

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>
--	---

(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
--------------------	--	---------------	---	----------------------

F0000 SS=	INITIAL COMMENTS  SKLD Beltline was surveyed for a re-visit survey on 1/17//2023 through 1/18/2023.  Census: 139	F0000		
F0692 SS= D	Nutrition/Hydration Status Maintenance §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g) (2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:  Based on interview and record review, the facility failed to operationalize their POC (Plan of Correction) for monitoring of resident weights and food acceptance for 1 (Resident #309) of 3 residents reviewed for nutritional care and services resulting in weekly weights not initiated following identified significant weight loss and inconsistent meal acceptance documentation.	F0692	F = 692 weights and monitoring  Resident 309 had a current weight obtained and was added to the weekly weights list until weights were stable for four weeks. Resident 309 and the physician were notified of the weight loss, and labs were ordered on 1/4/2023. The RD completed a nutritional assessment on resident #309 and implemented nutritional interventions to meet the resident's needs, as she voiced the desire to lose weight.  Residents that lose significant weight have the potential to be affected by this practice. The facility has identified residents whose weight varies with the following reporting guidelines: 5% in 30 days, 7.5% in 90 days, and 10% in 180 days. Residents have been re-weighed, and food preferences have been updated. Weekly weights have been initiated for these residents, and assessments have been completed to meet residents' nutritional needs.  The Director of Nursing/Designee re-educated the registered dieticians on 1/19/2023 regarding the Nutrition Monitoring and Management Program, which included but was not limited to, residents with significant weight loss being weighed weekly and updated food preferences. Food intake is documented accurately to reflect what residents have consumed to ensure residents	12/14/2022

