

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

PRINTED: 05/23/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 435042	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401		
(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	F 000	On 5/15/24, the "home" medications for R 68 (43 gabapentin, 300 mg capsules and 50 oxycodon, 5 mg tablets) and "home" medications for R 38 (1 hydrocodone, 5 mg acetaminophen 325 mg tablet) were removed from the medication carts and disposed of according to the facility's "LTC Controlled Substances System Standard Policy" and "Pharmaceutical Services Policy" by two RNs.	06/14/2024	
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and	F 755	On 5/15/24, the expired medication for R 55 (box of Ondansetron 4 mg orally disintegrating tablets); the expired medication for R 8 (Ondansetron 8 tablets) and the expired medication for R 29 (bottle of stomach relief) were removed from the medication carts and disposed of according to the facility's "Pharmaceutical Services Policy". For R 55, R 8 and R 29, an incident report was completed, resident/ representative and physician notified that expired medications were administered. No noted negative impact to resident from receiving expired medications On 5/30/24 all of the facility's medication carts were checked for "home" medications, expired medications and narcotics without a controlled substance record form. One expired medication was discovered, removed and disposed of according to facility's "Pharmaceutical Services Policy" by RN. This expired med had not been utilized during expiration period. On 5/30/24 Facility's "Pharmaceutical Services Policy" was reviewed by Director of Nursing (DON) and Administrator. Policy was revised to include that no "home" medications will be allowed in facility unless unobtainable through LTC Pharmacy. It was also revised to include checking all medication carts for expired medications monthly. DON reviewed the "Controlled Substances Policy" and no revisions were necessary. DON scheduled meeting on 6/5/24 to educate licensed nurses and trained medication aides on the revised "Pharmaceutical Services Policy" and "Controlled Substances Policy". All medication carts will be audited monthly by RN for "home" and expired medications. All narcotics will have a controlled substance record form completed, counted every shift and audited weekly x 4 week, then monthly for 5 months. DON will bring all audits to facility's QAPI committee for further recommendations until facility demonstrates sustained compliance.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Paula Henrickson, Administrator 05/31/2024

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 755	<p>Continued From page 1</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, record review, and policy review the provider failed to ensure:</p> <p>*Two of two sampled residents (38 and 68) home narcotic medications had been reconciled and accounted for.</p> <p>*Three of five residents (8, 29, and 55) did not receive expired medications.</p> <p>Findings include:</p> <p>1. Observation and interview on 05/15/24 at 10:31 a.m. with registered nurse (RN) C at the medication cart located on the Dakota unit while reviewing the controlled medication reconciliation process revealed:</p> <p>*The locked controlled medication drawer contained:</p> <p>-Two bottles of resident 68's medications in a biohazard bag.</p> <p>--One bottle contained 43 gabapentin 300 milligrams (mg) capsules.</p> <p>--The second bottle contained 50 oxycodone 5 mg tablets.</p> <p>--The sheet of paper was dated "4/17/24" and contained a handwritten note "Send home with family."</p> <p>*RN C stated the medication had been removed from resident 68's room and placed in the medication cart.</p> <p>*There was no controlled substance record form to confirm the count of the controlled medication.</p> <p>2. Observation on 5/15/24 at 10:59 a.m. with RN D at the medication cart located on the Abby unit while reviewing the controlled medication</p>	F 755	

