



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail robb.chapin@bridgeig.com
Sent via e-mail executivedirector@woodbridgeplace.com
March 4, 2020

Mr. Robert W. Chapin, Jr.
President
Rapps Senior Care, LLC
Attn: Bill Snow
1000 Legion Place, Suite 1600
Orlando, Florida 32801

RE: Woodbridge Place
1191 Rapps Dam Road
Phoenixville, Pennsylvania 19460
License #: 143590

Dear Mr. Chapin:

As a result of the Department's Bureau of Human Services Licensing inspections on June 4, 2019 and August 21, 2019 of the above facility, the violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

Shawn Parker

Shawn Parker
Human Services Licensing Supervisor

Enclosure
Violation Report

Violation Report

Facility Information

Name: WOODBRIDGE PLACE

License Number: 143592

Address: 1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Deb Bodnar

Phone: 4843020005

Email: R.CHAPIN@BRIDGEIG.COM

Legal Entity

Name: RAPPS SENIOR CARE LLC

Address: 1000 LEGION PLACE SUITE 1600, ATTN BILL SNOW, FL, 32801

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 120

Waking Staff: 90

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

06/04/2019 - On-Site: Sabrina Freeman

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125

Residents Served: 86

Secured Dementia Care Unit

In Home: Yes

Area: 1ST FL Memory Care

Capacity: 21

Residents Served: 18

Hospice

Current Residents: NM

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 84

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 34

Have Physical Disability: 0

184a - Labeling OTC/CAM

Regulations

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
1. The resident's name.
 2. The name of the medication.
 3. The date the prescription was issued.
 4. The prescribed dosage and instructions for administration.
 5. The name and title of the prescriber.

Description of Violation

- The pharmacy label for resident #1's Meclizine is one tab orally 3 times a day as needed. However, the medication administration record reads give one tab by mouth as needed. The home did not provide an order for this medication.

- There were three pill cartridges of 50mg of Trazodone in resident #1's medication bill with 3 different order dates:

- Cartridge1 - order date 4/8/19, had a change of directions refer to chart sticker
- Cartridge2 - order date 5/2/19, give 1/4 tab (12.5mg) orally twice a day at 9AM-1PM and 1 tablet orally at bedtime
- Cartridge3 - order date 5/25/19, give 1/2 tablet (25mg) orally twice a day

There were two Trazodone medication administration records:

- Trazodone 50mg give one tab by mouth at bedtime
- Trazodone 50mg give one tablet orally 2 times daily. Give 0.5 tab orally 2 times daily. Give 1/2 tab to equal 25mg by mouth daily

The home did not provide a current medication order for the Trazodone. There was a 5/15/19 discontinue order for the Trazodone, discontinue Trazodone 25mg at 9AM & 50mg at 5PM.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

REFER TO ATTACHMENT

DEB BODNAR, SR. EXECUTIVE
DIRECTOR

Deb Bodnar 7/16/19

184a - Labeling OTC/CAM (continued)

Legal Entity Representative

Deb Bodnar
Signature

DEB BODNAR SR. EXECUTIVE DIRECTOR
Printed Name and Title

7/16/19
Date

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The above plan of correction is approved as of 03-04-2020
(Date)

Plan of correction implementation status as of 03-04-2020
(Date)

The above plan of correction was approved by *SP*
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

2600.184a

Woodbridge Place will ensure that the original container for prescription medications are labeled with a pharmacy label that includes: Resident name, name of medication, date prescription was issued, prescribed dosage and instructions for administration, name and title of prescriber. **Completed: 6/4/2019**

The physician order for resident 1's, Meclizine was investigated. It was determined that the pharmacy label for the initial order for the Meclizine was correct. However, subsequent Meclizine labeling was incorrect and did not include the diagnosis. The Med Techs placed a change of direction sticker on the incorrect Meclizine packages to ensure appropriate follow through with medication administration. At the request of the Southeastern Field Office, this order was emailed to the field office on 6/18/2019. **Attachment: 1.** On 5/15/2019 an order was written to d/c Trazodone dosage. New order noted: Trazodone 25mg po @9am 5pm and 50mg hs. This order was emailed to the Southeastern Field Office on 6/18/2019: **Attachment: 2.**

