

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2021
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NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
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Z 000	COMMENTS Complaint Investigation: 2146592/IL137975	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 350.620a) 350.1210 350.1230d)2) 350.1410a) 350.1420a) 350.1430a)3) 350.1430d) 350.1430e) 350.1450a) 350.1450c) 350.3220f) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health	Z9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1</p> <p>needs and problems of the residents.</p> <p>Section 350.1410 Medication Policies and Procedures</p> <p>a) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. Medication policies and procedures shall be developed with the advice of a pharmaceutical advisory committee that includes at least one licensed pharmacist, one physician, the administrator and the director of nursing. This committee shall meet at least quarterly.</p> <p>Section 350.1420 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.</p> <p>Section 350.1430 Administration of Medication</p> <p>a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>Section 350.1450 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>c) All medications having an expiration date that has passed, and all medications of residents who have been discharged or who have died, shall be disposed of in accordance with the written policies and procedures that have been established by the facility in accordance with Section 350.1410. Medications shall be transferred with a resident, upon the order of the</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Medications for any resident who has been temporarily transferred to a hospital shall be kept in the facility. Medications may be given to a discharged resident only upon the order of the licensed prescriber.</p> <p>Section 350.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, record review and interview, nursing services failed to:</p> <ol style="list-style-type: none"> 1. Ensure Administrative Code Part 116 was followed for the administration of medication by unlicensed personnel effecting 3 of 3 individuals in the sample (R1, R2 and R3) and 1 individual outside the sample (R4) 2. Ensure assistive walking device was utilized as ordered for 1 of 1 individual (R1) who required the use of a 4 wheeled walker, 3. Ensure direct care staff were trained in the use of a 4 wheeled walker (R1), 4. Ensure Communication with physician was 	Z9999		

