Department of Human Services
Bureau of Human Service Licensing

October 21, 2022

[redacted]
MARIS GROVE INC
500 MARIS GROVE WAY
GLEN MILLS, PA, 19342

RE: MARIS GROVE INC, EVERGREEN POINTE
500 MARIS GROVE WAY
GLEN MILLS, PA, 19342
LICENSE/COC#: 14821

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2022, 09/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
[redacted]

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

Facility Information

Name: *MARIS GROVE INC, EVERGREEN POINTE* **License #:** *14821* **License Expiration:** *07/20/2023*

Address: *500 MARIS GROVE WAY, GLEN MILLS, PA 19342*

County: *DELAWARE* **Region:** *SOUTHEAST*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *MARIS GROVE INC*

Address: *500 MARIS GROVE WAY, GLEN MILLS, PA, 19342*

Phone: [redacted] **Email:** [redacted]

Certificate(s) of Occupancy

Type: *I-2* **Date:** *06/28/2021* **Issued By:** *Concord Township*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff:** *118* **Waking Staff:** *89*

Inspection Information

Type: *Full* **Notice:** *Unannounced* **BHA Docket #:**

Reason: *Renewal, Incident* **Exit Conference Date:** *09/13/2022*

Inspection Dates and Department Representative

09/12/2022 - On-Site: [redacted]

09/13/2022 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *132* **Residents Served:** *74*

Special Care Unit

In Home: *No* **Area:** **Capacity:** **Residents Served:**

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older:** *73*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability:** *0*

Have Mobility Need: *44* **Have Physical Disability:** *1*

Inspections / Reviews

09/12/2022 - Full

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *10/03/2022*

Inspections / Reviews *(continued)*

10/04/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/09/2022*

10/05/2022 - POC Submission

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/15/2022*

10/21/2022 - Document Submission

Reviewer: [redacted] **Follow-Up Type**: *Not Required*

42c Dignity/Respect

1. Requirements

2800.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On [redacted]/2022 between [redacted] PM and [redacted] PM, staff A assisted resident #1 with the night time meds, changing into a night gown, toileting, and putting the resident to bed. During these interactions, staff A yelled at the resident, calling the resident selfish, and handled the resident roughly while putting the resident to bed.

Plan of Correction ***Accept***

Deficiency: 2800.42(c). A resident shall be treated with dignity and respect. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Staff person A was immediately questioned about the interaction [redacted] had with the resident by the Assisted Living Manager, and the Assistant Director of Nursing on [redacted]/22. Staff person A was asked to write a statement, and was subsequently suspended.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Resident's on staff person A's assignment were all interviewed by the Assisted Living Manager on [redacted]/22 and [redacted]/22, to determine if they had any inappropriate interactions with the staff person. Each resident was also educated by the Assisted Living Manager about bringing any care concerns, or other inappropriate actions by staff immediately to the Assisted Living Manager's attention. Additionally, staff will be re-trained on Resident Rights by the Assisted Living Manager or Designee. This training will be completed by October 14, 2022.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

Staff member A's employment was terminated on [redacted]/22.

How will the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

Completion Date: *10/14/2022*

Document Submission ***Implemented***

Deficiency: 2800.42(c). A resident shall be treated with dignity and respect. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the

42c Dignity/Respect (continued)

statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Staff person A was immediately questioned about the interaction [redacted] had with the resident by the Assisted Living Manager, and the Assistant Director of Nursing on [redacted]/22. Staff person A was asked to write a statement, and was subsequently suspended.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Resident's on staff person A's assignment were all interviewed by the Assisted Living Manager on [redacted]/22 and [redacted]/22, to determine if they had any inappropriate interactions with the staff person. Each resident was also educated by the Assisted Living Manager about bringing any care concerns, or other inappropriate actions by staff immediately to the Assisted Living Manager's attention. Additionally, staff will be re-trained on Resident Rights by the Assisted Living Manager or Designee. This training will be completed by October 14, 2022.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

Staff member A's employment was terminated on [redacted]/22.

