Protecting, Maintaining and Improving the Health of Minnesotans

Office of Health Facility Complaints Investigative Report
PUBLIC

<u>Facility</u>:
Villa St. Vincent
516 Walsh Street
Crookston, MN 56716
Polk County

Report #: H5484014

Date: August 6, 2014

Date of Visit: July 14, 2014
Time of Visit: 10:00 a.m.-3:30 p.m.

By: Jill Hagen, R.N., Special Investigator

Type of Facility:
☒ Nursing Home ☐ HHA ☐ Home Care Provider/Assisted Living
☐ SLF ☐ ICF/IID ☐ Home Care
☐ Hospital ☐ Other: ___________

☒ Facility Self Report ☐ Complaint

Allegation(s): It is alleged that a resident was exploited when the alleged perpetrator (AP) took the resident's narcotic medication for the AP's own use.

An unannounced visit was made at this facility and an investigation was conducted under:

☐ Federal Regulations for Hospital Conditions of Participation (42 CFR, Part 482)
☑ Federal Regulations for Long Term Care Facilities (42 CFR Part 483, subpart B)
☐ Federal Regulations for ICF/IID (42 CFR Part 483, subpart I)
☐ Federal Regulations for HHA (Home Health Agencies) (42 CFR, Part 484)
☐ Federal Regulations for CAH (Critical Access Hospital) (42 CFR, Part 485)
☐ Federal Regulations for EMTALA (42 CFR Part 489)
☐ State Licensing Rules for Boarding Care Homes (MN Rules Chapter 4655)
☑ State Licensing Rules for Nursing Homes (MN Rules Chapter 4658)
☐ State Licensing Rules for Supervised Living Facilities (MN Rules Chapter 4665)
☐ State Licensing Rules for Home Care (MN Rules Chapter 4668)

☐ State Statutes for Maltreatment of Minors (MN Statutes, section 626.556)

☑ State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557)

☑ State Statutes Chapters 144 and 144A

Conclusion:

Minnesota Vulnerable Adults Act (MN 626.557)

Under the Minnesota Vulnerable Adults Act (MN. 626.557):

☐ Abuse ☐ Neglect ☑ Financial Exploitation was:

◉ Substantiated ○ Not Substantiated ○ Inconclusive based on the following information:

Based on a preponderance of evidence the allegation of exploitation did occur when the AP took narcotic medications and non-narcotic medications (amount unknown) that belonged to residents (R) #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10 for the AP's personal use.

R#1 physician's orders included hydrocodone/acetaminophen (Norco) an opioid analgesic 10-325 mg 1 tablet bid (twice a day) and prn as needed for hip and shoulder pain.

R#2's physician's orders included tramadol an atypical opioid analgesic, 1 tablet every 6 hours prn for foot pain and rheumatoid arthritis.

R#3's physician orders included hydrocodone/acetaminophen 5-325 mg 1/2 tablet every 4 hours prn for headache pain.

R#4's physician orders included tramadol 50 mg every 6 hours prn for headache pain.

R#5's physician orders included Tylenol #3(Tylenol with Codeine) 300-30 mg 1 tablet every 4 to 6 hours prn for osteoarthritis pain.

R#6's physician orders included hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for chronic neck and back pain.

R#7's physician orders included tramadol 50 mg ½ tablets every 8 hours prn for osteoarthritis pain.

R#8's physician orders included a Duragesic (fentanyl) patch a potent opioid 25 mcg (micrograms)/hr topically and replaced every 72 hours for osteoarthritis pain.

R#9's physician orders included a fentanyl patch 25 mcg/hr topically and replaced every 72 hours for pain due to osteoporosis and hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid for pain.

R#10's physician orders included a fentanyl patch 12 mcg/hr topically and replaced every 72 hours for pain related to osteoarthritis pain.

Due to concerns with missing hydrocodone tablets, the administrative staff counted R#1's hydrocodone tablets

at the beginning of a shift and one hour later after the AP left the medication room. The AP took two hydrocodone tablets that belonged to R#1. R#1's record established R#1 did not receive hydrocodone at that time. A video camera located in the medication room showed the AP opening the medication cart, removing the medication from a bubble pack, and placing the medications in his shirt pocket. Administrative staff contacted the police and following the police investigation the same day, terminated the AP from employment at the facility.

Interview with the AP established the he admitted to taking hydrocodone from R#1 and other narcotic and non-narcotic medications from additional residents. The AP said he took hydrocodone from R#1, R#3, and R#6, tramadol from R#2, R#4, and R#7, and Tylenol #3 from R#5. In addition, the AP said he removed R#8, R#9, and R#10's fentanyl patches from the resident's upper back, placed the patches on the AP's tongue for approximately 1 hour, and re-placed the patches on the residents. The AP admitted to removing the fentanyl patches from the residents 3 to 4 times a week and taking at least 10 tablets of medications every week for at least 1 year. The AP denied withholding medications from residents when they requested pain medication, however the effects of removing the fentanyl patches from R#8, R#9, and R#10 could not be determined. All three residents' diagnoses included severe cognitive deficits and an inability to communicate their needs to others. The AP said he took the residents medications for his own use.

According to the police report, the AP had procession of 18 pills that the AP identified as belonging to residents of the facility. The medications included tramadol, hydrocodone, Tylenol #3, and Percocet (acetaminophen/oxycodone) a narcotic medication. A urine test obtained from the AP tested positive for opiates and oxycodone.

Interviews with R#1, R#3, and R#5 established they received their pain medications when requested.