Medication Tech's and Nursing Staff were inserviced on the immediate storage of medications, documentation of controlled medications and medication reordering. **Completed: 6/17/2019.** **Attachment: 3.** Time was allowed for clarification of all staff questions and concerns. Beginning June 24, 2019, a 3-way med to MAR cart audit was implemented. This audit is completed by the Lead Medication Tech and supervised by the DON. Audit review includes: Review Med Orders, compare current order to EZ Mar system and then comparing verified EZ MAR to the medication. This audit is ongoing. **Attachment 4.**

Audit is conducted 3x/week with outcomes of each audit documented and reviewed by the Director of Nursing. Any identified issues are corrected immediately by the Director of Nursing. Findings from this audit are reviewed at the Quality Assurance Meeting by the Director of Nursing for possible further action/intervention. The next Quality Assurance Meeting is scheduled: July 24, 2019. The Sr. Executive Director will have the responsibility for continued compliance.

DEB Bodwan Sr. Executive Director
Deb Bodwan 7/16/19

185a - Implement Storage Procedures

Regulations

2600. 185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

- Resident #1 is prescribed 150mg of Ranitidine & 0.5mg of Lorazepam as needed. On 6/4/19, the medication(s) were not available in the home.
- On 5/17/19, resident #1's prescribed Oxycodone (60 pills) was reported missing. The medication was delivered on 5/13/19 at 2:17PM and received by staff person A. Staff person A put the narcotic/medication in a Wendy's food bag and gave it to staff person B. Staff person B stated she left the narcotic in the Wendy's bag unlocked in the nurses office. Staff person A and B failed to follow Woodbridge Place Controlled Medication policy. Also resident #1's Oxycodone count sheet could not be found.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

REFER TO ATTACHMENT

Legal Entity Representative

Signature: Deb Bodnar

DEB BODNAR, SR. EXECUTIVE DIRECTOR
Printed Name and Title

7/16/19
Date

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Not Implemented

2600.185a

Woodbridge Place will develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. **Completed: 6/4/2019.**

Physician Orders for Zantac and Ativan verified for resident 1. **Completed: 6/4/2019.** 150mg of Zantac ordered and received from Pharmacy on 6/4/2019. 0.5 mg of Ativan ordered and received from pharmacy on 6/5/2019.

On 5/17/2019, Staff person A and Staff person B were immediately interviewed by the Director of Nursing. Local police contacted and licensing agency notified r/t medication loss. Oxycodone discontinued by the attending physician on 5/21/2019. **Attachment: 5.** Cost credited on Resident Invoice. **Completed: 6/24/2019. Attachment: 6.**

Medication Tech's and Nursing staff were inserviced on the immediate storage of medications, documentation of controlled medications and medication reordering. **Completed: 6/17/2019. Attachment: 7.** Time was allowed for clarification of all staff questions and concerns. Beginning June 24, 2019, a 3-way med to MAR cart audit review was implemented. The audit is completed by the Lead Med Tech and supervised by the Director of Nursing. Audit includes: Review Med Orders, compare current order to EZ Mar system and then comparing verified EZ MAR to the medication. This audit is ongoing. A new pharmacy has been contracted and their starting date is August 15, 2019.

An audit is conducted by the Lead Med Tech 3x/week with outcomes of each audit documented and reviewed by the Director of Nursing. Any identified issues are corrected immediately with the staff person involved. Findings from this audit will be discussed by the Director of Nursing at the Quality Assurance Meeting scheduled on July 24, 2019. The Sr. Executive Director will have the responsibility for continued compliance.