How will the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

183d Current medications

1. Requirements

2800.
183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence.

Description of Violation

On [redacted]/2022, Tramadol 50 mg, Tramadol 200 mg, Tramadol 300 mg, and Lorazepam 1 mg prescribed for resident #2 were in the residence's narcotics cabinet in the 1st floor Team Room. However, the resident was discharged from the residence on [redacted] 2022.

Plan of Correction ***Accept***

Deficiency: 2800.183(d). Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is

183d Current medications (continued)

prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The resident's Tramadol 200 mg, Tramadol 300 mg, and Lorazepam 1 mg tablet were immediately destroyed upon discovery on [redacted]/22, by the Wellness Manager and LPN. The Wellness Manager conducted an audit of all Narcotic Cabinets the same day to ensure compliance.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Narcotics will be destroyed for each resident upon discharge by a Licensed Nurse.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

Narcotics will be destroyed for each resident upon discharge by a Licensed Nurse.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

Completion Date: *10/14/2022*

Document Submission ***Implemented***

Deficiency: 2800.183(d). Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the residence. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The resident's Tramadol 200 mg, Tramadol 300 mg, and Lorazepam 1 mg tablet were immediately destroyed upon discovery on [redacted]22, by the Wellness Manager and LPN. The Wellness Manager conducted an audit of all Narcotic Cabinets the same day to ensure compliance.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Narcotics will be destroyed for each resident upon discharge by a Licensed Nurse.

What measures will be put into place or what system changes will you make to ensure that the deficient practice

183d Current medications (continued)

does not recur?

Narcotics will be destroyed for each resident upon discharge by a Licensed Nurse.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

183e Storing Medications

1. Requirements

2800.
183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [redacted]/2022, an opened bottle of Artificial Tears was in resident #3's medication cabinet without an open/discard after date. According to the manufacturer's instructions, the eye drop should be discarded 28 days after opening.

Plan of Correction ***Accept***

Deficiency: 2800.183(e). Prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The identified opened bottle of Artificial Tears that did not have the date of open and discard after date was immediately discarded upon discovery on [redacted]22 by the Wellness Manager and a new bottle of Artificial Tears was opened and labeled per the manufacturer's instructions by the Wellness Manager on [redacted]/22.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

An audit of residents using Artificial Tears and/or eye drops will be conducted to ensure that no other residents are identified as being affected by the deficient practice. This audit will be conducted by a Licensed Nurse once a week beginning on October 7, 2022, for two weeks and will be completed by October 14, 2022.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

All Nurses and Certified Medication Administration technicians will be re-educated by the Wellness Manager or Designee on the instructions related to labeling and storage of Artificial tears and eye drops per the Manufacturer's

183e Storing Medications (continued)

instructions. This re-education will be completed by October 14, 2022. All Artificial tears and eye drops will be labeled and dated per regulations. The Wellness Manager or Designee will audit the dating and disposal of Artificial Tears and Eye Drops, starting on October 7, 2022 weekly for the next 4 weeks. This will be monitored monthly thereafter.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.
Completion Date: *10/14/2022*

Document Submission ***Implemented***

Deficiency: 2800.183(e). Prescription medications, OTC medications, and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

The identified opened bottle of Artificial Tears that did not have the date of open and discard after date was immediately discarded upon discovery on [redacted]/22 by the Wellness Manager and a new bottle of Artificial Tears was opened and labeled per the manufacturer's instructions by the Wellness Manager on [redacted]/22.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

An audit of residents using Artificial Tears and/or eye drops will be conducted to ensure that no other residents are identified as being affected by the deficient practice. This audit will be conducted by a Licensed Nurse once a week beginning on October 7, 2022, for two weeks and will be completed by October 14, 2022.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