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F 755	<p>Continued From page 2</p> <p>reconciliation process revealed:</p> <ul style="list-style-type: none"> *The locked controlled medication drawer contained: <ul style="list-style-type: none"> -A home medication bottle with a sheet of paper attached to it with a rubber band. --The bottle contained one hydrocodone 5 mg acetaminophen 325 mg tablet. --The sheet of paper dated "4/19" identified the medication belonging to resident 38 was to have been sent home with family. *There was no controlled substance record form to confirm the count of the controlled medication. <p>3. Interviews on 5/15/24 at 10:35 a.m. and again at 11:05 a.m. with director of nursing (DON) B revealed:</p> <ul style="list-style-type: none"> *A controlled substance sheet should have been started when the medications were found. *Controlled substance medications from home should have been counted to confirm the amounts of those medications each shift. *The medications should have been sent home or destroyed. <p>4. Review of the provider's 4/2024 LTC Controlled Substances -System Standard Policy revealed:</p> <ul style="list-style-type: none"> *"It is the policy of [the provider] to properly acquire, receive, store, administer, track, reconcile, document, and dispose of controlled substances ..." *"To accurately account for and reconcile controlled substances for prompt identification of loss or potential diversion." <p>5. Observation and medication administration record (MAR) review on 5/15/24 at 10:59 a.m. with RN D at the medication cart located on the Abby unit revealed:</p> <ul style="list-style-type: none"> *Resident 55's box of ondansetron 4 mg orally 	F 755		

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F 755	<p>Continued From page 3</p> <p>disintegrating tablets was marked as opened on 9/20/22 and expired on 4/30/24.</p> <p>-The last dose was provided on 5/9/24 at 8:25 a.m.</p> <p>*Resident 8's ondansetron 8 mg tablets that expired on 3/28/24.</p> <p>-The last dose was given on 5/13/24 at 12:40 a.m.</p> <p>6. Observation and MAR review on 5/15/24 at 11:05 a.m. with RN E at the medication cart located on the Boardwalk unit revealed:</p> <p>*Resident 29's bottle of stomach relief opened on 9/9/23 and expired on "1/24".</p> <p>-The last dose was provided on 5/10/24 at 5:18 a.m.</p> <p>7. Interview on 5/16/24 at 11:17 a.m. with DON B revealed she:</p> <p>*Was unaware the above residents had been given expired medications.</p> <p>*Would have expected expired medications to have been removed from the medication cart and sent back to the pharmacy.</p> <p>*Would have expected an incident report to have been completed, and the residents, the residents' family members, and the residents' physician to have been notified that they were given expired medications.</p> <p>8. Review of the provider's 12/2022 Pharmaceutical Services policy revealed:</p> <p>**"Medications having an expiration date will be checked periodically, properly disposed of if the expiration date has been reached, and replaced as indicated."</p>	F 755		

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E 000	Initial Comments A recertification survey for compliance with 42 CFR Part 482, Subpart B, Subsection 483.73, Emergency Preparedness, requirements for Long Term Care facilities was conducted from 5/13/24 through 5/16/24. Avera Mother Joseph Manor Retirement Community was found in compliance.	E 000			

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Paula Henrickson, Administrator **05/31/2024**

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MAY 31 2024

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NAME OF PROVIDER OR SUPPLIER AVERA MOTHER JOSEPH MANOR RETIREMENT COMMUNITY			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted 5/14/24. Avera Mother Joseph Manor Retirement Community Building 1 was found not in compliance with 42 CFR 483.90 (a) requirements for Long Term Care Facilities. The building will meet the requirements of the 2012 LSC for existing health care occupancies and the Fire Safety Evaluation System (FSES) dated 5/16/24. Please mark an F in the completion date column for K241 and K374 deficiencies identified as meeting the FSES.	K 000		
K 241 SS=C	Number of Exits - Story and Compartment CFR(s): NFPA 101 Number of Exits - Story and Compartment Not less than two exits, remote from each other, and accessible from every part of every story are provided for each story. Each smoke compartment shall likewise be provided with two distinct egress paths to exits that do not require the entry into the same adjacent smoke compartment. 18.2.4.1-18.2.4.4, 19.2.4.1-19.2.4.4 This REQUIREMENT is not met as evidenced by: Based on observation and record review, the provider failed to maintain a one-hour, fire-resistive path of egress from the second level to the exterior of the building. Two stair enclosures discharged into the main level corridor system. Findings include:	K 241		F