Mitigating Factors:

The "mitigating factors" in Minnesota Statutes, section 626.557, subdivision 9c (c) were considered and it was determined that the ☒ individual(s) and/or ☐ facility is responsible for the

☐ Abuse ☐ Neglect ☒ Financial Exploitation. This determination was based on the following:

The facility had policies and procedures in place to govern the handling and control of narcotic medications. The facility provided training to the AP regarding exploitation of vulnerable adults and the consequences of theft from residents.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

Compliance:

Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B) – Compliance Not Met
The requirements under the Federal Regulations for Long Term Care Facilities (42 CFR, Part 483, subpart B), were not met.

Deficiencies are issued on form 2567: ☒ Yes ☐ No If no, specify: ____________

(The 2567 will be available on the MDH website.)

State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) – Compliance Not Met
The requirements under State Licensing Rules for Nursing Homes (MN Rules Chapter 4658) were not met.

State licensing orders were issued: ☒ Yes ☐ No If no, specify: ____________

(State licensing orders will be available on the MDH website.)

State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557) – Compliance Met
The facility was found to be in compliance with State Statutes for Vulnerable Adults Act (MN Statutes, section 626.557). No state licensing orders were issued.

State Statutes Chapters 144 & 144A – Compliance Met
The facility was found to be in compliance with State Statutes for Chapters 144 & 144A. No state licensing orders were issued.

Facility Corrective Action:

The facility took the following corrective action(s):

Definitions:

Minnesota Statutes, section 626.5572, subdivision 19 - Substantiated
"Substantiated" means a preponderance of the evidence shows that an act that meets the definition of maltreatment occurred.

Minnesota Statutes, section 626.5572, subdivision 9 - Financial exploitation
"Financial exploitation" means:

(a) In breach of a fiduciary obligation recognized elsewhere in law, including pertinent regulations, contractual obligations, documented consent by a competent person, or the obligations of a responsible party under section 144.6501, a person:

(1) engages in unauthorized expenditure of funds entrusted to the actor by the vulnerable adult which results or is likely to result in detriment to the vulnerable adult; or

(2) fails to use the financial resources of the vulnerable adult to provide food, clothing, shelter, health care, therapeutic conduct or supervision for the vulnerable adult, and the failure results or is likely to result in detriment to the vulnerable adult.

The Investigation included the following:

Document Review: The following records were reviewed during the investigation:

☒ Medical Records ☐ Care Guide

☒ Medication Administration Records ☐ Treatment Sheets

☒ Facility Incident Reports ☒ Physician Progress Notes

☐ ADL (Activities of Daily Living) Flow Sheets ☒ Laboratory and X-ray Reports

☒ Physician Orders ☐ Social Service Notes

☒ Nurses Notes ☐ Meal Intake Records

☐ Activities Reports ☐ Weight Records

☐ Therapy and/or Ancillary Services Records ☒ Assessments

☐ Skin Assessments ☒ Care Plan Records

Other pertinent medical records:

☐ Hospital Records ☐ Ambulance/Paramedics ☐ Medical Examiner Records ☐ Death Certificate

☒ Police Report

Additional facility records:

☐ Resident/Family Council Minutes
☒ Personnel Records/Background Check, etc.

☒ Staff Time Sheets, Schedules, etc.
☒ Facility In-service Records

☒ Facility Internal Investigation Reports
☒ Facility Policies and Procedures

☐ Call Light Audits
☐ Other, specify: ________

Number of additional resident(s) reviewed: Nine

Were residents selected based on the allegation(s)? (•) Yes ( ) No ( ) N/A Specify: ________

Were resident(s) identified in the allegation(s) present in the facility at the time of the investigation?

(•) Yes ( ) No ( ) N/A Specify: ________

Interviews: The following interviews were conducted during the investigation:

Interview with complainant(s): ( ) Yes ( ) No (•) N/A Specify: Facility self-report, no complainant identified

If unable to contact complainant, attempts were made on:
Date/time: _____ Date/time: _____ Date/time: _____

Interview with family: (•) Yes ( ) No ( ) N/A Specify: Contacted all family members and spoke with all resident's family and/or power of attorney.

Did you interview the resident(s) identified in allegation: ( ) Yes (•) No ( ) N/A Specify: At the time of the on-site visit, resident #1 was the only identified vulnerable adult by the facility.

Did you interview additional residents: (•) Yes ( ) No

Total number of resident interviews: Four

Interview with staff: (•) Yes ( ) No ( ) N/A Specify: ________

Tennessen Warning given as required: (•) Yes ( ) No

Total number of staff interviews: Six

Physician interviewed: ( ) Yes (•) No

Nurse Practitioner interviewed: ○ Yes ◉ No

Interview with Alleged Perpetrator(s): ◉ Yes ○ No ○ N/A Specify: ________

Attempts to contact: Date/time: _____ Date/time: _____ Date/time: _____

If unable to contact was subpoena issued: ○ Yes , date subpoena was issued ________ ○ No

Were contacts made with any of the following:
☐ Emergency personnel ☐ Police Officers ☐ Medical Examiner ☐ Other: Specify ________

Observations were conducted related to:

☐ Wound Care ☒ Medication Pass ☐ Meals

☐ Personal Care ☒ Dignity/Privacy Issues ☐ Restorative Care

☒ Nursing Services ☒ Safety Issues ☒ Facility Tour

☐ Infection Control ☐ Cleanliness ☐ Injury

☒ Use of Equipment ☐ Transfers ☐ Incontinence

☐ Call Light ☒ Other: Documentation/reconciliation of narcotic medications

Was any involved equipment inspected: ○ Yes ○ No ◉ N/A

Was equipment being operated in safe manner: ○ Yes ○ No ◉ N/A

Were photographs taken: ○ Yes ◉ No Specify: ________

xc: Division of Compliance Monitoring - Licensing & Certification
Minnesota Board of Examiners for Nursing Home Administrators
Minnesota Board of Nursing
Crookston City Police Department regarding case #C14001383
Polk County Sherriff Attn: Officer Nathan Nelson regarding case #C14001383
Polk County Attorney regarding case #C14001383
Crookston City Attorney

