DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
December 11, 2023

Administrator
Saint Anne Extended Healthcare
1347 West Broadway Street
Winona, MN 55987

RE: CCN: 245233
Cycle Start Date: October 31, 2023

Dear Administrator:

On December 5, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 11, 2023

Administrator
Saint Anne Extended Healthcare
1347 West Broadway Street
Winona, MN 55987

Re: Reinspection Results
Event ID: NLBT12

Dear Administrator:

On December 5, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on October 31, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

November 3, 2023

Administrator
Saint Anne Extended Healthcare
1347 West Broadway Street
Winona, MN 55987

RE: CCN: 245233
Cycle Start Date: October 31, 2023

Dear Administrator:

On October 31, 2023, a survey was completed at your facility by the Minnesota Department of Health 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"and/or an "E" tag), i.e., the plan of correction should be directed to:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 January 31, 2024, (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 May 1, 2024, (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.

Please contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245233	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANNE EXTENDED HEALTHCARE	1347 WEST BROADWAY STREET 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
F 000	INITIAL COMMENTS On 10/30/23, 10/31/23, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed. H52336514C (MN00097667) with deficiency issued at F755. Deficient practice was identified related to incidental finding at F842 The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	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.	F 755		11/30/23

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

Electronically Signed | 11/07/2023

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 755	Continued From page 1 §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 by: Based on interview and document review the facility failed to administer hypoglycemic (low blood sugar) treatments and medications in accordance to physician standing orders for 2 out of 2 residents (R1,R2) reviewed for nursing services. Findings include R1's face sheet indicated R1 had diagnoses of rheumatoid arthritis, congestive heart failure (condition in which the heart doesn't pump blood as efficiently as it should), and morbid (severe) obesity.	F 755	Facility has systems in place to ensure proper workflow is being followed when utilizing emergency medications for hypoglycemia including monitoring and assessing for effectiveness of hypoglycemia medications. Furthermore, facility has systems in place to ensure proper workflow for taking a medication from the eKit, replacing the medication, and documenting the use of a standing order medication along with entering the order into the eMar. Facility has reviewed Standing Orders policy, Diabetic Management policy, and	

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F 755	Continued From page 2 R1's Facility Standing House Orders for Symptom Management, revised 5/22, indicated, hypoglycemia blood glucose (BG) (BG<70) Administer 6 ounce (oz). of fruit juice, mild or high carbohydrate beverage orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes, if <70 repeat above intervention If after 2 attempts to treat and BG is still <70, notify provider. If patient is unresponsive or unable to swallow and does not have feeding tube. Administer Glucagon 1 mg IM Repeat BG after 10 minutes; if <70 and patient is still unresponsive, repeat Glucagon dose After giving a second Glucagon dose, if patient is still unresponsive, unless contrary to car plan-call 911 and notify Provider immediately. If BG remains <70 but patient is conscious, initiate interventions for the conscious patient. Once patient is stable recheck BG after 60 minutes Communicate occurrence of any hypoglycemia event to Provider the next business day. R1's progress note dated 10/10/23, at 4:35 p.m. indicated R1 was unresponsive with a blood sugar level (BS) of 37. (Blood sugar below 70 milligrams (mg) per deciliter (mg/dL) is considered low.) Orange Juice, oral glucose gel, intramuscular (IM) Glucagon (a hormone that your pancreas makes to help regulate your blood glucose (sugar) levels) administered. BS was 107 and vital signs stable post medication. In review of R1's progress notes and medication administration record (MAR) in conjunction with standing physician orders it could not be	F 755	Administering Medication policy for accuracy. Re-education for licensed nursing staff and TMA's will occur by November 17, 2023. Information will also be shared in the Friday letter on November 17, 2023. Licensed nurses/TMA's will receive Diabetic Management policy to read and review. Licensed nurses/TMA's will also receive hypoglycemia standing orders to review. The new hire checklist for nurses has been updated to emphasize training on standing orders, hypoglycemia management, and eKit. Nursing education will also include proper workflow, instructions on how to enter a Matrixcare order, and review of Standing Orders, Administering Medication, Diabetic management policies. Nurse Supervisor will be responsible for implementation of workflow. DON will pull the Facility Activity Report daily to monitor low blood sugar readings and compliance with nursing for treatment. DON will perform weekly audit of eKit usage to ensure medications have been entered in to the eMar and reordered. If it is discovered process has not been properly followed, staff will be addressed one on one and reeducation will occur. Results of monitoring shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results.	

