

Electronically Delivered

April 12, 2024

Licensee  
Accessible Space, Inc. 4  
2550 University Avenue, Suite 330N  
Saint Paul, MN 55114

RE: Project Number(s) SL25489012

Dear Licensee:

On March 26, 2024, the Minnesota Department of Health completed a follow-up survey of your agency to determine if orders from the January 5, 2024, survey were corrected. This follow-up survey verified that the agency is in substantial compliance.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter with your organization's Governing Body.

Please feel free to call me with any questions.

Sincerely,



Kelly Thorson, Supervisor  
State Evaluation Team  
Email: [kelly.thorson@state.mn.us](mailto:kelly.thorson@state.mn.us)  
Telephone: 320-223-7336 Fax: 1-866-890-9290

PMB





*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically Delivered

February 13, 2024

Licensee

Accessible Space Inc 4  
2550 University Ave Suite 330N  
Saint Paul, MN 55114

RE: Project Number(s) SL25489012

Dear Licensee:

The Minnesota Department of Health (MDH) completed a survey on January 5, 2024, for the purpose of evaluating and assessing compliance with state licensing statutes. At the time of the survey, MDH noted violations of the laws pursuant to Minnesota Statutes, Chapter 144A and/or Minn. Stat. § 626.5572 and/or Minn. Stat. Chapter 260E.

### **STATE CORRECTION ORDERS**

The enclosed State Form documents the state correction orders. MDH documents state correction orders using federal software. Tag numbers are assigned to Minnesota state statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state statute after the statement, "This MN Requirement is not met as evidenced by . . ."

### **IMPOSITION OF FINES**

In accordance with Minn. Stat. § 144A.474, Subd. 11(a), fines and enforcement actions may be imposed based on the level and scope of the violations and may be imposed immediately with no opportunity to correct the violation first as follows:

Level 1: no fines or enforcement.

Level 2: a fine of \$500 per violation, in addition to any enforcement mechanism authorized in § 144A.475 for widespread violations;

Level 3: a fine of \$3,000 per violation per incident, in addition to any enforcement mechanism authorized in § 144A.475.

Level 4: a fine of \$5,000 per incident, in addition to any enforcement mechanism authorized in § 144A.475.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(5), MDH may impose fine amounts of either \$1,000 or \$5,000 to licensees who are found to be responsible for maltreatment.

MDH may impose a fine of \$1,000 for each substantiated maltreatment violation that consists of abuse, neglect, or financial exploitation according to Minn. Stat. § 626.5572. Subd. 2, 9, 17. MDH also



may impose a fine of \$5,000 for each substantiated maltreatment violation consisting of sexual assault, death, or abuse resulting in serious injury.

In accordance with Minn. Stat. § 144A.474, Subd. 11(a)(6), when a fine is assessed against a agency for substantiated maltreatment, the commissioner shall not also impose an immediate fine under this chapter for the same circumstance.

Therefore, in accordance with Minn. Stat. §§ 144A.43 to 144A.482, the following fines are assessed pursuant to this survey:

**St - 0 - 0265 - 144a.44, Subd. 1(a)(2) - Up-To-Date Plan/accepted Standards Practice- \$3,000.00**

**The total amount you are assessed is \$3,000.00.** You will be invoiced approximately 30 days after receipt of this notice, subject to appeal.

#### **DOCUMENTATION OF ACTION TO COMPLY**

In accordance with Minn. Stat. § 144A.474, Subd. 8(c), the licensee must document actions taken to comply with the correction orders within the time period outlined on the state form; however, plans of correction are not required to be submitted for approval.

The correction order documentation should include the following:

- Identify how the area(s) of noncompliance was corrected related to the client(s)/employee(s) identified in the correction order.
- Identify how the area(s) of noncompliance was corrected for all of the provider's client(s)/employees that may be affected by the noncompliance.
- Identify what changes to your systems and practices were made to ensure compliance with the specific statute(s).

#### **CORRECTION ORDER RECONSIDERATION PROCESS**

In accordance with Minn. Stat. § 144A.474, Subd. 12, you may challenge the correction order issued, including the level and scope, and any fine assessed through the correction order reconsideration process. The request for reconsideration must be in writing and received by MDH within 15 business days of the correction order receipt date.