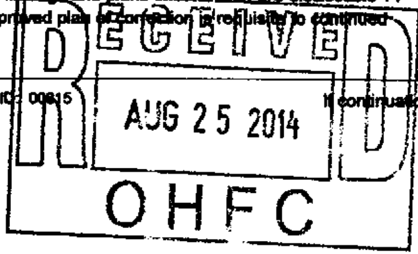
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245484	A. BUILDING ______ B. WING ______	C 07/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

(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 An abbreviated standard survey was conducted to investigate complaint #H5484014. As a result, the following deficiencies are issued.	F 000		
F 428 SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on observation, document review and interview, the consulting pharmacist failed to ensure the facility had a system in place to ensure the receipt of and the reconciliation of narcotic medications for 17 of 32 (R1, R3, R5, R6, R9, R11, R12, R13, R15, R16, R18, R19, R20, R21, R23, and R24) residents that were prescribed schedule III narcotic medications. During the tour of the medication storage room for Station 2-240 on 7/14/2014, at 10:45 a.m. observation was made of trained medication aide (TMA)-A and TMA-B reconciling narcotic medications. TMA-A counted the remaining narcotic medications for each resident while TMA-B ensured the count in the narcotic log book was the same as the remaining number of	F 428	**F428 E: DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON** Consulting pharmacy has ensured the facility has a system in place to ensure the receipt of and the reconciliation of narcotics medications that were and are prescribed schedule III narcotic medications including hydrocodone/acetaminophen and Tylenol #3. For all residents including R1,3,5,6,9,11,12,13,15,16,18,19,20,21,23, and 25. Education has been provided for staff licensed staff and TMA's when applicable on 7/28/14. For other resident who may be affected by this practice controlled III and IV narcotics are counted with med pass and counting and	8/27/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Judith G. Hulst
TITLE: Administrator
(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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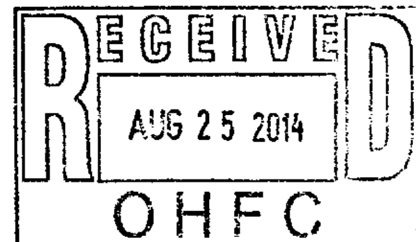
F 428	Continued From page 1 medications. Both TMA-A and TMA-B stated the schedule II narcotic medications were double locked and accounted for in the narcotic log book. Schedule III narcotics were stored in the medication cart in a separate drawer under a single lock with no tracking of the date of receipt and monitoring the disposition of the controlled medications. The schedule III medications included hydrocodone/acetaminophen an opioid analgesic and Tylenol #3 (codeine). Review of the facility's User Report by Drug Class form dated 7/14/2014, revealed the following residents were prescribed the following controlled Schedule III narcotics. R1 received hydrocodone/acetaminophen 10-325 mg 1 tablet bid (twice a day) and prn as needed for pain. R3 receivied hydrocodone/acetaminophen (Norco) 5-325 mg 1/2 tablet every 4 hours prn for pain. R5 received Tylenol #3 300-30 mg 1 tablet every 4 to 6 hours prn for pain. R6 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for pain. R9 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid for pain. R11 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain. R12 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain.	F 428	recording of controlled III and IV medication when received into the facility. Audits will be completed weekly for 6 months and then as needed according to the quality council schedule. A policy and system has been revised to ensure the receipt and reconciliation of all controlled substances brought into the facility. Staff has been educated on revised policy and monitor staff compliance. Findings will be reported to the quality assurance. Audit results will be reported to the QA Committee for review and further recommendations. Upon review, system revisions and/or staff education will be implemented if indicated. Director of Nursing or designee will be responsible for compliance. The Director of Nursing will be responsible for compliance. Date of completion 8/27/14	



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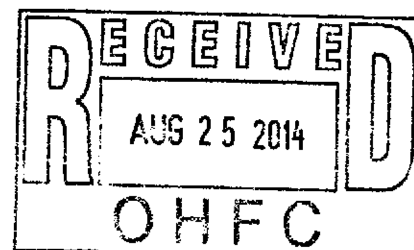
F 428	Continued From page 2 R13 received Tylenol #3 300-30 mg 1 to 2 tablets every 6 hours prn for moderate pain. R15 received hydrocodone/acetaminophen 5-325 mg every 4 hours prn for pain. R16 received hydrocodone/acetaminophen (Norco) 5-325 mg 1 to 2 tablets every 4 hours prn for pain. R17 received hydrocodone/acetaminophen 5-325 mg 1 tablet prn for pain. R18 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain. R19 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 4 hours for pain. R20 received Norco 5-325 mg 1 to 2 tablets every 4 hours prn for pain. R21 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet every 4 hours prn for pain. R23 received hydrocodone/acetaminophen 10-325 mg 1 to 2 tablets every 4 hours prn for pain. R24 receivied Norco 10-325 1 tablet every 4 hours for pain. Interview with the DON on 7/14/2014, at 12:50 p.m. revealed only schedule II narcotics were double locked and recorded in the narcotic book and reconciled by two staff at the end of every shift. There was no facility system or policy to document receipt or reconcile the schedule III narcotics which included Lorcet.	F 428		