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F 755	Continued From page 3 ascertained if the physician orders and protocols were followed. It's not evident R1's blood sugar was re-checked after each treatment intervention was implemented to raise the blood sugar. During an interview on 10/31/23, at 3:07 p.m. registered nurse (RN)-A stated on 10/10/23 at around 3:30 p.m. she was informed by nursing assistant (NA)-A that R1 had become unresponsive. RN-A stated she assessed R1 and called on a senior nurse from another floor for help as R1 would not arouse with repeated attempts from staff. RN-A stated the senior nurse directed her to take a blood sugar (BS) on R1 along with her vital signs. RN-A stated the BS was 37 so she pulled R1's hard chart (paper chart) for standing orders. RN-A indicated even though R1 was not responsive, she was still able to swallow so she gave R1 orange juice while waiting for the senior nurse to arrive to the floor. RN-A stated she had not read the standing orders but was giving medications to R1 as the senior nurse instructed. RN-A stated she had given R1 oral and injection hypoglycemic medications during this event. She should have completed a triple check before giving any medications. RN-A stated she did not follow the order because she trusted senior nurse. RN-A indicated she should have followed the unresponsive patient protocol because the resident could have aspirated. RN-A could not remember medication administration times, doses, or when she checked the BS's as she had not charted them. R2 R2's face sheet indicated R2 had diagnoses of type 2 diabetes and stage four chronic kidney disease.	F 755	The Director of Nursing or their designee is responsible for the monitoring of this plan of correction. Completion Date: 11/30/2023	

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F 755	Continued From page 4 R2 Facility Standing House Orders for Symptom Management, revised 5/22, indicated, hypoglycemia blood glucose (BG<70) Administer 6 ounces (oz) of fruit juice, milk or other high carbohydrate beverage (e.g., Ensure, Boost) orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes; if <70, repeat above intervention If after 2 attempts to treat and BG is still <70, notify Provider If patient is unresponsive or unable to swallow and does not have a feeding tube: Administer Glucagon 1 milligram (mg) intramuscular injection (IM) (a technique used to deliver a medication deep into the muscles) Repeat BG after 10 minutes; if <70 and patient still unresponsive, repeat Glucagon dose After giving Glucagon dose, if patient is still unresponsive, unless contrary to advanced care plan-call 911 and notify the Provider immediately If BG remains <70 but patient is conscious, initiate interventions for the conscious patient Once patient is stable, recheck BG after 60 minutes Communicate occurrence of any hypoglycemic event to Provider the next business day R2's progress note dated 8/30/23, at 9:58 p.m. R2 BS dropped to 49 mg/dl. Resident uneasily aroused when asked to sip on straw for orange juice, she would blow on it. As per standing order to administer Glucagon 1 mg via subcutaneous (under the skin injection) in her abdomen. 5 minutes later R2 able to follow command and finished orange juice and cup of chocolate ice cream. BS rechecked at 8:15 p.m. and went up to 117 mg/dl.	F 755		

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F 755	Continued From page 5 R2's progress note dated 8/31/23, at 8:53 p.m. R2 4:00 p.m. BS was 41/mg/dl. Staff attempted to give orange juice and nurse went to get Glucagon from emergency kit (E-kit.) Upon return family member was attempting to arouse R2 in her room. RN-B administered 1 mg of Glucagon via subcutaneous injection to abdomen. BS rechecked (unable to identify time) and was 38 mg/dl. Family present and indicated if BS does not increase to send to ED. BS retested at 4:20 p.m. and was 62 mg/dl and family indicated to send to ED. At 4:35 p.m. R2 BS was 90 mg/dl but continued to be unresponsive. R2 was sent to ED. In review of R2's record it was not evident the standing orders were followed for Glucagon administration when R2 was given Glucagon subcutaneous in the abdomen. Documentation does not identify the times BS had been rechecked. Additionally, according to the record and according to standing orders a second injection of Glucagon should have been administered, however, was not evident R2 received the second dose. During an interview on 10/31/23 at 2:09 p.m., RN-B indicated on 10/31/23, the day shift nurse reported to her R2 was responsive. When RN-B went and checked R2's BS during the evening it was very low in the 30's and R2 was unresponsive. RN-B stated she was unable to give R2 anything orally and gave her Glucagon subcutaneous (not IM) 1 mg from the E-kit using the standing orders. RN-B stated she documented the medications given from the standing orders in her progress note. She did not know how to transcribe the standing orders into	F 755		