All Nurses and Certified Medication Administration technicians will be re-educated by the Wellness Manager or Designee on the instructions related to labeling and storage of Artificial tears and eye drops per the Manufacturer's instructions. This re-education will be completed by October 14, 2022. All Artificial tears and eye drops will be labeled and dated per regulations. The Wellness Manager or Designee will audit the dating and disposal of Artificial Tears and Eye Drops, starting on October 7, 2022 weekly for the next 4 weeks. This will be monitored monthly thereafter.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months

183e Storing Medications (continued)

at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

185a Storage procedures

1. Requirements

2800.
185.a. The residence 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

On [redacted]/2022, resident #4's glucometer was not calibrated to correct time. It displayed [redacted] AM when the actual time was [redacted] PM.

The numbers on the resident's September MAR do not match the numbers on the resident's glucometer:

- *[redacted] at [redacted] AM 177 vs. 178*
- *[redacted] at [redacted] AM 243 vs. 248*
- *[redacted] at [redacted]0 AM 189 vs. 280*
- *[redacted] at [redacted] AM 360 vs. 364*
- *[redacted] at [redacted] AM 188 vs. 224*

Resident #2 was prescribed Tramadol 50 mg every 6 hours as needed. The controlled substance log for this medication shows the last sign-out on [redacted]/2022 with a remaining count of 25. However, the blister pack had only 24 pills left. The residence was not able to explain the discrepancy.

Plan of Correction ***Accept***

Deficiency: 2800.185(a). The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Resident #4 was immediately issued a new Glucometer with the correct date and time upon discovery on [redacted]/22 by the Wellness Manager.

Resident #2's prescribed Tramadol 50 mg tablets were immediately destroyed upon discovery on [redacted]/22 by the Wellness Manager and an LPN, as the resident was discharged from the facility on [redacted]/22.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All glucometers will be checked once weekly, beginning on October 7, 2022 for the correct reading, date and time by a Licensed Nurse or Designee. Documentation of these audits will be kept.

Narcotic cabinet audits will be conducted by a Licensed Nurse once weekly, and ongoing thereafter, starting on October 7, 2022. Documentation of these audits will be kept.

What measures will be put into place or what system changes will you make to ensure that the deficient practice

185a Storage procedures (continued)

does not recur?

All medication technicians will be re-educated by the Wellness Manager or Designee on the importance of Glucometer date and time accuracy, and Narcotic administration and management. This re-education will be completed by October 14, 2022.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

Completion Date: *10/14/2022*

Document Submission ***Implemented***

Deficiency: 2800.185(a). The residence shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
Resident #4 was immediately issued a new Glucometer with the correct date and time upon discovery on [redacted]/22 by the Wellness Manager.

Resident #2's prescribed Tramadol 50 mg tablets were immediately destroyed upon discovery on [redacted]/22 by the Wellness Manager and an LPN, as the resident was discharged from the facility on [redacted]22.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All glucometers will be checked once weekly, beginning on October 7, 2022 for the correct reading, date and time by a Licensed Nurse or Designee. Documentation of these audits will be kept.

Narcotic cabinet audits will be conducted by a Licensed Nurse once weekly, and ongoing thereafter, starting on October 7, 2022. Documentation of these audits will be kept.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

All medication technicians will be re-educated by the Wellness Manager or Designee on the importance of Glucometer date and time accuracy, and Narcotic administration and management. This re-education will be completed by October 14, 2022.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

185a Storage procedures (continued)

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

187b Date/time of med admin

1. Requirements

2800.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Hydrocodone-Acetaminophen 10-325 mg daily at bed time and every 6 hours as needed. This medication was not signed out on the narcotics control record at bed time on [redacted]/2022. However, the resident's [redacted] medication administration record (MAR) shows staff initials at [redacted] PM on [redacted]/2022.