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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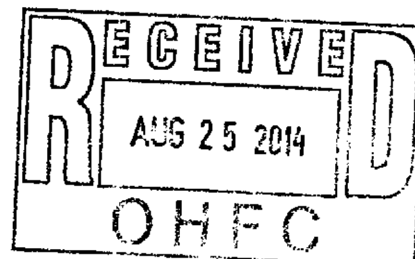
F 428	Continued From page 3 Interview with the consulting pharmacist on 7/23/2014, at 2:48 p.m. revealed the pharmacist thought the facility had a system to document receipt of and reconciliation of all controlled substances including schedule III narcotic medications. The pharmacist indicated the facility needs to have a system to track all narcotic medications. Review of the facility's policy and procedure titled Controlled Substances not dated, stated, "The facility shall comply with requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances...Nursing staff must count controlled II drugs at the end of each shift..." The policy did not address handling, storage, disposal, and documentation of other controlled medications that were subject to abuse such as hydrocodone and Tylenol #3.	F 428		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when	F 431	**F431 E: DRUG RECORDS LABEL/STORE DRUGS AND BIOLOGICALS** Policy has been developed and a system has been implemented to reflect the receipt and disposition of all controlled medications for all residents including R1,3,5,6,11,12,13,15,16,17,18,19,20,21,23, and 24 who have been prescribed narcotic medication including but not limited to hydrocodone/acetaminophen and Tylenol #3.	8/27/14



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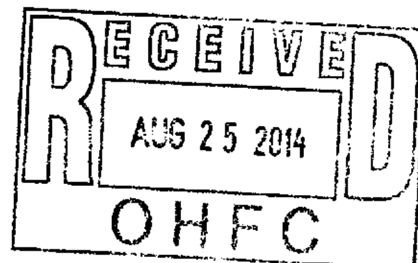
F 431	Continued From page 4 applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, and the facility failed to ensure a policy was developed and a system had been implemented to reflect the receipt and disposition of all controlled medications for 17 of 32 (R1, R3, R5, R6, R9, R11, R12, R13, R15, R16, R17, R18, R19, R20, R21, R23, and R24) residents who were prescribed narcotic medications. Findings include: During the tour of the medication storage room for Station 2-240 on 7/14/2014, at 10:45 a.m. observation was made of trained medication aide (TMA)-A and TMA-B reconciling narcotic medications. TMA-A counted the narcotics while TMA-B checked the narcotic count in the narcotic	F 431	For other resident who may be affected by this practice controlled III and IV narcotics are counted with med pass and counting and recording of controlled III and IV medication when received into the facility. Audits will be completed weekly for 6 months and then as needed according to the quality council schedule. A policy and system has been revised to ensure the receipt and reconciliation of all controlled substances brought into the facility. Staff has been educated on revised policy and monitor staff compliance. Findings will be reported to the quality assurance. Audit results will be reported to the QA Committee for review and further recommendations. Upon review, system revisions and/or staff education will be implemented if indicated.	



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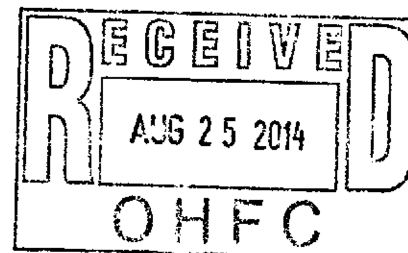
F 431	Continued From page 5 log book. Both TMA-A and TMA-B stated the schedule II narcotic medications were double locked and accounted for in the narcotic log book. Schedule III narcotics were stored in the medication cart in a separate drawer under a single lock and with no documentation of the date of receipt and system to monitor the disposition of the controlled medications. The schedule III medications included hydrocodone/acetaminophen an opioid analgesic and Tylenol #3 (codeine). Review of the facility's User Report by Drug Class form dated 7/14/2014, revealed the following residents were prescribed the following controlled Schedule III narcotics. R1 received hydrocodone/acetaminophen 10-325 mg 1 tablet bid (twice a day) and prn as needed for pain. R3 receivied hydrocodone/acetaminophen (Norco) 5-325 mg 1/2 tablet every 4 hours prn for pain. R5 received Tylenol #3 300-30 mg 1 tablet every 4 to 6 hours prn for pain. R6 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for pain. R9 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid for pain. R11 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain. R12 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain.	F 431	Director of Nursing or designee will be responsible for compliance. The Director of Nursing will be responsible for compliance. Date of completion 8/27/14	



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245484	A. BUILDING ______ B. WING ______	C 07/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

(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 431	Continued From page 6	F 431		

R13 received Tylenol #3 300-30 mg 1 to 2 tablets every 6 hours prn for moderate pain.

R15 received hydrocodone/acetaminophen 5-325 mg every 4 hours prn for pain.

R16 received hydrocodone/acetaminophen (Norco) 5-325 mg 1 to 2 tablets every 4 hours prn for pain.

R17 received hydrocodone/acetaminophen 5-325 mg 1 tablet prn for pain.

R18 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain.

R19 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 4 hours for pain.

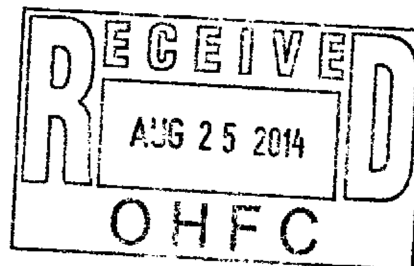
R20 received Norco 5-325 mg 1 to 2 tablets every 4 hours prn for pain.

R21 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet every 4 hours prn for pain.

R23 received hydrocodone/acetaminophen 10-325 mg 1 to 2 tablets every 4 hours prn for pain.

R24 receivied Norco 10-325 1 tablet every 4 hours for pain.

