bowel syndrome, restless legs, gastroesophageal reflux disease, fibromyalgia, and polyneuropathy. Goals included R1 will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through review date. R1 interventions included evaluate the effectiveness of pain interventions with review for compliance, alleviating of symptoms, dosing schedules, and resident satisfaction with results, impact on functional ability and impact on cognition; R1 is able to call for assistance when in pain, reposition self, ask for medication, tell how much pain is experienced and what increases or alleviates pain; R1 pain is alleviated/relieved by rest, repositioning, diclofenac (is used to relieve pain, swelling (inflammation), and joint stiffness caused by arthritis) gel, lidocaine patches, distractions, and oral medication. During an interview on 1/28/21 at 10:45 a.m., LPN-A stated there is a process to follow when medications are low or not available. Nursing are to reorder prior to running out and or call pharmacy if the medications are not delivered on time. LPN-A said if a medication is not available, the nurse should document and make a medication (error) event report. During an interview on 1/28/21 at 1:13 p.m., DON stated she was not aware that the medication was not ordered until the grievance was filed by R1 on 11/16/21. DON stated pregabalin was the only medication missed. DON stated staff	21550	" Medication Event discussion/review added to new QAPI format for March meeting " DON completed random sampling review of 10 (25%) resident medication administration records over the last 3 months. No adverse effects noted. " DON or designee will complete daily audits of medication administration on 10 residents x 2 weeks, then weekly x 2 weeks, then monthly x 6 months to ensure compliance and address any violation of the plan. " Create Medication Re-Order Policy " Health Care Academy courses assigned to Licensed staff and TMA staff. Medication Administration assigned to licensed staff to be completed by 3/31/21. Medication Assistance for the Medication Aides assigned to TMA staff to be completed by 3/31/2021. " In March 2021, Licensed Pharmacist Consultant will resume in person, pre-COVID audits and med pass observations. " Education of this will be provided to appropriate staff with confirmation of learning to be complete on or before March 31, 2021 Compliance for adherence to this plan will be the responsibility of the Director of Nursing with overall compliance being the responsibility of the Administrator.	

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21550	Continued From page 4	21550		

assumed the other staff had ordered it. DON stated staff felt there was no change in pain status with the missed doses. DON stated a medication event should have been filed for the missed doses. DON stated provider was notified in rounds book regarding the missed doses. DON stated the nurse should be informing the resident if medication not available. DON stated she did education with staff on ordering following the event. DON stated she does not know why there is no documentation regarding the medication not available for the doses missed on 11/16/21. DON stated [name of another pharmacy] is the backup pharmacy for emergencies. DON stated [name of main pharmacy] used to deliver twice daily but due to the pandemic only delivers once daily at 6:30 p.m. DON stated there is a procedure for obtaining medications after hours and weekends posted on the units. DON stated she does not know why staff did not follow the procedure nor document regarding the missed doses.

During an interview on 1/28/21 at 6:00 p.m., registered nurse (RN)-A stated the night nurse had printed script for pregabalin as it was running out and placed it on desk for the day nurse to have signed by physician 2 days prior to the missed dose and it was not followed up on. RN-A said when asked about education, the nursing staff was coached on the process.

R7
R7's facility Admission Record, included diagnoses of type 2 diabetes mellitus without complications and chronic kidney disease.

R7's care plan included, "[R7] has diabetes mellitus and takes oral medication as well as daily insulin."

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21550	Continued From page 5	21550		

R7's September medication administration record (MAR) identified the physician order; on 9/15/2020, the MAR had a box with a check mark and initial documented which indicated the glipizide 2.5mg had been administered. On 9/16/2020, the MAR had a box with nothing documented.

R7's provider note dated 9/14/20 included, "Order :Seen today by [Physician-A] for a regulatory visit. New orders: ...3) Start Glipizide [an oral anti-diabetic medication] 2.5mg qAM [every morning] with breakfast ..."

R7's progress note dated 9/16/20 included, " ...glipizide not here from the pharmacy, pharmacy called they will be sending these meds later today. [Nurse Practitioner-A] here this was discussed with her, she states to start these meds (medications) tomorrow. vital signs obtained and charted."

Facility Medication Event Report dated 9/16/2020, identified R7's glipizide was not administered per physician's order on 9-15-20. Details of the event indicated not given. Adverse effect noted BS (blood sugar) this A.M. was 193. Immediate measure taken to prevent reoccurrence: Pharmacy called and confirmed meds (medication) will be sent today. Notification provider notified Nurse Practitioner-A on 9/16/20 during rounds. Education provided by the Registered Nurse: Do not sign out meds (medications) if not given. Plan to prevent reoccurrence: Triple check medication.

During an interview on 1/29/21, at 12:24 p.m. the director of nursing (DON) stated the glipizide was a new medication to start on 9/15/20. The DON verified R7 did not receive the glipizide on 9/15/20

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21550	Continued From page 6	21550		

even though the MAR indicated the medication had been administered, as the medication was not in the medication cart to be administered, as the glipizide had not been delivered from the pharmacy. The DON stated the process was the facility received an order, the order was transcribed, and a fax was sent to the pharmacy. The DON stated if we faxed the order over, the medication should have been delivered the evening of the 9/14/20, so the medication should have been available to be administered the morning of the 9/15/20. The DON stated she would have needed to call the pharmacy to see if they received the order and if they did why did the facility not get the medication. The DON stated R7 needed the medications the facility would have needed to get the medication. The DON stated the medication was for the A.M. one time dose. The DON stated the facility should have called the provider to get direction to see if the medication should be administered when it arrived at 6:30 p.m. when it would had been delivered to the facility from the pharmacy. The DON verified the pharmacy was not contacted to see if they had received the fax for the glipizide and verified an investigation was not completed as to why the medication was not available at the facility for administration.

The facility policy Management of Controlled Substances dated 5/12/15, included in the procedure for nursing staff to request a new written prescription for controlled substances when the current supply is noted to be low; nursing staff will send a copy of physician order to pharmacy.

The facility policy Physician's Order Transcription policy dated 11/7/12 included that the nurse will fax copy of any written medication order to the

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21550	Continued From page 7 pharmacy; medications will be ordered each Monday and Thursday, the AM shift is responsible for ordering medications given more than one time a day, and all shifts are responsible for ordering medications as needed; verify medication to be given with regards to the 5 rights of medication administration and document medications administered. Facility after hour's procedure for Sterling pharmacy indicated to call Walgreens pharmacy. It included that Walgreens pharmacy to fill supply to get through next business day or through following Monday if receiving order on a Friday. It included that if the order is for a controlled substance, to fill entire quantity. Facility policy Medication Event dated 12/6/19 included omission (missed medication) of a drug that is ordered but not administered as an example of a medication event. Medication event procedure included that a medication event report must be completed for any medication discrepancy between what was ordered and the medication administration. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for medication errors. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to ensure medication were ordered timely and administered correctly. The quality assurance committee could monitor these measures to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21550		