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K 241	Continued From page 1 1. Observation on 5/14/24 at 11:30 a.m. revealed the east and west second-level stair enclosures discharged into the main level corridor system. A one-hour, fire-resistive path of egress was not provided to the exterior of the building. Review of the previous life safety code survey confirmed that finding.	K 241		
K 374 SS=C	The building meets the FSES. Please mark an "F" in the completion date column to indicate correction of the deficiencies identified in K000. Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based on observation, measurement, and record review, the provider failed to maintain at least 32 inches of clear width for one set of smoke barrier doors (between the 1961 original building and the 1980 addition) opening. Findings include: 1. Observation on 5/14/24 at 1:45 p.m. revealed	K 374		F

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K 374	Continued From page 2 the cross-corridor doors from the 1961 original building and the 1980 addition measured 30 inches in clear width. Review of the previous survey report revealed those doors were part of the original construction. The building meets the FSES. Please mark an "F" in the completion date column to indicate the provider's intent to correct deficiencies identified in K000.	K 374		

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NAME OF PROVIDER OR SUPPLIER avera mother joseph manor retirement community			STREET ADDRESS, CITY, STATE, ZIP CODE 1002 NORTH JAY STREET ABERDEEN, SD 57401	
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/14/24. Avera Mother Joseph Manor Retirement Community Building 2A was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

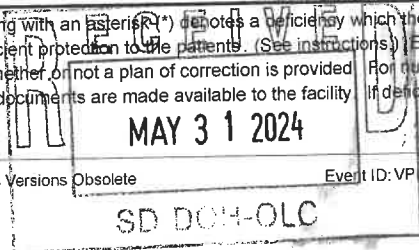
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K 000	INITIAL COMMENTS A recertification survey for compliance with the Life Safety Code (LSC) (2012 existing health care occupancy) was conducted on 5/14/24. Avera Mother Joseph Manor Retirement Community Building 3A, was found in compliance with 42 CFR 483.70 (a) requirements for Long Term Care Facilities.	K 000		

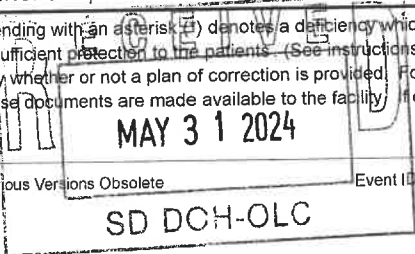
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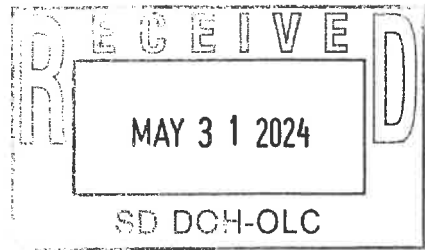
South Dakota Department of Health

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S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:73, Nursing Facilities, was conducted from 5/13/24 through 5/16/24. Avera Mother Joseph Manor Retirement Community was found in compliance.	S 000		
S 000	Compliance/Noncompliance Statement A licensure survey for compliance with the Administrative Rules of South Dakota, Article 44:74, Nurse Aide, requirements for nurse aide training programs, was conducted from 5/13/24 through 5/16/24. Avera Mother Joseph Manor Retirement Community was found in compliance.	S 000		

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Paula Henrickson, Administrator **05/31/2024**



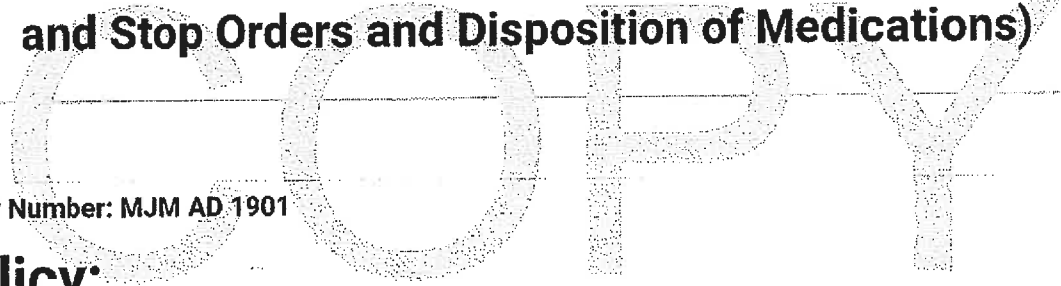
Status **Pending** PolicyStat ID **15937856**