Plan of Correction ***Accept***

Deficiency: 2800.187(b) The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Identified employee will be performance managed by the Assisted Living Manager as per [redacted] Living policy.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Narcotic cabinet audits will be conducted by a Licensed Nurse once weekly, and ongoing thereafter, starting on October 7, 2022. Documentation of these audits will be kept.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

All medication technicians will be re-educated on Narcotic Administration and Management by the Wellness Manager or Designee. This re-education will be completed by October 14, 2022.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

Completion Date: *10/14/2022*

Document Submission ***Implemented***

Deficiency: 2800.187(b) The information in subsection (a)(13) and (14) shall be recorded at the time the medication

187b Date/time of med admin (continued)

is administered. Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.
What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Identified employee will be performance managed by the Assisted Living Manager as per [redacted] Living policy.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

Narcotic cabinet audits will be conducted by a Licensed Nurse once weekly, and ongoing thereafter, starting on October 7, 2022. Documentation of these audits will be kept.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?

All medication technicians will be re-educated on Narcotic Administration and Management by the Wellness Manager or Designee. This re-education will be completed by October 14, 2022.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

187d Follow prescriber's orders

1. Requirements

2800.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #4 is prescribed accuchecks once daily in the morning. However, the resident's glucometer had no reading on [redacted]/2022.

Resident #5 is prescribed Hydrocodone-Acetaminophen 10-325 mg daily at [redacted]. This medication was not signed out on the narcotics control record on [redacted]/2022.

Plan of Correction ***Accept***

Deficiency: 2800.187(d) The home shall follow the directions of the Prescriber: Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

187d Follow prescriber's orders (continued)

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Resident #4 – All medication technicians will be re-educated on the importance of Glucometer readings, and date and time accuracy, and Narcotic administration and management by the Wellness Manager or Designee. This re-education will be completed by October 14, 2022.

Resident #5 - Identified employee will be performance managed by the Assisted Living Manager as per [redacted] *Living policy.*

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All glucometers will be checked once weekly and ongoing thereafter for the correct reading, date and time by a Licensed Nurse or Designee beginning on October 7, 2022. Documentation of these audits will be kept.

Narcotic cabinet audits will be conducted by a Licensed Nurse once weekly, and ongoing thereafter starting on October 7, 2022. Documentation of these audits will be kept.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
All medication technicians will be re-educated on the importance of Glucometer readings, and date and time accuracy, and Narcotic administration and management by the Wellness Manager or Designee. This re-education will be completed by October 14, 2022.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.

Completion Date: *10/14/2022*

Document Submission ***Implemented***

Deficiency: 2800.187(d) The home shall follow the directions of the Prescriber: Responses to the cited deficiencies do not constitute an admission of agreement by the facility of the truth of the facts alleged or conclusion set forth in the statement of deficiencies. The plan of correction is prepared solely as a matter of compliance with federal and/or state law.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

Resident #4 – All medication technicians will be re-educated on the importance of Glucometer readings, and date and time accuracy, and Narcotic administration and management by the Wellness Manager or Designee. This re-education will be completed by October 14, 2022.

187d Follow prescriber's orders (continued)

Resident #5 - Identified employee will be performance managed by the Assisted Living Manager as per [redacted] Living policy.

How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?

All glucometers will be checked once weekly and ongoing thereafter for the correct reading, date and time by a Licensed Nurse or Designee beginning on October 7, 2022. Documentation of these audits will be kept.

Narcotic cabinet audits will be conducted by a Licensed Nurse once weekly, and ongoing thereafter starting on October 7, 2022. Documentation of these audits will be kept.

What measures will be put into place or what system changes will you make to ensure that the deficient practice does not recur?
All medication technicians will be re-educated on the importance of Glucometer readings, and date and time accuracy, and Narcotic administration and management by the Wellness Manager or Designee. This re-education will be completed by October 14, 2022.

How the corrective action will be monitored to ensure that the deficient practice will not recur i.e. what quality assurance programs will be established?

Compliance will be monitored by the Assisted Living Manager or Designee, monthly, for three consecutive months at our Quality Assurance Performance Improvement program meetings, starting in October, 2022.