A state correction order under Minn. Stat. § 144A.44 Subd. 1(14), Free from Maltreatment is associated with a maltreatment determination by the Office of Health Facility Complaints. If maltreatment is substantiated, you will receive a separate letter with the reconsideration process under Minn. Stat. § 626.557.

To submit a reconsideration request, please visit:

**<https://forms.web.health.state.mn.us/form/HRDAppealsForm>**

### **REQUESTING A HEARING**

Alternatively, in accordance with Minn. Stat. § 144A.474, Subd. 11 (g), a home care provider that has been assessed a fine under this subdivision has a right to a reconsideration or a hearing under this section and chapter 14. Pursuant to Minn. Stat. § 144A.475, subd 4 and Subd. 7, a request for a hearing must be in writing and received by MDH within 15 calendar days of the correction order receipt date. The request must contain a brief and plain statement describing each matter or issue contested and any new information you believe constitutes a defense or mitigating factor. To submit a hearing request, please visit <https://forms.web.health.state.mn.us/form/HRDAppealsForm>.

To appeal fines via reconsideration, please follow the procedure outlined above. Please note that you may request a reconsideration or a hearing, but not both. If you wish to contest tags without fines in a reconsideration and tags with the fines at a hearing, please submit two separate appeals forms at the website listed above.

You are encouraged to retain this document for your records. It is your responsibility to share the information contained in the letter and state form with your organization's Governing Body.

If you have any questions, please contact me.

Sincerely,

A handwritten signature in black ink that reads "Kelly Thorson". The signature is written in a cursive, flowing style.

Kelly Thorson, Supervisor

State Evaluation Team

Email: [kelly.thorson@state.mn.us](mailto:kelly.thorson@state.mn.us)

Telephone: 320-223-7336 Fax: 1-866-890-9290

HHH



Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H25489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCESSIBLE SPACE INC 4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2550 UNIVERSITY AVE STE 330N SAINT PAUL, MN 55114</b>
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0 000	<p><b>Initial Comments</b></p> <p>*****ATTENTION*****</p> <p><b>HOME CARE PROVIDER LICENSING CORRECTION ORDER(S)</b></p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, these correction order(s) are issued pursuant to a survey.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements provided at the Statute number indicated below. When Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p><b>INITIAL COMMENTS:</b> SL25489012</p> <p>On January 2, 2024, through January 5, 2024, the Minnesota Department of Health conducted a full survey at the above provider, and the following correction orders are issued. At the time of the survey, there were eight clients receiving services under the provider's comprehensive license.</p> <p>An immediate correction order was identified on January 4, 2024, issued for SL25489012, tag identification 0265, and immediacy was removed as confirmed supervisor review on January 5, 2024, however noncompliance remains at a scope and level of three, widespread (I).</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>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.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2).</p>	
0 265 SS=I	<b>144A.44, Subd. 1(a)(2) Up-To-Date Plan/Accepted Standards Practice</b>	0 265		

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

Minnesota Department of Health

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0 265	<p>Continued From page 1</p> <p>receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed to ensure the care and services were provided according to acceptable health care and medical, or nursing standards for one of one client (C2) who was smoking while utilizing oxygen. This practice resulted in an immediate correction order.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>On January 3, 2024, at 2:00 p.m., surveyors and registered nurse (RN)-A observed C2 sitting on the wheelchair in the garage, C2 was smoking a cigarette while holding his portable oxygen tank. The house was one story home with a attached two car garage. There was a door from the garage to the house. C2 was smoking near the door that entered the house. Surveyor observed two garage doors, one was open and one was closed. C2 stated he knew that he shouldn't be smoking while using oxygen. When surveyor asked the flow rate of oxygen, C2 said he adjusted the flow</p>	0 265		
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0 265	<p>Continued From page 2</p> <p>rate as needed but at the time of the observation, the oxygen flow rate was three (3) liters per minute (LPM).</p> <p>C2's diagnoses included hypertension (high blood pressure), chronic obstructive pulmonary disease (COPD), and type 2 diabetes or high blood glucose.</p> <p>C2's registered nurse (RN) assessment dated December 19, 2023, lacked information regarding smoking.</p> <p>C2's individual abuse prevention plan (IAPP) dated December 19, 2023, lacked information regarding smoking with oxygen.</p> <p>C2's Master Care Plan dated December 19, 2023, indicated C2 required assistance with dressing, bathing, hygiene, grooming, and medication administration. Also, C2's Master Care Plan indicated C2 was independent with oxygen use.</p> <p>On January 3, 2024, at 2:30 p.m., unlicensed personnel (ULP)-B stated he was aware C2 smoked in his room, and they had redirected C2 to smoke outside. ULP-B stated there was a "No Smoking" sign posted on the garage door entering from the house, but they still smoke inside the garage.</p> <p>On January 4, 2024, at 12:40 p.m. RN-A acknowledged C2 was smoking while utilizing the portable oxygen. RN-A acknowledged they did not assess C2 to determine if C2 was safe manage oxygen independently. RN-A stated they provided education about smoking and oxygen use but had not documented in C2's record. RN-A stated he was working on completing smoking</p>	0 265		