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F 755	Continued From page 6 the electronic health record (EHR), so there was no documentation of medication was administered other than the progress note. RN-B stated she was unable to give a second Glucagon injection per orders because the emergency kit (E-kit) had only contained two and had not been refilled on 8/30/23. RN-B stated she thought she had told someone to order the replacement for the E-kit but couldn't remember. During an interview on 10/31/23, at 5:13 p.m. director of nursing (DON) stated she was on vacation and not available during the time R1's event but was called by RN-A on 10/10/23 before R1 was sent to the ED. DON stated RN-A had informed her R1 had become unresponsive, RN-A had given her some orange juice, R1 had improved some but was still not at baseline. DON stated she informed RN-A to send R1 to the hospital if it was needed. DON stated she had read the progress notes on 10/10/23 and could see the standing orders had been used but had not identified the orders were transcribed into the EHR. DON stated all nurses are trained to enter standing orders into the EHR. It was an expectation that all medications that are given to residents be transcribed and administration documented on medication administration record. DON stated she was unable to find the medications given from the standing order on 8/30/23, 8/31/23 or 10/10/23 in the EHR. DON stated she was not aware of RN-A not reading the standing orders before giving the medications which was not the practice or the policy of the facility. DON verified both RN-A and RN-B had not followed the house standing orders and any medication used from E-Kit should be ordered and sent from the pharmacy immediately.	F 755		

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F 755	Continued From page 7 During an interview on 10/31/23, at 5:42 p.m. medical director stated it would be her expectation that the nurses read and follow the standing orders. She would expect all medications given by the staff to be charted in the EMR.	F 755		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance	F 842		11/30/23

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F 842	Continued From page 8 with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on interview, observation and record review, the facility failed to maintain a complete and accurate medical record for 2 of 2 residents	F 842	Facility has systems in place to ensure workflow for documenting the use of a standing order medication along with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245233	A. BUILDING _____ B. WING _____	C 10/31/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANNE EXTENDED HEALTHCARE	1347 WEST BROADWAY STREET WINONA, MN 55987

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F 842	Continued From page 9 (R1, R2) who required hypoglycemic treatment and management. Findings include R1's quarterly Minimum Data Set (MDS) dated 8/8/23, identified R1 had diagnoses that included, Atrial fibrillation, coronary artery disease, heart failure and was medically complex. R1's Standing House Orders for Symptom Management, dated and signed by the physician on 7/2/23, included the following orders in the event of hypoglycemia for blood glucose (BG) <70 -Administer 6 ounces of fruit juice, mild or high carbohydrate beverage orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes, if <70 repeat above intervention If after 2 attempts to treat and BG is still <70, notify provider. -If patient is unresponsive or unable to swallow and does not have feeding tube. Administer Glucagon (a hormone that your pancreas makes to help regulate your blood glucose levels)1 milligrams (mg), IM (intramuscular injection is a technique used to deliver a medication deep into the muscles) Repeat BG after 10 minutes; if <70 and patient is still unresponsive, repeat Glucagon dose After giving a second Glucagon dose, if patient is still unresponsive, unless contrary to car plan-call 911 and notify Provider immediately. If BG remains <70 but patient is conscious, initiate interventions for the conscious patient. Once patient is stable recheck BG after 60 minutes	F 842	entering the order into the eMar. Facility has reviewed Standing Orders policy and Administering Medication policy for accuracy. Re-education for licensed nursing staff and TMA's will occur by November 10, 2023. Information will also be shared in the Friday letter on November 10, 2023. Nursing education will include proper workflow, instructions on how to enter a Matrixcare order, and review of Standing Orders with extra focus on hypoglycemia treatment. Nurse Supervisor will be responsible for implementation of workflow. DON will run Facility Activity Report including new orders on a daily basis and review for accuracy. If there are missing orders, staff will be addressed one on one and reeducation will occur. Results of monitoring shall be reported at the facility Quality Council meeting with ongoing frequency and duration to be determined through analysis and review of results. The Director of Nursing or their designee is responsible for the monitoring of this plan of correction. Completion Date: 11/30/2023	