Interview with TMA-B on 7/14/2014, at 11:56 a.m. revealed TMA-B had faxed the pharmacy a reorder for hydrocodone/acetaminophen for R1 on 5/21/2014. R1 had an order for (Lorcet) hydrocodone/acetaminophen 10/650 mg (milligrams) prn as needed for pain. TMA-B



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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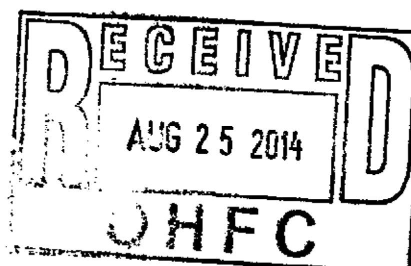
F 431	Continued From page 7 stated she contacted the pharmacy on 5/22/2014, and 5/23/2014, because the Lorcet had not been delivered to the facility. The pharmacy indicated they were waiting for a physician re-order for the medication. When TMA-B returned to work on 5/25/2014 (2 days later), she noticed 7 tablets of the Lorcet had been removed from the medication punch card in 2 days. TMA-B said R1 averaged approximately 1 tablet of the Lorcet every three to four days for breakthrough pain. There was no documentation in R1's medication administration record that R1 had been dispensed 7 tablets of Lorcet in 2 days. Because of the amount of Lorcet unaccounted for, TMA-B reported her findings to the director of nursing (DON). The facility had no policy or system in place to track the date of receipt and to monitor the amount of hydrocodone medication dispensed to R1. Interview with licensed practical nurse (LPN)-C on 7/22/14, at 9:36 a.m. revealed LPN-C took hydrocodone from R1 for his own use over a period of a year. In addition, LPN-C said he took hydrocodone from R6, R11, and R12. Interview with the DON on 7/14/2014, at 12:50 p.m. revealed only schedule II narcotics were double locked and recorded in the narcotic book and reconciled at the end of every shift with two staff. There was no facility system or policy to track the date of receipt or to monitor the amount dispensed to residents of the schedule III narcotics which included Lorcet. Interview with the consulting pharmacist on 7/23/2014, at 2:48 p.m. revealed the pharmacist thought the facility had a system to track receipt of and monitor the disposition of all controlled	F 431		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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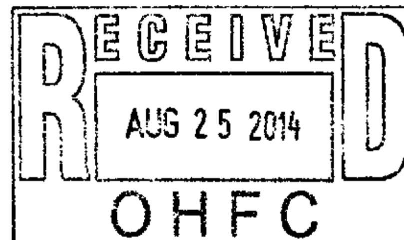
F 431	Continued From page 8 substances including schedule III narcotic medications. The pharmacist indicated the facility needs to have a system to track all narcotic medications. Review of the facility's policy and procedure titled Controlled Substances not dated, stated, "The facility shall comply with requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances...Nursing staff must count controlled II drugs at the end of each shift..." The policy did not address handling, storage, disposal, and documentation of other controlled medications that were subject to abuse such as hydrocodone and Tylenol #3.	F 431		



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00815	A. BUILDING: ______ B. WING ______	C 07/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

(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
2 000	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: A complaint investigation was conducted to investigate complaint #H5484014. The following correction order is issued:	2 000	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.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

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2 000	Continued From page 1	2 000	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 surveyors findings are the Suggested Method of Correction and 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.	
21610	MN Rule 4658.1340 Subp. 1 Medicine Cabinet and Preparation Area;Storage Subpart 1. Storage of drugs. A nursing home must store all drugs in locked compartments under proper temperature controls, and permit only authorized nursing personnel to have access to the keys. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, and the facility failed to ensure a policy was developed and a system had been	21610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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21610	Continued From page 2	21610		

implemented to reflect the receipt and disposition of all controlled medications for 17 of 32 (R1, R3, R5, R6, R9, R11, R12, R13, R15, R16, R17, R18, R19, R20, R21, R23, and R24) residents who were prescribed narcotic medications.

Findings include:

During the tour of the medication storage room for Station 2-240 on 7/14/2014, at 10:45 a.m. observation was made of trained medication aide (TMA)-A and TMA-B reconciling narcotic medications. TMA-A counted the narcotics while TMA-B checked the narcotic count in the narcotic log book. Both TMA-A and TMA-B stated the schedule II narcotic medications were double locked and accounted for in the narcotic log book. Schedule III narcotics were stored in the medication cart in a separate drawer under a single lock and with no documentation of the date of receipt and system to monitor the disposition of the controlled medications. The schedule III medications included hydrocodone/acetaminophen an opioid analgesic and Tylenol #3 (codeine).

Review of the facility's User Report by Drug Class form dated 7/14/2014, revealed the following residents were prescribed the following controlled Schedule III narcotics.

R1 received hydrocodone/acetaminophen 10-325 mg 1 tablet bid (twice a day) and prn as needed for pain.

R3 receivied hydrocodone/acetaminophen (Norco) 5-325 mg 1/2 tablet every 4 hours prn for pain.

R5 received Tylenol #3 300-30 mg 1 tablet every

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VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

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21610	Continued From page 3 4 to 6 hours prn for pain. R6 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for pain. R9 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid for pain. R11 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain. R12 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain. R13 received Tylenol #3 300-30 mg 1 to 2 tablets every 6 hours prn for moderate pain. R15 received hydrocodone/acetaminophen 5-325 mg every 4 hours prn for pain. R16 received hydrocodone/acetaminophen (Norco) 5-325 mg 1 to 2 tablets every 4 hours prn for pain. R17 received hydrocodone/acetaminophen 5-325 mg 1 tablet prn for pain. R18 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain. R19 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 4 hours for pain. R20 received Norco 5-325 mg 1 to 2 tablets every 4 hours prn for pain. R21 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet every 4 hours prn for pain. R23 received hydrocodone/acetaminophen	21610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00815	A. BUILDING: ______ B. WING ______	C 07/23/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	**516 WALSH STREET CROOKSTON, MN 56716**