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0 265	Continued From page 3  assessments for all clients who smoked. Also, RN-A was not sure if there was a designated area for smoking.  The licensee's "RESIDENT HANDBOOK and HOUSE RULES" revised August, 2020 , indicated "The smoke-free housing policy will prohibit all persons, including residents, staff, guests, and visitors from smoking anywhere in resident units, in the housing community, in any of the common areas or adjoining grounds of the housing community, in any other parts of the housing community, or outside any of the buildings on the property within 25 feet of any exterior entry door or open window."  TIME PERIOD FOR CORRECTION: Immediate	0 265		
0 860 SS=F	144A.4791, Subd. 8 Comprehensive Assessment and Monitoring  (a) When the services being provided are comprehensive home care services, an individualized initial assessment must be conducted in person by a registered nurse. When the services are provided by other licensed health professionals, the assessment must be conducted by the appropriate health professional. This initial assessment must be completed within five days after the date that home care services are first provided. (b) Client monitoring and reassessment must be conducted in the client's home no more than 14 days after the date that home care services are first provided. (c) Ongoing client monitoring and reassessment must be conducted as needed based on changes in the needs of the client and cannot exceed 90	0 860		



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0 860	<p>Continued From page 4</p> <p>days from the last date of the assessment. The monitoring and reassessment may be conducted at the client's residence or through the utilization of telecommunication methods based on practice standards that meet the individual client's needs.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and record review, the licensee failed to conduct ongoing monitoring and reassessment of clients individualized needs, not to exceed 90 days from the last date of an assessment for two of two clients (C1 and C2).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C1 C1 was admitted for comprehensive home care services on February 29, 1980.</p> <p>C1's service plan dated August 1, 2018, indicated C1 received assistance with dressing, bathing, toileting, medication administration, eating assistance, transferring, positioning, housekeeping, and laundry.</p> <p>C1's record included a Clinical Update Assessment completed on September 20, 2023. C1's record lacked additional assessments after September 20, 2023, which indicated 105 days</p>	0 860		



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0 860	<p>Continued From page 5</p> <p>had passed between ongoing monitoring and reassessment of client.</p> <p><b>C2</b> C2 was admitted for comprehensive home care services on November 8, 2022.</p> <p>C2's service plan dated January 5, 2024, indicated C2 received assistance with dressing, bathing, meal preparation, oxygen assistance, housekeeping and laundry.</p> <p>C2's record included a Clinical Update Assessment completed on September 2, 2023, and December 19, 2023, which indicated 108 days passed between ongoing monitoring and reassessment of client.</p> <p>On January 3, 2024, at 11:00 a.m., registered nurse (RN)-A stated the client assessments are late or missing due to the number of assessments they have to complete for other clients, and they had been having some staffing issues.</p> <p>The licensee's Service Plan Development and Revision policy dated November 2, 2022, indicated the RN completes a full individualized initial nursing assessment prior to the initiation of any nursing related home care services whenever possible, but in any case no later than five days after initiation of home care Services. No later than 14 days after the initiation of non- delegated home care services, the RN develops and finalizes an individualized Service plan for the client. The Service plan is based upon the full individualized assessment(s) in a discussion with the client and/or the client's representative about the client's preferences and choices. The service plan is consistent with accepted standards of</p>	0 860		