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F 842	Continued From page 10 -Communicate occurrence of any hypoglycemia event to Provider the next business day. R1's progress note dated 10/10/23 at 4:35 p.m., indicated blood sugar level (BS) of 37. (Blood sugar below 70 milligrams (mg) per deciliter (dL) is considered low.) Orange juice, oral glucose gel and IM Glucagon was administered. R1's physician order and medication administration record (MAR) dated 10/2023, did not indicate the standing orders were transcribed into the record and did not identify the medications had been administered to R1 according to the standing orders. R2's annual MDS dated 7/18/23, indicated R2 had diagnoses of hypertension, peripheral vascular disease, renal insufficiency, diabetes mellitus and arthritis. R1's Standing House Orders for Symptom Management, dated and signed 7/2/23, indicated in the event of hypoglycemia (BG<70) Administer 6oz. of fruit juice, mild or high carbohydrate beverage orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes, if <70 repeat above intervention If after 2 attempts to treat and BG is still <70, notify provider. If patient is unresponsive or unable to swallow and does not have feeding tube. Administer Glucagon 1mg IM Repeat BG after 10 minutes; if <70 and patient is still unresponsive, repeat Glucagon dose After giving a second Glucagon dose, if	F 842		

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F 842	Continued From page 11 patient is still unresponsive, unless contrary to car plan-call 911 and notify Provider immediately. If BG remains <70 but patient is conscious, initiate interventions for the conscious patient. Once patient is stable recheck BG after 60 minutes Communicate occurrence of any hypoglycemia event to Provider the next business day. R2's progress note dated 8/30/23, at 9:58 p.m. R2 BS dropped to 49mg/dl, resident uneasily aroused when asked to sip on straw for orange juice, she would blow on it. As per standing order to administer Glucagon 1mg via subcutaneous (under the skin injection) in her abdomen. 5 minutes later R2 able to follow command and finished orange juice and cup of chocolate ice cream. BS rechecked at 8:15 p.m. and went up to 117mg/dl. R2's progress note dated 8/31/23, at 8:53 p.m. R2 4:00 p.m. BS was 41/mg/dl. Staff attempted to give orange juice and nurse went to get Glucagon from E-kit. Upon return family member (daughter) was attempting to arouse R2 in her room. RN-B administered 1mg of Glucagon via subcutaneous injection to abdomen. R1's physician order and medication administration record (MAR) dated 10/2023, did not indicate the standing orders were transcribed into the record and did not identify the medications had been administered to R1 according to the standing orders. Further, did not identify recheck of blood sugars and administration of additional treatment according to standing orders. During an interview on 10/30/23, at 3:02 p.m.	F 842		

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F 842	Continued From page 12 licensed practical nurse (LPN)-A stated she has transcribed physician standing orders into the electronic health record, however also indicated she was not sure of the entire process. During an interview on 10/31/23, at 2:33 p.m. registered nurse (RN)-B stated she had not put the standing order medications into EHR for R2 as she had not been given the proper training and did not know how to. RN-B stated if the information is not in her progress note she could not remember exact times of when medications and blood sugar checks were completed. During an interview on 10/31/23, at 3:07 p.m. RN-A stated she had not read the facility standing orders but had trusted the other nurse telling her what medications to give and what to do. RN-A stated she had not known how to document the standing orders into EHR, so she documented everything in the progress note. RN-A was not able to articulate specific times or amount of medications given. RN-A stated she knew she was supposed to do a triple check before administering any medication but she had not completed it during this event because she trusted the other nurse giving her the medications. During an interview on 10/31/23, at 5:13 p.m. director of nursing (DON) stated she was unable to locate the documentation of the standing orders in R1's and R2's October 2023 MARs. DON indicated it was an expectation that nurses pull standing orders into the EHR and document the medications per policy. DON indicated because of lack of information in the medical record she was unable to complete a thorough investigation to determine if hypoglycemic	F 842		