DEB Bodnar, SR Executive Director

Deb Bodnar 7/16/19

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 1. Resident's name.
- 2. Drug allergies.
- 3. Name of medication.
- 4. Strength.
- 5. Dosage form.
- 6. Dose.
- 7. Route of administration.

Description of Violation

Resident #1 is prescribed 325 mg of Acetaminophen as needed. However, the medication was not listed on resident #1's medication administration record.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Legal Entity Representative

Deb Bodnar
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DEB BODNAR SR. EXECUTIVE DIRECTOR
Printed Name and Title

7/16/19
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2600.187a

A medication record shall be kept by Woodbridge Place to include the following for each resident for whom the medications are administered: Resident name, Drug allergies, Name of medication, strength, Dosage form, Dose, Route of Administration. For resident #1, the order for Tylenol 325 mg 2tabs PO q 4 hrs. prn for pain/fever was added to the MAR. **Completed: 6/4/2019.**

Beginning June 24, 2019, a 3-way med to MAR cart audit was implemented. This audit is completed by the Lead Med Tech and supervised by the Director of Nursing. Audit review includes: Review Med Orders, compare current order to EZ Mar system and then comparing verified EZ MAR to the medication. This audit is ongoing. **Attachment 8.**

Medication Tech's and Nursing Staff were inserviced on the immediate storage of medications, documentation of controlled medications and medication reordering. **Completed: 6/17/2019.** **Attachment: 9.** Time was allowed for clarification of all staff questions and concerns. A new pharmacy has been contracted. Starting date for the new pharmacy is August 15, 2019.

An audit is conducted 3x/week by the Lead Med Tech with outcomes of each audit documented and reviewed by the Director of Nursing. Any identified issues are corrected immediately. Findings from this audit will be reviewed by the Director of Nursing at the Quality Assurance Meeting scheduled on July 24, 2019. The Sr. Executive Director will have the responsibility for continued compliance.

DEB Bodman Sr. EXECUTIVE DIRECTOR

Deb Bodman

7/16/19

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 is prescribed 0.5mg of Ativan by mouth daily. On 6/4/19, the medication was not available in the home.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

REFER TO ATTACHMENT

Legal Entity Representative

Deb Bodnar
Signature

DEB BODNAR, SR. EXECUTIVE DIRECTOR
Printed Name and Title

7/16/19
Date

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- Not Implemented

2600.187d

Woodbridge Place will follow the directions of the prescriber. For resident 1, Ativan 0.5 mg was re-ordered and received in the Community on 6/5/2019.

Beginning June 24, 2019, a 3-way med to MAR cart audit review was implemented. The audit is completed by the Lead Med Tech and supervised by the Director of Nursing. Audit includes: Review Med Orders, compare current order to EZ Mar system and then comparing verified EZ MAR to the medication. Any issues identified are corrected immediately. This audit is ongoing. A new pharmacy has been contracted and their starting date is August 15, 2019.

Medication Tech's and Nursing Staff were inserviced on the immediate storage of medications, documentation of controlled medications, following the directions of the prescriber and medication reordering. **Completed: 6/17/2019. Attachment: 10.** Time was allowed for clarification of all staff questions and concerns. A new pharmacy has been contracted. Starting date for the new pharmacy is August 15, 2019.

An audit is conducted 3x/week by the Lead Med Tech with outcomes of each audit documented and reviewed by the Director of Nursing. Any identified issues are corrected immediately. Findings from this audit will be reviewed by the Director of Nursing at the Quality Assurance Meeting scheduled on July 24, 2019. The Sr. Executive Director will have the responsibility for continued compliance.