Origination 08/2009
 Last Approved N/A
 Effective Upon Approval
 Last Revised 05/2024
 Next Review 2 years after approval

Owner Karla May:
 Director - Nursing Services [LTC]
 Area LTC- Nursing- Pharmacy Management
 Applicability Avera St. Luke's Hospital
 References N/A

Pharmaceutical Services (Supply, Administration of Medication, Storage of Medication, Controlled Substances, and Stop Orders and Disposition of Medications)



Policy Number: MJM AD 1901

Policy:

The residents of Avera Mother Joseph Manor participate in the drug dispensing system which is professionally managed for the facility by Avera Long Term Care Pharmacy. Medications will be delivered to Avera Mother Joseph Manor daily or as required. Medications will be delivered as needed from other pharmacies. Medications will be available on an emergency basis through Avera Long Term Care Pharmacy.

An emergency medication dispensing system (Nexsys), approved by LTC Pharmacy, the Medical Director, LTC Consulting Pharmacist and the Director of Nursing will be available.

Administration of Medication

1. Medications are prepared, administered, and recorded only by Licensed Nursing, Medication Aides, Pharmacy, or other personnel authorized by state laws and regulations to administer medications.
2. Point of Care bar code scanning of medication to be administered will be utilized where available. The following exceptions will allow for manual administration: In the case of emergency when a delay in administration has a high probability of adversely affecting the Residents condition. This may include, but is not limited to a Code Blue, altered level of

consciousness or any condition that requires emergent action. Equipment failure which could include MEDITECH downtime, PC and/or scanner malfunction, or inability of scanner to recognize a barcode.

3. Only the licensed or legally authorized personnel who prepares a medication may administer it. Once it is administered, this individual will record the administration on the Residents MAR.
4. All medications administered to residents will be ordered by the resident's attending physician or covering Physician. Verbal orders are taken by a Licensed Nurse and will be reduced to writing and signed by the nurse and countersigned by the physician.
5. Medications are administered at the time they are prepared
6. Medication prescribed for one resident will not be administered to any other person.
7. Self-administration of medication by residents is not permitted, except by special order of the attending physician and an assessment of the Resident.
8. Medication error and drug reactions will be reported to the resident's attending physician and an entry thereof made in the resident's Clinical Record as well as the Notifications Report.
9. When administering Medications, assure the correct medication is administered in the correct dose, in accordance with the manufacturer's specifications and with standards of practice, to the correct person by the correct route in the in the correct dosage form and at the correct time.
10. If safe to do so, Medications may be crushed with a Physician order.
11. When administering PRN Medication, documentation should include the complaint or symptom for which the medication was given and if results were achieved from the dose given.

Storage of Medication

1. The resident's medication shall be stored in the locked medication cart, in a cabinet in the locked medication room or in the locked medication refrigerator.
2. Only nurses and medication aides will have access to medication room keys and/or door codes. Medication rooms and carts are locked when not attended by persons with authorized access. If other departmental staff need access to the medication room, such as maintenance or housekeeping, a nurse or med aide will unlock the room and visually monitor the medication room access until the task is completed by other departments. In the event housekeeping or maintenance need extended access to the medication room, nursing will ensure all over the counter and prescription medications are contained and locked in cabinet(s), medication cart and refrigerator.
3. All medication room door lock codes will be changed annually.
4. The medication of each resident will be stored in a pharmacy dispensed and/or labeled container.
5. With the exception of Medications unattainable by the dispensing Pharmacy, medications from home are not accepted for use in the facility due to the inability to assure previous storage methods, infection control and identification. If home meds are used, the medication will be authenticated by the Pharmacist prior to use.

- a. Medication is not repackaged, and is dispensed by nursing in original container.
 - b. If home med is a narcotic, it will be stored, administered, tracked, reconciled, documented and disposed of per controlled substance policy.
6. If home medications are found or left in the facility, they will be destroyed per facility policy.
 7. Medication having soiled, damaged, incomplete, illegible or makeshift labels shall be returned to the issuing pharmacy for relabeling or disposal.
 8. Medications requiring refrigeration will be kept in a medication only designated refrigerator in the medication room.
 9. Medications for "external use only" will be kept separate from other medications.
 10. Medications having an expiration date will be checked Monthly, properly disposed of if the expiration date has been reached, and will be replaced as indicated.