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F 842	Continued From page 13 protocol was followed per standards of practice. During an interview on 10/31/23, at 6:20 p.m. medical director stated it is an expectation that nurses use standing orders and document them in the EMAR of the patient. This is a standard of practice for medication administration. Facility policy titled, Administering Medications, indicates medications are to be administered to the resident in a safe and accurate manner that will ensure the 6 rights of the patient identification for administration. Right resident, right medication, right dose, right time, right route, right documentation. Medications are to be signed out in the electronic record/MAR at the time of medication administration.	F 842		

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically deliveredNovember 3, 2023

Administrator
Saint Anne Extended Healthcare
1347 West Broadway Street
Winona, MN 55987

Re: State Nursing Home Licensing Orders
Event ID: NLBT11

Dear Administrator:

The above facility was surveyed on October 30, 2023, through October 31, 2023, 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:

Lisa Krebs, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Rochester District Office
18 Woodlake Drive, Rochester MN, 55904
Email: Lisa.Krebs@state.mn.us
Office (507) 206-2728

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 contact me with any questions regarding this letter.

Sincerely,

Lori Hagen, Compliance Analyst
Federal Enforcement
Health Regulation Division
Minnesota Department of Health
Telephone: 651-201-4306
E-Mail: Lori.Hagen@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00955	A. BUILDING: _____ B. WING _____	10/31/2023

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SAINT ANNE EXTENDED HEALTHCARE	1347 WEST BROADWAY STREET 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 10/30/23,10/31/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction 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 complaints were reviewed. H52336514C (MN00097667) with licensing orders issued at 0575 and 1550. 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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. 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/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. 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		

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2 000	Continued From page 2 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.	2 000		
2 575	MN Rule 4658.0430 Subp. 1 Health Information Management Service Subpart 1. Health information management. A nursing home must maintain health information management services, including clinical records, in accordance with accepted professional standards and practices, federal regulations, and state statutes pertaining to the content of the clinical record, health care data, computerization, confidentiality, retention, and retrieval. For purposes of this part, "health information management" means the collection, analysis, and dissemination of data to support decisions related to: disease prevention and resident care; effectiveness of care; reimbursement and payment; planning, research, and policy analysis; and regulations. This MN Requirement is not met as evidenced by: Based on interview, observation and record review, the facility failed to maintain a complete and accurate medical record for 2 of 2 residents (R1, R2) who required hypoglycemic treatment and management. Findings include R1's quarterly Minimum Data Set (MDS) dated 8/8/23, identified R1 had diagnoses that included, Atrial fibrillation, coronary artery disease, heart	2 575	CORRECTED	11/30/23

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2 575	Continued From page 3 failure and was medically complex. R1's Standing House Orders for Symptom Management, dated and signed by the physician on 7/2/23, included the following orders in the event of hypoglycemia for blood glucose (BG) <70 -Administer 6 ounces of fruit juice, mild or high carbohydrate beverage orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes, if <70 repeat above intervention If after 2 attempts to treat and BG is still <70, notify provider. -If patient is unresponsive or unable to swallow and does not have feeding tube. Administer Glucagon (a hormone that your pancreas makes to help regulate your blood glucose levels)1 milligrams (mg), IM (intramuscular injection is a technique used to deliver a medication deep into the muscles) Repeat BG after 10 minutes; if <70 and patient is still unresponsive, repeat Glucagon dose After giving a second Glucagon dose, if patient is still unresponsive, unless contrary to car plan-call 911 and notify Provider immediately. If BG remains <70 but patient is conscious, initiate interventions for the conscious patient. Once patient is stable recheck BG after 60 minutes -Communicate occurrence of any hypoglycemia event to Provider the next business day. R1's progress note dated 10/10/23 at 4:35 p.m., indicated blood sugar level (BS) of 37. (Blood sugar below 70 milligrams (mg) per deciliter (dL) is considered low.) Orange juice, oral glucose gel and IM Glucagon was administered.	2 575		