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21610	Continued From page 4 10-325 mg 1 to 2 tablets every 4 hours prn for pain. R24 receivied Norco 10-325 1 tablet every 4 hours for pain. Interview with TMA-B on 7/14/2014, at 11:56 a.m. revealed TMA-B had faxed the pharmacy a reorder for hydrocodone/acetaminophen for R1 on 5/21/2014. R1 had an order for (Lorcet) hydrocodone/acetaminophen 10/650 mg (milligrams) prn as needed for pain. TMA-B stated she contacted the pharmacy on 5/22/2014, and 5/23/2014, because the Lorcet had not been delivered to the facility. The pharmacy indicated they were waiting for a physician re-order for the medication. When TMA-B returned to work on 5/25/2014 (2 days later), she noticed 7 tablets of the Lorcet had been removed from the medication punch card in 2 days. TMA-B said R1 averaged approximately 1 tablet of the Lorcet every three to four days for breakthrough pain. There was no documentation in R1's medication administration record that R1 had been dispensed 7 tablets of Lorcet in 2 days. Because of the amount of Lorcet unaccounted for, TMA-B reported her findings to the director of nursing (DON). The facility had no policy or system in place to track the date of receipt and to monitor the amount of hydrocodone medication dispensed to R1. Interview with licensed practical nurse (LPN)-C on 7/22/14, at 9:36 a.m. revealed LPN-C took hydrocodone from R1 for his own use over a period of a year. In addition, LPN-C said he took hydrocodone from R6, R11, and R12. Interview with the DON on 7/14/2014, at 12:50 p.m. revealed only schedule II narcotics were	21610		

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21610	Continued From page 5	21610		

double locked and recorded in the narcotic book and reconciled at the end of every shift with two staff. There was no facility system or policy to track the date of receipt or to monitor the amount dispensed to residents of the schedule III narcotics which included Lorcet.

Interview with the consulting pharmacist on 7/23/2014, at 2:48 p.m. revealed the pharmacist thought the facility had a system to track receipt of and monitor the disposition of all controlled substances including schedule III narcotic medications. The pharmacist indicated the facility needs to have a system to track all narcotic medications.

Review of the facility's policy and procedure titled Controlled Substances not dated, stated, "The facility shall comply with requirements related to handling, storage, disposal, and documentation of Schedule II and other controlled substances...Nursing staff must count controlled II drugs at the end of each shift..." The policy did not address handling, storage, disposal, and documentation of other controlled medications that were subject to abuse such as hydrocodone and Tylenol #3.

Suggested Method of Correction: The DON or designee could develop a policy and system to ensure the receipt and reconciliation of all controlled substances brought into the facility. The DON or designee could educate staff on the revised policy and monitor staff compliance. The DON or designee could report the findings to the quality assurance committee.

Time Period for Correction: Thirty (30) days.

Minnesota Department of Health

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	00815	A. BUILDING: ______ B. WING ______	R-C 10/03/2014

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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: A licensing order follow-up was conducted related to complaint #H5484014. As a result, the following licensing order is re-issued.	{2 000}		
{21610}	MN Rule 4658.1340 Subp. 1 Medicine Cabinet and Preparation Area;Storage	{21610}		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{21610}	Continued From page 1 Subpart 1. Storage of drugs. A nursing home must store all drugs in locked compartments under proper temperature controls, and permit only authorized nursing personnel to have access to the keys. This MN Requirement is not met as evidenced by: Based on observation, document review, and interview, and the facility failed to ensure a system had been implemented for the disposition and security of all controlled medications for 16 of 16 (R34, R1, R3, R6, R9, R11, R12, R25, R26, R27, R28, R29, R30, R31, R32, and R33) residents that were prescribed schedule III narcotic medications. Findings include: During the tour of the medication storage room for Station 2-240 on 9/15/2014, at 11:18 a.m. and Station 1-230 at 2:09 p.m. observation was made of the system utilized by the facility for narcotic medication reconciliation and security. Schedule III narcotic medications were documented by two staff when received by the pharmacy with the date of receipt and amount of medication received. Trained medication aide (TMA)-B said the facility used the electronic medication administration record (eMAR) to document the date, time, and amount of schedule III and IV narcotic medications that remained after dispensing the medication to the residents. One staff reconciled the medications in the eMAR. Also, during the tour of the medication room, it was observed that the schedule III narcotic medication hydrocodone/acetaminophen an opioid analgesic was stored in the medication cart with a single not double lock.	{21610}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{21610}	Continued From page 2	{21610}		

During a tour of Station 2-240 on 9/15/2014, at 11:18 a.m. review of R34's eMAR with TMA-B, revealed R34 received Tramadol, a schedule III narcotic, 50 mg (milligrams) 1 tablet prn (as needed). R34's eMAR for 9/10/2014 revealed the Tramadol count was 4 tablets, the next day 4 tablets, and the following day 2 tablets remained when only 1 tablet had been dispensed to R34. One tablet of Tramadol was not accounted for with the current tracking system using the eMAR.

Review of the facility's User Report by Drug Class form dated 9/15/2014, revealed the following residents were prescribed the following controlled Schedule II narcotic medications.

R1 received hydrocodone/acetaminophen 10-325 mg 1 tablet bid (twice a day) and prn as needed for pain.

R3 received hydrocodone/acetaminophen (Norco) 5-325 mg 1/2 tablet every 4 hours prn for pain.

R6 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for pain.

R9 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid (twice a day) for pain.

R11 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain.

R12 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain.