Disposition of Medications

1. Destruction of controlled substances will be done at Avera Mother Joseph Manor. It will be observed and documented in the resident's medical record by both the Pharmacist and Director of Nursing.
2. Discontinued medications which are non-controlled substances will be returned to the pharmacy for destruction or placed in the Black Box. The returned medications will be documented on the Medication Disposition sheet of the resident's medical record and this documentation will include:
 - a. The name of the medication
 - b. The quantity of medication returning to pharmacy
 - c. The signature of the Charge Nurse and date
 - d. The co-signature of the 2nd Professional person
3. Only bulk medication will be sent with the resident upon transfer from the facility upon authorization from the attending physician. In the event such authority is not given, the medication will be disposed of in the manner prescribed above.

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

Approval Signatures

Step Description	Approver	Date
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Paula Henrickson: CEO /
Administrator [LTC]

Pending

Karla May: Director - Nursing
Services [LTC]

05/2024

COPY

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Owner Deborah Paauw:
Executive
Director - Quality
Initiatives
Area LTC- Nursing
Applicability Avera Regional
Hospitals and
Owned Senior
Services

LTC Controlled Substances-System Standard Policy

Policy

It is the policy of Avera to properly acquire, receive, store, administer, track, reconcile, document, and dispose of controlled substances consistent with State and federal guidelines

Purposes

- A. To provide pharmaceutical services to meet the needs of each resident
- B. To accurately account for and reconcile controlled substances for prompt identification of loss or potential diversion
- C. To educate nurses to identify discrepancies and the need for reconciliation and accountability.
- D. To provide a system that oversees that controlled substances are acquired, handled, administered, reconciled, stored, and disposed of properly.
- E. To assure proper record-keeping for controlled substances.

Procedure

- A. Delivery of controlled substances from the pharmacy
 1. An invoice accompanies all orders for controlled substances.
 2. Upon delivery, verify the name of the medication, strength, the number or amount of medication received and resident name
 3. The invoice is to be signed by the licensed nurse receiving the order and responsible for the controlled substances on that shift.

4. The controlled substance will be recorded on the controlled substance log and secure. Record keeping

B. Record Keeping

1. Log all controlled substances on Resident's Controlled Substance Record form.
 2. Document the Rx number, resident's name, delivery date, medication name, strength, dosage frequency, and quantity on the Individual Resident's Controlled Substance Record form
- C. Place controlled substance(s) received from the pharmacy in a locked storage area with limited staff access. CII meds will be maintained in a separately locked permanent affixed compartment. Schedule III, IV, V may be stored in a separate locked container or may be integrated with other medications as long as there is a system for accountable tracking (punch cards).
- D. Access to controlled substances are not available to other facility nurses, pharmacists, and medical personnel.
- E. One authorized person going off duty and one authorized person coming on duty must count and reconcile the accuracy of controlled substance supply for each resident and the facility at the shift change.
- F. Controlled substance records are reconciled by a physical count of the remaining controlled substance supply at the change of each shift by the incoming and outgoing licensed nurse/designee. Controlled substance keys will be reconciled at the same time.
- G. Controlled substance records are retained based on the facility policy and procedure.
- H. Emergency kits containing controlled substances will be checked simultaneously. If automated medication dispensing unit used, will follow the specific policy for the unit.
- I. After the supply is counted and reconciled, each nurse must record the date and signature, verifying that the count is correct.
- J. If the count is inaccurate, the authorized person going off duty must remain on duty until the count is reconciled or the nursing supervisor approves leaving the facility.
- K. Discrepancies found at any time (change of shift, exchange of keys, or other) must be immediately reported to the Director of Nursing.
- L. The Director of Nursing will initiate an investigation to determine the cause of inaccuracy and contact the pharmacist for assistance per facility policy.
- M. Responsibility of Securing the Controlled Substance Key:
1. After the controlled substances count is reconciled, the nurse going off duty surrenders the controlled substances key to the coming on-duty nurse.
 2. The controlled substances key is to be always on the authorized licensed person
 3. If authorized personnel take the key out of the facility, the employee will be contacted and instructed to return the key immediately.
 4. The employee who left the facility with the key must report to the Director of Nursing or designee.