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2 575	Continued From page 4 R1's physician order and medication administration record (MAR) dated 10/2023, did not indicate the standing orders were transcribed into the record and did not identify the medications had been administered to R1 according to the standing orders. R2's annual MDS dated 7/18/23, indicated R2 had diagnoses of hypertension, peripheral vascular disease, renal insufficiency, diabetes mellitus and arthritis. R1's Standing House Orders for Symptom Management, dated and signed 7/2/23, indicated in the event of hypoglycemia (BG<70) Administer 6oz. of fruit juice, mild or high carbohydrate beverage orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes, if <70 repeat above intervention If after 2 attempts to treat and BG is still <70, notify provider. If patient is unresponsive or unable to swallow and does not have feeding tube. Administer Glucagon 1mg IM Repeat BG after 10 minutes; if <70 and patient is still unresponsive, repeat Glucagon dose After giving a second Glucagon dose, if patient is still unresponsive, unless contrary to car plan-call 911 and notify Provider immediately. If BG remains <70 but patient is conscious, initiate interventions for the conscious patient. Once patient is stable recheck BG after 60 minutes Communicate occurrence of any hypoglycemia event to Provider the next business day. R2's progress note dated 8/30/23, at 9:58 p.m.	2 575		

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2 575	Continued From page 5 R2 BS dropped to 49mg/dl, resident uneasily aroused when asked to sip on straw for orange juice, she would blow on it. As per standing order to administer Glucagon 1mg via subcutaneous (under the skin injection) in her abdomen. 5 minutes later R2 able to follow command and finished orange juice and cup of chocolate ice cream. BS rechecked at 8:15 p.m. and went up to 117mg/dl. R2's progress note dated 8/31/23, at 8:53 p.m. R2 4:00 p.m. BS was 41/mg/dl. Staff attempted to give orange juice and nurse went to get Glucagon from E-kit. Upon return family member (daughter) was attempting to arouse R2 in her room. RN-B administered 1mg of Glucagon via subcutaneous injection to abdomen. R1's physician order and medication administration record (MAR) dated 10/2023, did not indicate the standing orders were transcribed into the record and did not identify the medications had been administered to R1 according to the standing orders. Further, did not identify recheck of blood sugars and administration of additional treatment according to standing orders. During an interview on 10/31/23, at 2:33 p.m. registered nurse (RN)-B stated she had not put the standing order medications into EHR for R2 as she had not been given the proper training and did not know how to. RN-B stated if the information is not in her progress note she could not remember exact times of when medications and blood sugar checks were completed. During an interview on 10/31/23, at 3:07 p.m. RN-A stated she had not read the facility standing orders but had trusted the other nurse telling her	2 575		

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(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) COMPLETE DATE
2 575	Continued From page 6 what medications to give and what to do. RN-A stated she had not known how to document the standing orders into EHR, so she documented everything in the progress note. RN-A was not able to articulate specific times or amount of medications given. RN-A stated she knew she was supposed to do a triple check before administering any medication but she had not completed it during this event because she trusted the other nurse giving her the medications. During an interview on 10/31/23, at 5:13 p.m. director of nursing (DON) stated she was unable to locate the documentation of the standing orders in R1's and R2's October 2023 MARs. DON indicated it was an expectation that nurses pull standing orders into the EHR and document the medications per policy. DON indicated because of lack of information in the medical record she was unable to complete a thorough investigation to determine if hypoglycemic protocol was followed per standards of practice. During an interview on 10/31/23, at 6:20 p.m. medical director stated it is an expectation that nurses use standing orders and document them in the EMAR of the patient. This is a standard of practice for medication administration. Facility policy titled, Administering Medications, indicates medications are to be administered to the resident in a safe and accurate manner that will ensure the 6 rights of the patient identification for administration. Right resident, right medication, right dose, right time, right route, right documentation. Medications are to be signed out in the electronic record/MAR at the time of medication administration.	2 575		

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	00955	A. BUILDING: _____ B. WING _____	10/31/2023