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0 860	Continued From page 6  practice for professional nursing, therapy or other relevant professional standards. each client Service plan is reviewed by the RN as follows: during each regular client monitoring visit, which occurs at least every 90 days.  No additional information was provided.  TIME PERIOD FOR CORRECTION: Twenty-one (21) days	0 860		
0 865 SS=F	144A.4791, Subd. 9(a-e) Service Plan, Implementation & Revisions  (a) No later than 14 days after the date that home care services are first provided, a home care provider shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided. The service plan must be revised, if needed, based on client review or reassessment under subdivisions 7 and 8. The provider must provide information to the client about changes to the provider's fee for services and how to contact the Office of the Ombudsman for Long-Term Care. (c) The home care provider must implement and provide all services required by the current service plan. (d) The service plan and revised service plan must be entered into the client's record, including notice of a change in a client's fees when applicable. (e) Staff providing home care services must be informed of the current written service plan.	0 865		



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0 865	<p>Continued From page 7</p> <p>This MN Requirement is not met as evidenced by: Based on record review and interview, the licensee failed to ensure a service plan was implemented for one of two clients (C2) and The service plan and any revisions must include a signature or other authentication by the home care provider and by the client or the client's representative documenting agreement on the services to be provided for one of two clients (C1).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p><b>C1</b> C1 was admitted for comprehensive home care services on February 29, 1980.</p> <p>C1's diagnoses included post-polio syndrome and chronic obstructive pulmonary disease (COPD).</p> <p>C1's unsigned Service Plan with effective date of January 02, 2024, included services bathing assistance, continence care -toileting, grooming, meal preparation, eating, transferring, mobility assistance, laundry, housekeeping, medication assistance, and transportation. C1's Service plan lacked signature and was developed after survey was initiated.</p> <p><b>C2</b> C2 was admitted for comprehensive home care</p>	0 865		



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0 865	<p>Continued From page 8</p> <p>services on November 8, 2022.</p> <p>C2's diagnoses included hypertension (high blood pressure), chronic obstructive pulmonary disease (COPD), and type 2 diabetes or high blood glucose.</p> <p>On January 3, 2024, at 2:40 p.m., registered nurse (RN)-A stated he was not sure if C2's service plan was completed within the 14 days, and he was going to follow up with another nurse who use to work at Common house.</p> <p>On January 3, 2024, at 2:40 p.m., RN-A stated there were not updated service plans prior to the survey because he was not working when the clients were admitted.</p> <p>On January 5, 2024, at 11:58 a.m. received email from RN-A and C2's Service Plan with effective date of January 05, 2024, included services of dressing, grooming, transferring, bathing assistance, oxygen monitoring monthly, supervision skin care, safety check three times per day, and medication administration. C2's Service plan was developed after survey was initiated.</p> <p>The licensee's undated "Service Plan" policy revised November 02, 2022, indicated "service plan, based on the individual client's needs and preferences. Except for temporary service plans, each service plan is signed by the RN, the client and/or the client's representative."</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	0 865		



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0 995	Continued From page 9	0 995		
0 995 SS=F	<p><b>144A.4792, Subd. 19 Storage of Medications</b></p> <p>A comprehensive home care provider providing storage of medications outside of the client's private living space must store all prescription medications in securely locked and substantially constructed compartments according to the manufacturer's directions and permit only authorized personnel to have access.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review, the licensee failed to ensure medications were securely locked and permit only authorized personnel to have access for one of two clients (C4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>C4 was admitted for comprehensive home care services on May 21, 1981.</p> <p>C4's Service Plan dated August 1, 2018, indicated C4 received services for medication administration.</p> <p>On January 3, 2024, at 12:15 p.m., the surveyor observed the medication storage cabinet for C4</p>	0 995		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>H25489</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ACCESSIBLE SPACE INC 4</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2550 UNIVERSITY AVE STE 330N SAINT PAUL, MN 55114</b>
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0 995	<p>Continued From page 10</p> <p>which was located in the staff office. The medication storage cabinet had a lock on the outside of the cabinet door, but it was not locked.</p> <p>On January 3, 2024, at 12:15 p.m., registered nurse (RN)-A stated they do not have a key for the lock on the medication storage cabinet but try to keep the office door closed and locked when staff are not in the office. RN-A acknowledged that the office door was left open and unlocked several times that day without staff being in the office which left the medications unsecured from other clients.</p> <p>The licensee's Storage of Medications policy dated November 2, 2022, indicated in the resident's individualized medication management plan, the RN may identify the need for secured storage of the medications within the resident's private living space or in secured storage because of the resident's cognitive status, concerns about medication diversion or other concerns, or for the safety of other residents. When secured storage of the medications is necessary, the RN will identify where the medications will be stored, they will be secured or locked under proper temperature controls and who has access to the medication.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	0 995		
01000 SS=D	<p>144A.4792, Subd. 20 Prescription Drugs</p> <p>A prescription drug, prior to being set up for immediate or later administration, must be kept in the original container in which it was dispensed</p>	01000		