NOTE: The controlled substance supply of medication is always secured with two locks. (With the exception of medications that are part of a single unit package system when the supply is minimal and there is ability to detect a shortage promptly. The locks on the medication cart and the narcotic drawer are always secured.

The medication room must be always locked to secure medications. Controlled substances stored in the medication room must also be stored in a locked cupboard or locked box attached to the counter or in the refrigerator.

Discrepancies

- A. If a count discrepancy occurs in the change of shift verification, an investigation is conducted immediately to determine the reason for the discrepancy or error.
- B. If the count cannot be reconciled, notify the Director of Nursing Services
- C. Request that the nurse associated with the administration of medication not leave the facility until an investigation of reconciling the discrepancy is completed
- D. The Director of Nurses, Administrator, and or designee may allow the staff person involved to leave the facility.
- E. If the count cannot be reconciled, an incident form is completed.
- F. Notify the Medical Director and the consultant pharmacist of the medication discrepancy.
- G. If the discrepancy is significant and/or diversion is suspected, the Director of Nursing and Pharmacy Consultant will contact local law enforcement to assist in the investigation.
- H. Facility will follow F609, reporting of a crime if diversion is strongly suspected or confirmed during the investigation

Disposition & Disposal of Controlled Substances

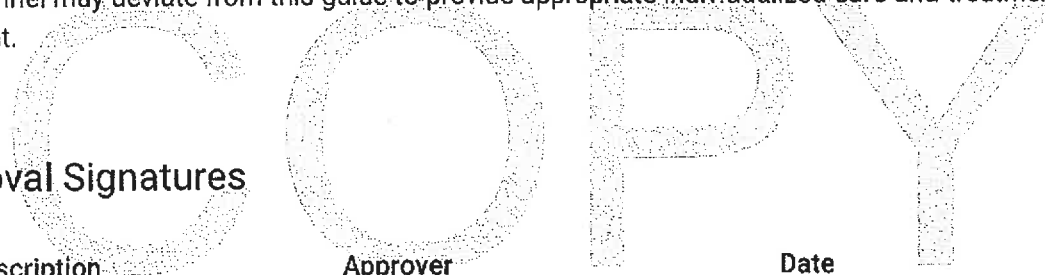
- A. Controlled substances sent with the resident upon discharge/LOA will be documented on the disposition sheet.
- B. Controlled substances removed from container/packaging for administration and is not administered for any reason is not returned to container or inventory. It should be destroyed and disposed of per policy. This includes unused partial tablets/ampules.
- C. The facility will follow specific state or pharmacy regulations on the destruction and disposal of controlled substances.
- D. Discontinued controlled substances will be stored in a double-locked area and counted to reconcile supply each shift until they are properly destroyed.
- E. Documentation on the disposal of controlled substances will include:
 - 1. Medication Disposal Log – log each medication disposal event to specify
 - 2. Resident name
 - 3. Medication name

4. Prescription number
5. Disposal date Disposal amount
6. Reason for disposal Method of disposal
7. Validating signatures

References and Resources

- Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
- United States Department of Justice, Drug Enforcement Administration. Diversion Control Division, Notices – 2010, "Dispensing of Controlled Substances to Residents at Long Term Care Facilities": <https://www.federalregister.gov/documents/2010/06/29/2010-15757/dispensing-of-controlled-substances-to-residents-at-long-term-care-facilities>

This policy was developed as a guide for the delivery of health services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although hospital personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.



Approval Signatures

Step Description	Approver	Date
Policy Owner Approval	Deborah Paauw: Executive Director - Quality Initiatives	04/2024