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2 575	Continued From page 7 SUGGESTED METHOD OF CORRECTION: The DON/designee could review policy and procedures pertaining to documentation standards of practice. DON/designee could educate license nurses on transcription of orders into the health record in addition to standards of documentation. The DON/designee then could develop and implement an auditing system. TIME PERIOD FOR CORRECTION: Twenty One (21) days	2 575		
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 administer hypoglycemic (low blood sugar) treatments and medications in accordance to physician standing orders for 2 out of 2 residents (R1,R2) reviewed for nursing services. Findings include R1's face sheet indicated R1 had diagnoses of rheumatoid arthritis, congestive heart failure (condition in which the heart doesn't pump blood as efficiently as it should), and morbid (severe) obesity.	21550	CORRECTED	11/30/23

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21550	Continued From page 8 R1's Facility Standing House Orders for Symptom Management, revised 5/22, indicated, hypoglycemia blood glucose (BG) (BG<70) Administer 6 ounce (oz). of fruit juice, mild or high carbohydrate beverage orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes, if <70 repeat above intervention If after 2 attempts to treat and BG is still <70, notify provider. If patient is unresponsive or unable to swallow and does not have feeding tube. Administer Glucagon 1 mg IM Repeat BG after 10 minutes; if <70 and patient is still unresponsive, repeat Glucagon dose After giving a second Glucagon dose, if patient is still unresponsive, unless contrary to car plan-call 911 and notify Provider immediately. If BG remains <70 but patient is conscious, initiate interventions for the conscious patient. Once patient is stable recheck BG after 60 minutes Communicate occurrence of any hypoglycemia event to Provider the next business day. R1's progress note dated 10/10/23, at 4:35 p.m. indicated R1 was unresponsive with a blood sugar level (BS) of 37. (Blood sugar below 70 milligrams (mg) per deciliter (mg/dL) is considered low.) Orange Juice, oral glucose gel, intramuscular (IM) Glucagon (a hormone that your pancreas makes to help regulate your blood glucose (sugar) levels) administered. BS was 107 and vital signs stable post medication. In review of R1's progress notes and medication administration record (MAR) in conjunction with standing physician orders it could not be	21550		

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21550	Continued From page 9 ascertained if the physician orders and protocols were followed. It's not evident R1's blood sugar was re-checked after each treatment intervention was implemented to raise the blood sugar. During an interview on 10/31/23, at 3:07 p.m. registered nurse (RN)-A stated on 10/10/23 at around 3:30 p.m. she was informed by nursing assistant (NA)-A that R1 had become unresponsive. RN-A stated she assessed R1 and called on a senior nurse from another floor for help as R1 would not arouse with repeated attempts from staff. RN-A stated the senior nurse directed her to take a blood sugar (BS) on R1 along with her vital signs. RN-A stated the BS was 37 so she pulled R1's hard chart (paper chart) for standing orders. RN-A indicated even though R1 was not responsive, she was still able to swallow so she gave R1 orange juice while waiting for the senior nurse to arrive to the floor. RN-A stated she had not read the standing orders but was giving medications to R1 as the senior nurse instructed. RN-A stated she had given R1 oral and injection hypoglycemic medications during this event. She should have completed a triple check before giving any medications. RN-A stated she did not follow the order because she trusted senior nurse. RN-A indicated she should have followed the unresponsive patient protocol because the resident could have aspirated. RN-A could not remember medication administration times, doses, or when she checked the BS's as she had not charted them. R2 R2's face sheet indicated R2 had diagnoses of type 2 diabetes and stage four chronic kidney disease.	21550		