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01000	<p>Continued From page 11</p> <p>by the pharmacy bearing the original prescription label with legible information including the expiration or beyond-use date of a time-dated drug.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the licensee failed ensure expired medications were removed from use for one of one client (C4).</p> <p>This practice resulted in a level two violation (a violation that did not harm a client's health or safety but had the potential to have harmed a client's health or safety) and was issued at an isolated scope (when one or a limited number of clients are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally).</p> <p>The findings include:</p> <p>C4 was admitted for comprehensive home care services on May 21, 1981.</p> <p>C4's Service Plan dated August 1, 2018, indicated C4 received services for medication administration.</p> <p>C4's provider orders dated September 15, 2023, indicated C4 was taking the following medications: -Artificial Tears 1.4% instill one drop into left eye six times daily -atenolol 25 milligrams (mg) one tablet by mouth daily -atorvastatin 10mg one tablet by mouth at bedtime -Ensure chocolate shake drink one bottle daily</p>	01000		

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01000	<p>Continued From page 12</p> <ul style="list-style-type: none"> <li>-Essential One daily take one tablet by mouth daily</li> <li>-famotidine 20mg take one tablet by mouth twice daily</li> <li>-lisinopril 20mg take one tablet by mouth every evening</li> <li>-vitamin C 500mg take one tablet by mouth daily</li> <li>-caldyphen 8-1% lotion apply topically three times daily as needed for itching</li> <li>-ondansetron 4mg take one tablet by mouth daily as needed for nausea/vomiting</li> <li>-sucralfate 1gram/10 milliliters (ml) take 10ml by mouth four times daily as needed for stomach upset</li> </ul> <p>On January 3, 2024, at 12:30 p.m., the surveyor observed the following expired medications in C4's medication storage box:</p> <ul style="list-style-type: none"> <li>-sucralfate 1gram/10 milliliters (ml) expired May 2022</li> <li>-caldyphen lotion8-1% lotion expired May 2023</li> <li>-ketorolac tromethamine 0.5% expired January 2023</li> <li>-Refresh eye drops expired March 2018</li> </ul> <p>On January 3, 2024, at 12:30 p.m., registered nurse (RN)-A stated they did not realize there were expired medications in C4's medication storage box, but they normally wait until there are several medications that need to be destroyed before disposing of medications.</p> <p>The licensee's Medication Management policy dated November 2, 2022, indicated the RN will develop and update as needed specific procedures for the following medications management activities:</p> <ol style="list-style-type: none"> <li>a. Requesting and receiving prescriptions.</li> <li>b. Implementing new prescriptions and updating the client's medication record and medication</li> </ol>	01000		



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01000	<p>Continued From page 13</p> <p>management plan, when necessary;</p> <p>c. Training and determining competency of staff who will provide medication administration or other medication management services;</p> <p>d .Documentation of communications with the prescriber, pharmacist and client and client's representative, if any, and education of clients about their medications</p> <p>e. Documentation of medication set up.</p> <p>f. Preparation and administration of medications and documentation of these activities.</p> <p>g. Controlling and storing medications including controlled substances.</p> <p>h. Medication errors.</p> <p>i. Monitoring and evaluating medication use and reassessing client's medication management services, including when the client has symptoms or other issues that may be medication-related.</p> <p>j. Verifying that prescription drugs are administered as prescribed.</p> <p>k. Disposal of medications, including controlled substances.</p> <p>No further information was provided.</p> <p>TIME PERIOD FOR CORRECTION: Seven (7) days</p>	01000		