DEB Bodnar, Sr. Executive Director
Deb Bodnar
7/16/19

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

10. A record of incident reports for the individual resident.

Description of Violation

Resident #1's record does not include the 5/17/19 reportable incident regarding missing narcotics, 60 Oxycodone pills.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

REFER TO ATTACHMENT

Legal Entity Representative

Deb Bodnar

Signature

DEB BODNAR, SR. EXECUTIVE DIRECTOR

Printed Name and Title

7/14/19

Date

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2600.252

On the day of survey, resident 1's incident report was in the Resident's Clinical Record. **Completed: 6/4/2019**

Upon completion of reportable incident documentation and subsequent forwarding to the licensing agency and/or Area Agency on Aging, the DON or Executive Director will continue to file the incident reports in the clinical record. **Completed: 6/4/2019**

The DON or Executive Director will verify that the Reportable Incident Reports are present in the Clinical Record. **Completed: 6/4/2019** The Sr. Executive Director will have the responsibility for continued compliance.

Deb Bodnar Sr Executive Director

Deb Bodnar 7/16/19

Violation Report

Facility Information

Name: WOODBRIDGE PLACE

License Number: 143592

Address: 1191 RAPPS DAM ROAD, PHOENIXVILLE, PA 19460

County: CHESTER

Region: SOUTHEAST

Administrator

Name: Deb Bodnar

Phone: 4843020005

Email: executivedirector@woodbridgeplace.com

Legal Entity

Name: RAPPS SENIOR CARE LLC

Address: 1000 LEGION PLACE SUITE 1600, ATTN BILL SNOW, ORLANDO, FL, 32801

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 131

Waking Staff: 98

Inspection

Type: *Partial*

BHA Docket #:

Notice: *Unannounced*

Reason: POC verification

Inspection Dates and Department Representative

08/21/2019 On-Site: Michele Swisher

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 125

Residents Served: 90

Secured Dementia Care Unit

In Home: Yes

Area: 1st floor

Capacity: 25

Residents Served: 17

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 88

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 41

Have Physical Disability: 0

183d - Prescription Current

Regulations

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On 8/21/19, Cetrizine HCL 10mg prescribed for resident #1, was in the home's 2nd floor medication cart; however, the medication was discontinued on 5/30/2019.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

Woodbridge Place will comply with regulation 183.d and store only current prescription, OTC, sample and CAM in the community. Cetrizine HCL 10mg for resident #1 was immediately removed from the medication cart. **Completed: 8-21-2019.**

All 4 medication carts were audited for expired medications. There were no other issues with expired medications in the medication cart. **Completed: 8-21-2019**

Medication Technicians and Licensed Nursing Staff will be inserviced by a licensed pharmacy representative relative to the importance of removing any expired/outdated or medications for residents no longer in the community from the medication cart. **Complete by end of business week: 10-14-2019.**

A Licensed Staff person/Med Tech will audit the medication cart weekly with the staff person assigned to the Medication Cart. Any issues regarding discontinued, expired or medications for residents no longer living in the community will be corrected with the staff person involved. All issues will be reported to the DON for follow-up and intervention, up to and including termination. Outcomes of this review will be reported to the Quality Assurance Meeting, scheduled for **10-21-2019.**

Legal Entity Representative



Signature

DEB BODNAR Sr. EXECUTIVE DIRECTOR

Printed Name and Title

10-3-19

Date

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The above plan of correction is approved as of 03-04-2020
(Date)

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(Date)

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(Initials)

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- Partially Implemented - Inadequate Progress
- Not Implemented

184a - Labeling OTC/CAM

Regulations

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

The pharmacy label for resident #2's Ondasteron does not include the correct or current prescribed dosage and instructions for administration. On 8/21/19 there was a box of Ondasetron 4mg in the medication cart with a pharmacy label that reads- take 1 tablet under tongue every 8 hours as needed for nausea, however, on 8/6/19 there is a new order to change to Ondasetron 8mg- 1 tablet under tongue every 8 hours as needed for nausea. There is no change in directions label or indication that that there are new directions for administration on the box of 4mg tablets.