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21550	Continued From page 10 R2 Facility Standing House Orders for Symptom Management, revised 5/22, indicated, hypoglycemia blood glucose (BG<70) Administer 6 ounces (oz) of fruit juice, milk or other high carbohydrate beverage (e.g., Ensure, Boost) orally or glucose tabs or gel orally or via feeding tube Repeat BG after 10 minutes; if <70, repeat above intervention If after 2 attempts to treat and BG is still <70, notify Provider If patient is unresponsive or unable to swallow and does not have a feeding tube: Administer Glucagon 1 milligram (mg) intramuscular injection (IM) (a technique used to deliver a medication deep into the muscles) Repeat BG after 10 minutes; if <70 and patient still unresponsive, repeat Glucagon dose After giving Glucagon dose, if patient is still unresponsive, unless contrary to advanced care plan-call 911 and notify the Provider immediately If BG remains <70 but patient is conscious, initiate interventions for the conscious patient Once patient is stable, recheck BG after 60 minutes Communicate occurrence of any hypoglycemic event to Provider the next business day R2's progress note dated 8/30/23, at 9:58 p.m. R2 BS dropped to 49 mg/dl. Resident uneasily aroused when asked to sip on straw for orange juice, she would blow on it. As per standing order to administer Glucagon 1 mg via subcutaneous (under the skin injection) in her abdomen. 5 minutes later R2 able to follow command and finished orange juice and cup of chocolate ice cream. BS rechecked at 8:15 p.m. and went up to 117 mg/dl. R2's progress note dated 8/31/23, at 8:53 p.m.	21550		

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21550	Continued From page 11 R2 4:00 p.m. BS was 41/mg/dl. Staff attempted to give orange juice and nurse went to get Glucagon from emergency kit (E-kit.) Upon return family member was attempting to arouse R2 in her room. RN-B administered 1 mg of Glucagon via subcutaneous injection to abdomen. BS rechecked (unable to identify time) and was 38 mg/dl. Family present and indicated if BS does not increase to send to ED. BS retested at 4:20 p.m. and was 62 mg/dl and family indicated to send to ED. At 4:35 p.m. R2 BS was 90 mg/dl but continued to be unresponsive. R2 was sent to ED. In review of R2's record it was not evident the standing orders were followed for Glucagon administration when R2 was given Glucagon subcutaneous in the abdomen. Documentation does not identify the times BS had been rechecked. Additionally, according to the record and according to standing orders a second injection of Glucagon should have been administered, however, was not evident R2 received the second dose. During an interview on 10/31/23 at 2:09 p.m., RN-B indicated on 10/31/23, the day shift nurse reported to her R2 was responsive. When RN-B went and checked R2's BS during the evening it was very low in the 30's and R2 was unresponsive. RN-B stated she was unable to give R2 anything orally and gave her Glucagon subcutaneous (not IM) 1 mg from the E-kit using the standing orders. RN-B stated she documented the medications given from the standing orders in her progress note. She did not know how to transcribe the standing orders into the electronic health record (EHR), so there was no documentation of medication was administered other than the progress note. RN-B	21550		

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21550	Continued From page 12 stated she was unable to give a second Glucagon injection per orders because the emergency kit (E-kit) had only contained two and had not been refilled on 8/30/23. RN-B stated she thought she had told someone to order the replacement for the E-kit but couldn't remember. During an interview on 10/31/23, at 5:13 p.m. director of nursing (DON) stated she was on vacation and not available during the time R1's event but was called by RN-A on 10/10/23 before R1 was sent to the ED. DON stated RN-A had informed her R1 had become unresponsive, RN-A had given her some orange juice, R1 had improved some but was still not at baseline. DON stated she informed RN-A to send R1 to the hospital if it was needed. DON stated she had read the progress notes on 10/10/23 and could see the standing orders had been used but had not identified the orders were transcribed into the EHR. DON stated all nurses are trained to enter standing orders into the EHR. It was an expectation that all medications that are given to residents be transcribed and administration documented on medication administration record. DON stated she was unable to find the medications given from the standing order on 8/30/23, 8/31/23 or 10/10/23 in the EHR. DON stated she was not aware of RN-A not reading the standing orders before giving the medications which was not the practice or the policy of the facility. DON verified both RN-A and RN-B had not followed the house standing orders and any medication used from E-Kit should be ordered and sent from the pharmacy immediately. During an interview on 10/31/23, at 5:42 p.m. medical director stated it would be her expectation that the nurses read and follow the standing orders. She would expect all	21550		

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21550	Continued From page 13 medications given by the staff to be charted in the EMR. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures for pharmacy services, and how medication is ordered, transcribed, delivered and dispensed by the pharmacy. The director of nursing or designee could develop a system to educate staff about pharmacy services and the disposition of the medication. The quality assurance committee could monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days	21550		