R25 received hydrocodone/acetaminophen 5-325 mg 1 to 2 tablets every 6 hours prn for moderate pain.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{21610}	Continued From page 3	{21610}		

Continued From page 3

R26 received hydrocodone/acetaminophen (Norco) 10-325 mg 1 tablet bid for pain.

R27 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain.

R28 received hydrocodone/acetaminophen 5-325 mg 1 tablet bid for pain.

R29 received hydrocodone/acetaminophen 10-325 mg 1 to 2 tablets every 4 hours for pain.

R30 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 6 hours prn for pain.

R31 received hydrocodone/acetaminophen 10-325 mg 1/2 tablet tid (three times a day) and every 8 hours prn for pain.

R32 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 4 hours prn for pain.

R33 received hydrocodone/acetaminophen 5-325 1 tablet every 4 hours for pain.

Interview with the director of nursing (DON) on 9/15/2014, at 3:02 p.m. revealed only schedule II narcotics were double locked, recorded in the narcotic book, and reconciled by two staff at least two times a day. The facility documented the date of receipt and amount of schedule III narcotic medications received by the facility from the pharmacy but did not document when the medication was dispensed to individual residents. In addition, the staff did not reconcile the schedule III narcotics every day and schedule III narcotics were only secured with a single not double lock. Staff had not reported to the DON the incorrect count for R34's Tramadol.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00815	A. BUILDING: ______ B. WING ______	R-C 10/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	**516 WALSH STREET CROOKSTON, MN 56716**

(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
{21610}	Continued From page 4 Interview with the consulting pharmacist on 10/3/2014 at 1:34 p.m. revealed the pharmacist identified that schedule III narcotics should be double locked and reconciled when dispensed to each resident. Review of the facility's policy and procedure titled PRN Medications Charting dated 7/2014, indicated, prn narcotics are hand recorded in the facility's Narcotic Record book along with time dispensed, the count, and signature of staff dispensing the narcotics after the medication was given to the resident. In addition to narcotics being counted with every administration, narcotics are to be counted and recorded by two staff every shift. Review of the facility's policy and procedure titled Controlled Substances with a revision date of 7/15/2014, indicated, "...5. Controlled substances must be stored in the medication room in a locked container separate from the container for any non-controlled medications..."	{21610}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245484	A. BUILDING ____ B. WING ____	R-C 10/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

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{F 000}	INITIAL COMMENTS A Post Certification Revisit (PCR) was completed, to follow up on deficiencies issued related to complaint H5484014. As result, the following deficiencies are re-issued.	{F 000}		
{F 428} SS=E	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon. This REQUIREMENT is not met as evidenced by: Based on observation, document review and interview, the consulting pharmacist failed to ensure the facility had a system for reconciliation and for the security of narcotic medications for 16 of 16 (R34, R1, R3, R6, R9, R11, R12, R25, R26, R27, R28, R29, R30, R31, R32, and R33) residents that were prescribed schedule III narcotic medications. During the tour of the medication storage room for Station 2-240 on 9/15/2014, at 11:18 a.m. and Station 1-230 at 2:09 p.m. observation was made of the system utilized by the facility for narcotic medication reconciliation and security. Schedule III narcotic medications were documented by two staff when received by the pharmacy with the	{F 428}		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	245484	A. BUILDING ____ B. WING ____	R-C 10/03/2014

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VILLA ST VINCENT	516 WALSH STREET CROOKSTON, MN 56716

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{F 428}	Continued From page 1 date of receipt and amount of medication received. Thereafter, the scheduled III narcotic medications were documented on the residents electronic medical record by one staff that had dispensed the medication. The schedule III narcotics were not reconciled at any time by two staff. Also, the schedule III narcotic medication hydrocodone/acetaminophen an opioid analgesic was stored in the medication cart with a single not double lock. During a tour of Station 2-240 on 9/15/2014, at 11:18 a.m. review of R34's electronic medication administration record (eMAR) with trained medication aide (TMA)-B, revealed R34 received Tramadol, a schedule III narcotic medication, 50 mg (milligrams) 1 tablet prn (as needed). R34's eMAR for 9/10/2014 revealed the Tramadol count was 4 tablets, the next day 4 tablets, and the following day 2 tablets remained when only 1 tablet had been dispensed to R34. One tablet of Tramadol was not accounted for with the current tracking system using the eMAR. Review of the facility's User Report by Drug Class form dated 9/15/2014, revealed the following residents were prescribed the following controlled Schedule III narcotics. R1 received hydrocodone/acetaminophen 10-325 mg 1 tablet bid (twice a day) and prn as needed for pain. R3 received hydrocodone/acetaminophen (Norco) 5-325 mg 1/2 tablet every 4 hours prn for pain. R6 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for pain.	{F 428}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245484	A. BUILDING ______ B. WING ______	R-C 10/03/2014

