DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 31, 2023

Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, MN 55404

RE: CCN: 245266
Cycle Start Date: October 13, 2023

Dear Administrator:

On October 13, 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:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 13, 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 April 13, 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

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Electronically delivered
October 31, 2023

Administrator
Benedictine Health Center Of Minneapolis
618 East 17th Street
Minneapolis, MN 55404

Re: State Nursing Home Licensing Orders
Event ID: NBS611

Dear Administrator:

The above facility was surveyed on October 12, 2023, through October 13, 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:

Terri Ament, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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
	245293	A. BUILDING _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPKINS HEALTH SERVICES	725 SECOND AVENUE SOUTH HOPKINS, MN 55343

(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 9/12/23 through 9/13/23, 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: H52935286C (MN00096285, MN00096609) with a deficiency cited at F554. 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 554 SS=D	Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7) §483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to assess 2 of 3 residents (R1, R2) reviewed for self-administration of medications. Findings include:	F 554	R1 was successfully discharged. R2 has passed away. IDT reviewed all residents for wishes for self-admister medications, using the following criteria. BIMs 13 or greater, ADL-independent and diagnosis.	10/27/23

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

Electronically Signed | 10/06/2023

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 554	Continued From page 1 R1's admission Minimum Data Set (MDS) dated 6/13/23 indicated R1 had moderately impaired cognition. R1's Admission Assessment dated 6/6/23 indicated R1 did not wish to self-administer medications. R1's Provider Orders dated 6/6/23 included metoprolol tartrate (medication to treat high blood pressure and pulse) 12.5 milligrams (mg) two times a day and apixaban (medication to prevent blockage of blood vessels) 5 mg 2 times a day. Both medications to be administered at 8 a.m. and 8 p.m. R1's electronic medical record (EMR) lacked an assessment and provider order for self-administration of medications. R2's quarterly MDS dated 7/16/23 indicated intact cognition. R2's Admission Assessment dated 3/9/23 indicated R2 did not wish to self-administer medications. R2's Provider Orders dated 3/9/23 included metoprolol tartrate 25 mg 2 times a day to be administered at 8 a.m. and 8 p.m. R2's EMR lacked an assessment and provider order for self-administration of medications. On 9/12/23 at 12:47 p.m., R2 was interviewed and stated some of the nurses would leave her medications on the over-the-bed table, and would leave the room before she swallowed the medications. R2 stated sometimes she would fall	F 554	IDT members will review the policy for Medication Self Administration on 10/9/23. IDT met on 10/5/23 to review current residents for self-medication. One resident was identified as able to successfully complete self-medications. The Director of Nursing met with the resident, and he elected not to self-medicate. Nursing staff (RN, LPN, and TMA) were educated 9/13/23 to never leave medications at bedside. Policy for self-medication is sent to nursing staff on 10/9/23 for review and future resource. Residents are assessed on admission, quarterly at care conferences, and PRN for the desire to self-medications. For the resident's desire to self-administer medications to be communicated to the DON/UM/ADON. The Unit Nurse will complete the self-administration assessment. If the assessment determines the resident is safe to self-administer, then we would request MD order to self-administer, then update the car plan to begin setting up resident to self-administer. The DON or designee will complete random weekly audits for 12 consecutive weeks of self-medication initiation. Validation checklists will be reviewed by IDT weekly during Weekly Resident at Risk meeting. Audit records will be reviewed by QAPIfor 3 months or until such a time consistent with substatial compliance has been acheived as determined by the committee.	

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F 554	Continued From page 2	F 554		

asleep before taking the medications, but would wake up in the middle of the night to take them.

On 9/12/23 at 2:32 p.m., R1 stated licensed practical nurse (LPN)-A and some other staff left medications on her table, and left the room before she swallowed the medications. R1 stated At the end of last month, LPN-A left a medication cup with pills in it on her table. She woke up and the medications were on the table and one pill was in her bed. R1 stated she does not want staff leaving the medications on the table because she would fall asleep and not take the medications until the middle of the night. R1 stated she was concerned about missing doses of medications and the effects of taking the medications too close together.

On 9/12/23 at 12:20 p.m., LPN-A stated that staff will leave medications on R1's table and would check back in with R1 to see if the medications have been swallowed. LPN-A stated he might have left medications in R1's room. LPN-A stated staff were to watch residents swallow the medications. If a resident did not want to take the medications at the time the staff approached, the staff were to take the medications back to the medication cart. LPN-A again stated medications were not to be left in the resident's room. LPN-A stated if a resident requested to self-administer medications, an assessment would be completed, and a provider order would be obtained if the resident was appropriate for self-administration. LPN-A confirmed that R1 had not been assessed and did not have a provider order to self-administer medications.

On 9/13/23 at 11:03 a.m., the consultant pharmacist (CP)-A stated apixaban is a

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F 554	Continued From page 3	F 554		

medication used to prevent blood clots. A missed dose could increase risk of blood clots. CP-A stated apixaban doses should be taken no less than eight hours apart to decrease the chance of having too much medication in the body. CP-A stated metoprolol lowers heart rate and blood pressure. A missed dose could lead to a higher blood pressure and faster pulse which could put stress on the body. If doses were taken too close together, a resident might have lower heart rate and blood pressure and decreased energy. CP-A stated with both medications, a resident should be monitored for side effects when doses are taken too close together.