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

TITLE

(X6) DATE

Electronically Signed

01/26/2023

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>	
(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
	<p>Findings include:</p> <p>Review of the facility "Plan of Correction" document with "Completion Date 12/14/22" for the survey exit date of 11/18/22 revealed, " ...The Director of Nursing/Designee has re-educated the nursing staff and registered dietitians to ensure residents with significant weight loss are weighed weekly, food preferences are updated, and food intake is documented accurately to reflect what residents have consumed to ensure residents have a practicable quality of life ..."</p> <p>Review of a facility policy "Nutrition Monitoring &amp; Management Program" adopted 7/11/2018 revealed, "...Dietary Evaluation: 1. Each resident's nutritional status is assessed by the Registered Dietician or his/her designee on admission and at least quarterly thereafter, and following a change in condition...Clinical Evaluation: 1. In connection with the above assessment of the Registered Dietician, the IDT will further assess nutritional needs and goals of the resident in the context of his/her overall condition...2. Any resident weight that varies from the previous reporting period by 5% in 30 days, 7.5% in 90 days and 10% in 180 days will be evaluated by the Interdisciplinary Team to determine the cause of weight loss/gain and the intervention(s) required...4. Any resident meeting the criteria for weight loss and any resident at risk will be weighed weekly, with the weight entered into the weekly weight change progress notes. Weekly weights will be reviewed each week during the meeting of the Nutrition Committee. a. Residents at risk include (but are not limited to) the following: i. Significant weight loss or gain identified in a 30, 90 and 180-day period..."</p> <p>Resident #309</p> <p>Review of a "Face Sheet" revealed Resident #309</p>		<p>have a practicable quality of life.</p> <p>The Director of Nursing/Designee re-educated nursing staff on the Nutrition Monitoring and Management Program, specifically admission and readmission weights and weekly weights by 1/19/2023.</p> <p>The Director of Nursing/Designee will audit weights weekly to ensure weekly weights, food intake, and food preferences are completed for those residents with significant weight loss for four weeks and then monthly for three months or until substantial compliance has been maintained. When concerns are noted, they will be addressed immediately.</p> <p>The results of the audits will be presented to the QAA Committee for review and consideration of further corrective actions. The Administrator will ensure substantial compliance is attained through this plan of correction by 1/19/2023 and for sustained compliance after that.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>		
(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	
	<p>was a female, with pertinent diagnoses which included: unspecified dementia, gastro-esophageal reflux disease (GERD), and dysphagia (swallowing difficulty).</p> <p>Review of a "Dietary Evaluation" dated 1/5/23 for Resident #309 revealed, " ...Intake: overall intakes have declined; poor to fair, average of 60.3%- 9 refusals in the past month ...CBW (Current Body Weight): 170.0#; resident triggering for significant weight loss over 1/3/6 months, unplanned. Resident has had a recent decline, sleeping more often through meals. Supplements declined at this time, will make adjustments as needed ..."</p> <p>On 1/18/23 at 1:33 PM, a review of Resident #309's "Weight Summary" revealed the last documented weight of 169.8 pounds was made on 1/7/23 at 9:13 am.</p> <p>A review of Resident #309's electronic medical record documentation for "Task: DOCUMENT AMOUNT OF MEAL TAKEN" for the period 12/20/22 - 1/17/23 revealed 72 documented entries of amount of meal taken out of a possible 87 (29 days x 3 meals per day) documentation opportunities.</p> <p>In an interview on 1/17/23 at 3:18 PM at which "Registered Dietitian" (RD) "M", RD "L", and "Nursing Home Administrator" (NHA) "A" were present, RD "M" reported all residents had their meal intake documented by the CENAs (Certified Nursing Aides). RD "M" reported it had been a struggle to get the CENAs to consistently document on resident meal intake. RD "M" reported meal intake documentation was often reviewed by the dietitian to see how well a resident was eating, especially if the resident had weight loss. NHA "A" reported CENA charting, including meal intake documentation (also</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>	
(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
F0759 SS= D	<p>referred to as Food Acceptance) was an area the facility was currently working on.</p> <p>In a subsequent interview on 1/18/23 at 12:57 PM, RD "L" reported if a resident had a significant weight loss, the resident should be put on the schedule to be weighed weekly in order to be monitored more closely. RD "L" reported the dietitian would order the weekly weight and put it in the computer as a task for the CENA to do weekly. RD "L" reported RD "M" managed the nutritional care for Resident #309.</p> <p>In a subsequent interview on 1/18/23 at 1:20 PM, surveyor reviewed Resident #309's weight summary with RD "M" and inquired as to why, since Resident #309 was documented as having significant weight loss, was she not on weekly weights per policy and plan of correction. RD "M" reported did not realize weekly weights were to be initiated for anyone identified as having significant weight loss or that that was what the "Nutrition Monitoring &amp; Management Program" dictated.</p> <p>Free of Medication Error Rts 5 Prcnt or More §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the facility had a medication administration rate not 5% or greater (12 observations with 2 errors = 16.66%), for one resident (R316), of one resident reviewed for medication administration, resulting in the potential for adverse effects and the resident not attaining or maintaining their highest practicable</p>	F0759	<p>F 759- Medication Errors</p> <p>Resident 316 was monitored every shift for 24 hours for adverse effects related to receiving the crushed medications that should not have been crushed. Any concerns were addressed immediately.</p> <p>For staff reference, a Do Not Crush Medications List was placed on each medication cart.</p> <p>All residents who receive crushed medications have the potential to be affected. Residents who received crushed medications were monitored for adverse effects every shift for 24 hours. Any concerns were addressed</p>	12/14/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>		
(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	
	<p>well-being.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated 9/6/2022, R316 scored 13/15 (cognitively intact) on his BIMS (Brief Interview Mental Status), was partially paralyzed due to a stroke, with diagnoses that included heart failure and neurogenic bladder.</p> <p>During an observation, interview, and record review on 1/18/2023 at 8:47 AM, Registered Nurse (RN) "J" was the nurse responsible for administering medications from the "Low-End Split 600" medication cart (med cart). RN "J" stated, "I have been educated on medication administration (med admin)." Observed RN "J" preparing medications for R316. The RN compared the resident's eMAR (electronic Medication Administration Record) to medication packages in the med cart. The medications included Finasteride 5 mg 1 tablet PO QD, Flomax 0.4 mg 1 capsule PO (by mouth) QD (once daily), and Senna 8.6 mg PO 1 tablet BID (twice daily). The RN took the whole medications to R316 to administer. R316 requested his medications to be given crushed in pudding. RN "J" stated "(R316) takes his medications whole. I never work over here." The RN reviewed report sheet titled, "Alert Charting" stating, "On this sheet it states the resident takes them whole." RN looked through the med cart for a pill crusher and pudding stating, "I will have to go get some things" and took cup of meds with her to retrieve pudding and pill crusher from medication room and another med cart. When the RN returned to her assigned med cart, she donned gloves, emptied capsules into another med cup, doffed gloves used hand sanitizer, and crushed remaining pills all together. She then dated the pudding, opened it, and placed pudding into the</p>		<p>immediately.</p> <p>The Director of Nursing/Designee re-educated all licensed nurses on using the Do Not Crush Medication List and/or drug handbook to identify medications that cannot be crushed before administration and the policy regarding the crushing of medications.</p> <p>The DON/designee will observe five random medication administrations per week for four weeks and then monthly for three months or until substantial compliance has been maintained to ensure residents are free of medication errors related to improperly crushing medications.</p> <p>The results will be presented to the QAA committee for review and consideration of further corrective actions.</p> <p>The Director of Nursing will ensure substantial compliance is attained through this plan of correction by 1/19/2023 and for sustained compliance after that.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
--	---	--	--

NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>
--	---

(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
	<p>cup with crushed the medications. RN "J" stated, "I do not think any of the medications I crushed were extended release or enteric coated. I did not check to see if they could or could not be crushed."</p> <p>According to the "American Association of Post-acute Care Nursing" (<a href="https://www.aapacn.org/dns/f-tag-760-avoiding-a-citation-when-crushing-medication/#:~:text=A%20best%20practice%20for%20administering,cause%20a%20feeding%20tube%20occlusion">https://www.aapacn.org/dns/f-tag-760-avoiding-a-citation-when-crushing-medication/#:~:text=A%20best%20practice%20for%20administering,cause%20a%20feeding%20tube%20occlusion</a>) indicated the "best practice for administering crushed medication is to crush and administer each medication separately. Crushing and combining medication may result in physical and chemical incompatibilities, leading to an altered therapeutic response..."</p> <p>During an interview and record review on 1/18/2023 at 11:30 AM, Director of Nursing (DON) "C" reviewed R316's medical records with Surveyor, and stated, "I believe his (R316) medications are to be crushed and should be on the nursing report (Alert Charting). The Physician put on (R316's) Order Summary the resident may have his meds crushed as appropriate." DON "C" reviewed R316's "Alert Charting" that reported the resident's medications were to be crushed/AS (applesauce). DON "C" stated, "When a resident's medication orders are ordered, there is a certain way for it to be placed on the MAR if the medications are to be crushed. It must be indicated in "Order Type" to be placed on the MAR/TAR (Treatment Administration Record)." DON "C" reviewed R316's eMAR with the Surveyor and stated, "(R316's) MAR does not state to crush medications. I have not looked at orders for residents since the facility switched pharmacies in November (2022). Usually, the pharmacy catches medications that can/cannot be crushed. My understanding is the pharmacy bases</p>			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>		
(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	
	<p>if medications can be crushed. It would not go on the MAR. It would look like the expectation is the nurse should know if a medication is ER (extended release) or sustained release and then to know if the medication could be crushed. It is my experience sustained release medications should not be crushed. Pharmacy should indicate it on the package the medication comes in."</p> <p>During an observation, interview, and record review on 1/18/2023 at 11:30 AM, the Surveyor observed the 600-substation medication cart with DON "C" and RN "J". RN stated, "I was given the Nurses Report (Alert Charting) when I took report this morning." Review of the report with DON "C" and RN "J" revealed R316 took medications "WHOLE". DON "C" stated, "The Unit Manager is responsible for updating the nurse-to-nurse report (Alert Charting)."RN "J" stated, "I know to wear gloves and a mask when handling Finasteride." Observed the packaging of Finasteride in the medication cart. The package had a red sticker that stated, "HAZARDOUS". DON "C" stated, "Flomax should be handled with gloves and a mask as well." Observed the packaging of Flomax with DON "C" and RN (KIM). The packaging had no precaution sticker on it. Observed all medication packages that were administered to R316 that morning and none of them had stickers on them including "Hazardous" or "DO NOT CRUSH" other than Finasteride. DON "C" stated, "The prior pharmacy stated DO NOT CRUSH precautions on medication packages. The facility's new pharmacy is not doing this. This is huge for our staff.</p> <p>During an interview on 1/18/2023 at 12:01 PM, DON "C" called Pharmacy Consultant "N". DON "C" stated to Pharmacy Consultant, "Typically, some medications would not be crushed due to being coated or extended release. Where would these precautions be found?" Pharmacy Consultant "N" stated, "Some medications should</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>		
(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	
	<p>be labeled as Do Not Crush. I need to check into this and will call you back."</p> <p>During a telephone interview on 1/18/2023 at 12:28 PM, Pharmacy Consultant "N" stated, "I am currently trying to get the facility a DO NOT CRUSH medication list for each medication cart. The pharmacy does not have to label the medication packages of precaution but there should be a DO NOT CRUSH list of medications from the pharmacy at each nurse's station and/or medication cart."</p> <p>Received via email on 1/18/2023 at 12:36 PM from Pharmacy Consultant "N" a list of DO NOT CRUSH medications that included Flomax and Senna.</p> <p>During a telephone interview on 1/18/2023 at 12:39 PM Registered Pharmacist "O" stated, "The DO NOT CRUSH medication list should be in every nurse's station in a binder which should be provided to the facility by the pharmacy, and it has been. It is not legally required to have labels for DO NOT CRUSH on the medication packaging. It is the responsibility of the facility and nurses to know what medications can and cannot be crushed." Registered Pharmacist stated, "(R316's) medications that were administered this morning (1/18/2023) that should not be crushed are Flomax, which should not have the capsule opened either, and Senna because it was coated. Crushing these medications can affect their effectiveness. When women of child-bearing age handle Finasteride they should wear gloves."</p> <p>During an interview on 1/18/2023 at 1:00 PM DON "C" stated, "The list of DO NOT CRUSH medications was not made available to the nurses."</p> <p>Review of R316 Order Summary reported</p>				



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>414290</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>1/18/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SKLD BELTLINE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 E BELTLINE SE GRAND RAPIDS, MI 49546</b>		
(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	
	<p>medications may be crushed as appropriate (4/21/2020).</p> <p>Review of R316's Medication Administration Record (MAR) did not have documentation of medications being administered crushed.</p> <p>Review of R316's Care Plan did not have documentation regarding resident's way of taking medications.</p> <p>Review of facility policy "Crushing Medications" 7/11/2018, revealed, "...medications may be crushed when safe to do so ...the following guidelines must be used when the crushing of a medication is necessary:</p> <p>-The resident's MAR must indicate the necessity for crushing the medication</p> <p>-Long-acting or enteric coated medications may not be crushed without a physician's order ..."</p>				