Resident #3 is prescribed Trazadone 50mg take 1/2 tablet (25mg) at bed time as needed for insomnia. The label on the medication blister package reads take 1 tablet orally at bedtime (dose = 50mg) and take 1/2 tablet (25mg) orally at bedtime as needed for insomnia. There is no warning label or other indication that the directions for administration has changed for this medication.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

ATTACHES

Legal Entity Representative

Deb Bodnar
Signature

DEB BODNAR, SR EXECUTIVE DIRECTOR
Printed Name and Title

10-3-19
Date

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2600.184a

Woodbridge Place shall comply with regulation 2600.184a and the original container for prescription medications shall be labeled with a pharmacy label containing name of resident, name of medication, date prescription was issued, prescribed dosage, instructions for administration and name and title of prescriber. The 4 mg. of Ondasetron was removed from the medication cart and sent back to the pharmacy. **Completed: 8/21/2019**

All carts were audited for accuracy of med to MAR audits. There were no issues identified during this audit. **Completed: 8/21/2019**

All Medication Techs and Licensed Nursing Staff have been scheduled for a mandatory 1:1 training with a licensed pharmacy representative. Termination will result if staff is non-participatory or cannot pass competencies. Training will encompass lectures, written testing and return demonstrations. Topics will include all documentation, infection control (handwashing), reconciling labels to MAR, change of direction stickers, Rights of Medication Pass and removal of expired medications from medication cart . **Complete by end of business week: 10-14-2019.**

Beginning 10-21-2019, a Registered Nurse will be onsite-weekly to audit medication carts . Any issues identified will be reported to the Nursing Supervisor for correction and subsequent intervention including education and/or disciplinary action up to and including termination. Outcomes of this audit will be discussed by the Wellness Office Coordinator at the Quality Assurance Meeting scheduled for **October 21, 2019.**

Deb Bodnar DEB BODNAN
EXECUTIVE DIRECTOR

10-3-19

187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed Acetaminophen 500mg take 2 tablets three times a day, scheduled for morning, noon and evening. However, this medication was not administered to resident 8/10/19 at noon.

Resident #5 is prescribed Advair Inhaler- 1 puff every 12 hrs, Folic Acid-1mg one daily, Sertraline 50mg- one daily, Thiamine 100mg- one daily, and a Daily Vitamin- one daily all scheduled to be administered in the morning. These medications were not administered on 8/10/19.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

ATTACHED

Legal Entity Representative

Deb Bodnar
Signature

DEB BODNAR Sr. Executive Director 10-3-19
Printed Name and Title Date

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187d

Woodbridge Place will comply with regulation 187 D and follow the directions of the prescriber. The Attending Physician for each resident was notified of the missed administration of medication.

The Medication Technician that was responsible for the administration of medications to resident #4 and #5 was terminated. **Completed: 8/23/2019. Attachment: J**

All Medication Techs and Licensed Nursing Staff have been scheduled for a mandatory 1:1 training with a licensed pharmacy representative. Termination will result if staff is non-participatory or cannot pass competencies. Training will encompass lecture, written test and return demonstration. Topics will include all documentation, infection control (handwashing), reconciling labels to MAR, change of direction stickers, Rights of Medication Pass and removal of expired medications from medication carts. **Complete by end of week 10-14-2019.**

Beginning **10-21-2019**, a Registered Nurse will be onsite-weekly to audit Medication Carts. Audits will include cleanliness (infection control), organization, med to mar audits (labeling). Any issues identified will be reported to the Nursing Supervisor for correction and subsequent intervention. Interventions may include education and/or disciplinary action up to and including termination. In addition, omission reports will be printed 2x daily and reviewed by the Wellness Office Coordinator. Any issues identified by the Wellness Office Coordinator with missed documentation of administered medications will be corrected at end of shift by the Licensed Nurse or Medication Technician involved. Outcomes of this audit will be discussed by the Wellness Office Coordinator at the Quality Assurance Meeting scheduled for **10-21-2019**.

Deb Bodnan DEB BODNAN
Ex. Executive Director

10-3-19