On 9/13/23 at 12:08 p.m., the director of nursing (DON) stated staff were taught to not leave medications at the bedside. If a resident refused medications or wanted to take the medications later, staff were to bring the medications back to medication cart, then bring the medications back when the resident requests. The DON stated apixaban and metoprolol were medications which need some nursing observation. A staff member must watch the resident swallow those medications. If a resident requested to self-administer medications, staff would assess the resident and the medications to discern if self-administration was appropriate. If self-administration was appropriate, a provider order would be obtained. The DON stated R1 and R2 would not be appropriate for medication self-administration.

The facility Medication Self-Administration policy dated 6/01/17 directed residents are not permitted to administer or retain any medication in their room unless their attending physician writes an order for self-administration of the

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F 554	Continued From page 4 medication, and resident is assessed.	F 554		

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	00872	A. BUILDING: _____ B. WING _____	C 09/13/2023

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HOPKINS HEALTH SERVICES	725 SECOND AVENUE SOUTH HOPKINS, MN 55343

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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 9/12/23 through 9/13/23, 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, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed	2 000		

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2 000	Continued From page 1 these orders and identify the date when they will be completed. The following complaints were reviewed: H52935286C (MN00096285, MN00096609) with a licensing order issued at 4658.1325 Subp 4 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		
21565	MN Rule 4658.1325 Subp. 4 Administration of Medications Self Admin Subp. 4. Self-administration. A resident may self-administer medications if the comprehensive resident assessment and comprehensive plan of care as required in parts 4658.0400 and 4658.0405 indicate this practice is safe and there is a written order from the attending physician. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to assess 2 of 3 residents (R1, R2) reviewed for self-administration of medications. Findings include: R1's admission Minimum Data Set (MDS) dated 6/13/23 indicated R1 had moderately impaired cognition. R1's Admission Assessment dated 6/6/23 indicated R1 did not wish to self-administer medications. R1's Provider Orders dated 6/6/23 included metoprolol tartrate (medication to treat high blood pressure and pulse) 12.5 milligrams (mg) two times a day and apixaban (medication to prevent blockage of blood vessels) 5 mg 2 times a day. Both medications to be administered at 8 a.m.	21565	Corrected.	10/27/23

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HOPKINS HEALTH SERVICES	725 SECOND AVENUE SOUTH HOPKINS, MN 55343

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21565	Continued From page 3 and 8 p.m. R1's electronic medical record (EMR) lacked an assessment and provider order for self-administration of medications. R2's quarterly MDS dated 7/16/23 indicated intact cognition. R2's Admission Assessment dated 3/9/23 indicated R2 did not wish to self-administer medications. R2's Provider Orders dated 3/9/23 included metoprolol tartrate 25 mg 2 times a day to be administered at 8 a.m. and 8 p.m. R2's EMR lacked an assessment and provider order for self-administration of medications. On 9/12/23 at 12:47 p.m., R2 was interviewed and stated some of the nurses would leave her medications on the over-the-bed table, and would leave the room before she swallowed the medications. R2 stated sometimes she would fall asleep before taking the medications, but would wake up in the middle of the night to take them. On 9/12/23 at 2:32 p.m., R1 stated licensed practical nurse (LPN)-A and some other staff left medications on her table, and left the room before she swallowed the medications. R1 stated At the end of last month, LPN-A left a medication cup with pills in it on her table. She woke up and the medications were on the table and one pill was in her bed. R1 stated she does not want staff leaving the medications on the table because she would fall asleep and not take the medications until the middle of the night. R1 stated she was concerned about missing doses of medications	21565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00872	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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21565	Continued From page 4 and the effects of taking the medications too close together. On 9/12/23 at 12:20 p.m., LPN-A stated that staff will leave medications on R1's table and would check back in with R1 to see if the medications have been swallowed. LPN-A stated he might have left medications in R1's room. LPN-A stated staff were to watch residents swallow the medications. If a resident did not want to take the medications at the time the staff approached, the staff were to take the medications back to the medication cart. LPN-A again stated medications were not to be left in the resident's room. LPN-A stated if a resident requested to self-administer medications, an assessment would be completed, and a provider order would be obtained if the resident was appropriate for self-administration. LPN-A confirmed that R1 had not been assessed and did not have a provider order to self-administer medications. On 9/13/23 at 11:03 a.m., the consultant pharmacist (CP)-A stated apixaban is a medication used to prevent blood clots. A missed dose could increase risk of blood clots. CP-A stated apixaban doses should be taken no less than eight hours apart to decrease the chance of having too much medication in the body. CP-A stated metoprolol lowers heart rate and blood pressure. A missed dose could lead to a higher blood pressure and faster pulse which could put stress on the body. If doses were taken too close together, a resident might have lower heart rate and blood pressure and decreased energy. CP-A stated with both medications, a resident should be monitored for side effects when doses are taken too close together. On 9/13/23 at 12:08 p.m., the director of nursing	21565		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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21565	Continued From page 5 (DON) stated staff were taught to not leave medications at the bedside. If a resident refused medications or wanted to take the medications later, staff were to bring the medications back to medication cart, then bring the medications back when the resident requests. The DON stated apixaban and metoprolol were medications which need some nursing observation. A staff member must watch the resident swallow those medications. If a resident requested to self-administer medications, staff would assess the resident and the medications to discern if self-administration was appropriate. If self-administration was appropriate, a provider order would be obtained. The DON stated R1 and R2 would not be appropriate for medication self-administration. The facility Medication Self-Administration policy dated 6/01/17 directed residents are not permitted to administer or retain any medication in their room unless their attending physician writes an order for self-administration of the medication, and resident is assessed. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON), or designee, could review applicable policies and procedures to ensure residents' are assessed to determine if medication self-administration was appropriate and provide staff education regarding self-administration of medications. The quality assurance committee could monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21565		