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{F 428}	Continued From page 2	{F 428}		
	R9 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid (twice a day) for pain.			
	R11 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain.			
	R12 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain.			
	R25 received hydrocodone/acetaminophen 5-325 mg 1 to 2 tablets every 6 hours prn for moderate pain.			
	R26 received hydrocodone/acetaminophen (Norco) 10-325 mg 1 tablet bid for pain.			
	R27 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain.			
	R28 received hydrocodone/acetaminophen 5-325 mg 1 tablet bid for pain.			
	R29 received hydrocodone/acetaminophen 10-325 mg 1 to 2 tablets every 4 hours for pain.			
	R30 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 6 hours prn for pain.			
	R31 received hydrocodone/acetaminophen 10-325 mg 1/2 tablet tid (three times a day) and every 8 hours prn for pain.			
	R32 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 4 hours prn for pain.			
	R33 received hydrocodone/acetaminophen 5-325 1 tablet every 4 hours for pain.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 428}	Continued From page 3 Interview with the director of nursing (DON) on 9/15/2014, at 3:02 p.m. revealed only schedule II narcotics were double locked, recorded in the narcotic book, and reconciled by two staff at least two times a day. The facility documented the date of receipt and amount of schedule III narcotic medications received by the facility from the pharmacy. The staff did not reconcile the schedule III narcotics every day and schedule III narcotics were only secured with a single not double lock. Interview with the consulting pharmacist on 10/3/2014 at 1:34 p.m. revealed the pharmacist identified the schedule III narcotics should be double locked and reconciled when dispensed to each resident. Review of the facility's policy and procedure titled PRN Medications Charting dated 7/2014, indicated, prn narcotics are hand recorded in the facility's Narcotic Record book along with time dispensed, the count, and signature of staff dispensing the narcotics after the medication was given to the resident. In addition to narcotics being counted with every administration, narcotics are to be counted and recorded by two staff every shift. Review of the facility's policy and procedure titled Controlled Substances with a revision date of 7/15/2014, indicated, "...5. Controlled substances must be stored in the medication room in a locked container separate from the container for any non-controlled medications..."	{F 428}		
{F 431} SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS	{F 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 431}	Continued From page 4 The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, and the facility failed to ensure a system had been implemented for the disposition	{F 431}		

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{F 431}	Continued From page 5 and security of all controlled medications for 16 of 16 (R34, R1, R3, R6, R9, R11, R12, R25, R26, R27, R28, R29, R30, R31, R32, and R33) residents that were prescribed schedule III narcotic medications. Findings include: During the tour of the medication storage room for Station 2-240 on 9/15/2014, at 11:18 a.m. and Station 1-230 at 2:09 p.m. observation was made of the system utilized by the facility for narcotic medication reconciliation and security. Schedule III narcotic medications were documented by two staff when received by the pharmacy with the date of receipt and amount of medication received. Trained medication aide (TMA)-B said the facility used the electronic medication administration record (eMAR) to document the date, time, and amount of schedule III and IV narcotic medications that remained after dispensing the medication to the residents. One staff reconciled the medications in the eMAR. Also, during the tour of the medication room, it was observed that the schedule III narcotic medication hydrocodone/acetaminophen an opioid analgesic was stored in the medication cart with a single not double lock. During a tour of Station 2-240 on 9/15/2014, at 11:18 a.m. review of R34's eMAR with TMA-B, revealed R34 received Tramadol, a schedule III narcotic, 50 mg (milligrams) 1 tablet prn (as needed). R34's eMAR for 9/10/2014 revealed the Tramadol count was 4 tablets, the next day 4 tablets, and the following day 2 tablets remained when only 1 tablet had been dispensed to R34. One tablet of Tramadol was not accounted for with the current tracking system using the eMAR.	{F 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 431}	Continued From page 6 Review of the facility's User Report by Drug Class form dated 9/15/2014, revealed the following residents were prescribed the following controlled Schedule III narcotic medications. R1 received hydrocodone/acetaminophen 10-325 mg 1 tablet bid (twice a day) and prn as needed for pain. R3 received hydrocodone/acetaminophen (Norco) 5-325 mg 1/2 tablet every 4 hours prn for pain. R6 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 4 hours prn for pain. R9 received hydrocodone/acetaminophen 5-325 mg 1/2 tablet bid (twice a day) for pain. R11 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain. R12 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 8 hours prn for pain. R25 received hydrocodone/acetaminophen 5-325 mg 1 to 2 tablets every 6 hours prn for moderate pain. R26 received hydrocodone/acetaminophen (Norco) 10-325 mg 1 tablet bid for pain. R27 received hydrocodone/acetaminophen 5-325 mg 1 tablet every 6 hours prn for pain. R28 received hydrocodone/acetaminophen 5-325 mg 1 tablet bid for pain.	{F 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 431}	Continued From page 7 R29 received hydrocodone/acetaminophen 10-325 mg 1 to 2 tablets every 4 hours for pain. R30 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 6 hours prn for pain. R31 received hydrocodone/acetaminophen 10-325 mg 1/2 tablet tid (three times a day) and every 8 hours prn for pain. R32 received hydrocodone/acetaminophen 10-325 mg 1 tablet every 4 hours prn for pain. R33 received hydrocodone/acetaminophen 5-325 1 tablet every 4 hours for pain. Interview with the director of nursing (DON) on 9/15/2014, at 3:02 p.m. revealed only schedule II narcotics were double locked, recorded in the narcotic book, and reconciled by two staff at least two times a day. The facility documented the date of receipt and amount of schedule III narcotic medications received by the facility from the pharmacy but did not document when the medication was dispensed to individual residents. In addition, the staff did not reconcile the schedule III narcotics every day and schedule III narcotics were only secured with a single not double lock. Staff had not reported to the DON the incorrect count for R34's Tramadol. Interview with the consulting pharmacist on 10/3/2014 at 1:34 p.m. revealed the pharmacist identified that schedule III narcotics should be double locked and reconciled when dispensed to each resident. Review of the facility's policy and procedure titled PRN Medications Charting dated 7/2014,	{F 431}		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{F 431}	Continued From page 8 indicated, prn narcotics are hand recorded in the facility's Narcotic Record book along with time dispensed, the count, and signature of staff dispensing the narcotics after the medication was given to the resident. In addition to narcotics being counted with every administration, narcotics are to be counted and recorded by two staff every shift. Review of the facility's policy and procedure titled Controlled Substances with a revision date of 7/15/2014, indicated, "...5. Controlled substances must be stored in the medication room in a locked container separate from the container for any non-controlled medications..."	{F 431}		