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Z9999	<p>Continued From page 4</p> <p>done so by facility nurse (R1),</p> <p>5. Ensure a discrepancy in medication order was clarified (R1) and (R2)</p> <p>6. Ensure a follow up appointment was scheduled as recommended (R1) by psychiatrist.</p> <p>A. Comply with the physician's orders for 1 of 1 (R1) individual in the sample who received medications without a physician order,</p> <p>B. Ensure that all medications were administered without error for 3 of 3 individuals (R2, R3 and R4) observed during medication administration,</p> <p>C. Ensure only individuals who are deemed independent with self-administration were allowed to self-administer medication effecting 1 of 1 individual (R3) who self-administered inhalation medications,</p> <p>D. Ensure all medications in the home had physician orders for 1 of 3 individuals (R3) observed during medication administration.</p> <p>E. Ensure no outdated medications remained in the facility for 2 of 3 individuals (R2 and R4) observed during medication administration.</p> <p>Findings Include:</p> <p>1. Section 116.70 a) documents, "All medications, including patent or proprietary medications shall be given only upon the written order of a physician, advanced practice nurse, or physician assistant. All orders shall be given as prescribed by the physician and at the designated time."</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>1. A) ISP/Individual Support Plan, dated 10/27/2020, identifies R1 is a 61-year-old female with diagnoses including Bipolar Disorder, Situational Anxiety and Schizophrenia who functions at the Moderate Level of Intellectual Disability.</p> <p>R1's 'Note to Attending Physician' dated 6/7/2021 and sent by contracted pharmacy documents a recommendation to begin Ingrezza (Valbenzapine). In the section Physician/Prescriber Response there is an X next to AGREE with the handwritten words, "Will evaluate and initiate at next appointment." The note is signed by Z6 (Psychiatrist).</p> <p>R1's Psychiatry follow up note, electronically signed by Z6 from DOS/Date of Service 7/15/2021 documents, "Plan: Increase Depakote to 500 mg/milligrams q (every) day and 1000 mg q (every) hs (bedtime). Increase Olanzapine to 5 mg (every) day and 15 mg (bedtime). Decrease Ativan to 0.5 mg BID (twice a day) and gradually taper off. Follow up in 1-2 weeks." There is no documentation related to the Ingrezza.</p> <p>R1's MAR/Medication Administration Records dated 7/1/21 to 7/31/21 document, "Ingrezza cap 40 mg-Take 1 capsule by mouth once daily for 28 days." The MAR for July 1-19 and 22-28 are initialed as administered. R1's July MAR also documents, "Ingrezza 80 mg cap-Take 1 capsule by mouth once daily."</p> <p>R1's MAR dated 8/1/21 to 8/31/21 document, "Ingrezza 80 mg-Take 1 capsule by mouth once daily." The MAR for 8/1-28 and 8/30 and 8/31 are initialed as administered.</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>On 9/15/21 at 9:24 AM, Z2 (Registered Pharmacist) was asked if there was an order for R1's Ingrezza. Z2 responded, "Pharmacy sent based on the recommendation Z6 signed on 6/7/21."</p> <p>On 9/15/21 at 11:35 AM, E3 (RNT - Registered Nurse Trainer) was asked when R1's Ingrezza was ordered. E3 responded, "The pharmacy recommendation is the only thing I see."</p> <p>On 9/16/21 at 12:15 PM, E5 (Regional Trainer) confirmed she had taken R1 to her appointment with Z6 on 7/15/21. E5 was asked if Z6 had discussed R1's Ingrezza during that appointment. E5 responded, "No."</p> <p>On 9/20/21 at 3:25 PM, Z6's Nurse stated, "(Z6) saw (R1) on 3/25/21 and again on 7/15/21. (Z6) did not write an order for (R1) to begin Ingrezza on 7/1/21. (R1's) Ingrezza should not have been started."</p> <p>The facility was unable to provide evidence of a signed physician order for R1's Ingrezza.</p> <p>1B. 1). POS/Physician Order Sheets, dated 9/1/2021 to 9/30/2021, identifies R2 as a 48-year-old female with diagnoses including Allergic Rhinitis, Dysplastic Nevus Syndrome and Seborrhea Dermatitis who functions at the Mild Level of Intellectual Disabilities.</p> <p>R2's POS document, "Flonase Nasal Spray-2 sprays each nostril daily at 7 AM."</p> <p>On 9/15/21 at 6:14 AM, R2 removed a bottle of Flonase from the plastic storage container, removed the lid and proceeded to administer one spray in each nostril before placing the Flonase</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>back into the storage container.</p> <p>On 9/15/21 at 9:16 AM, E3/RNT (Registered Nurse Trainer) confirmed R2 should be administering sprays of Flonase in each nostril.</p> <p>1B. 2). POS dated 9/1/2021 to 9/30/2021, identifies R3 as a 62-year-old female with diagnoses including Chronic Obstructive Pulmonary Disease, Asthma and Hypoxia who functions at the Moderate Level of Intellectual Disability.</p> <p>R3's POS documents, "Diltiazem ER (Extended Release) 180 mg caps- One capsule by mouth once daily (take pulse prior to giving-If under 60, hold and call RN (Registered Nurse)."</p> <p>On 9/15/21 at 6:18 AM, E6/DSP (Direct Support Person) administered R3's Diltiazem ER 180 mg capsule. E6 did not check R3's pulse prior to administration.</p> <p>On 9/1/2021 at 9:10 AM, E3/RNT was asked if R3's pulse should be taken prior to administering Diltiazem. E3 responded, "Yes."</p> <p>1B. 3). POS dated 9/1/2021 to 9/30/2021 identifies R4 as a 95-year-old male with diagnoses including Artery Disease, Angina Pectoris and Hypertension who functions at the Profound Level of Intellectual Disability.</p> <p>R4's POS documents, "Aspirin 81 mg Chew-Take 1 tablet by mouth daily (take with food)."</p> <p>On 9/15/21 at 6:30 AM, E6 administered R4's Aspirin 81 mg chew tablet with a cup of water. No food was offered. R4 did not receive his breakfast meal until 7:24 AM.</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>1C. Section 116.60 b) documents, "Each individual shall be presumed to be competent to self-administer medications if he or she has been determined to be: 1) capable by a registered nurse or advanced practice nurse; 2) approved to self-administer medication by the individual's CST (Community Support Team) or IDT (Interdisciplinary Team); and 3) Authorized by a written order of a Physician."</p> <p>R3' ISP/Individual Support Plans dated 3/11/21 documents the need of a Formal Program for Self-Medication.</p> <p>R3's SAMA (Self-Administration of Medication Assessment) dated 2/19/21 documents, "Not Independent."</p> <p>R3's POS documents, "Budesonide 0.5 mg(milligram)/2 ml(milliliter)-1 vial per nebulizer by mouth twice daily, Brovana-Inhale (arformoterol) 1 vial per nebulizer by mouth every morning and evening as directed."</p> <p>On 9/15/21 at 6:18 AM, after administering R3's oral medication, E6/DSP handed the Budesonide and Brovana (arformoterol) plastic vials to R3 and told R3 to go set up her nebulizer. At 6:40 AM, R3 was observed laying on her left side in bed with the nebulizer mouthpiece in her hand. R3 began pulling the tubing off and putting it back on, repeating three times. E6 remained in the medication room administering other resident medications.</p> <p>On 9/1/2021 at 9:10 AM, E3/RNT was asked if R3 was independent with medication administration. E3 responded, "No. She (R3) can set up her machine (nebulizer), but staff needs to be</p>	Z9999		

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Z9999	<p>Continued From page 9 watching."</p> <p>1D. Section 116.100 a) documents, "A registered professional nurse, advanced practice nurse, license practical nurse, pharmacist or physician shall review the following for all individuals: 1) medication orders; 2) medication labels and medications listed on the MAR to ensure that they match physician orders."</p> <p>R2's POS do not document an order for Azelastine 0.05% eye drops.</p> <p>On 9/15/21 at 6:14 AM, R2's plastic storage box contained a bottle of Azelastine 0.05% eye drops with a dispense date of 9/4/20.</p> <p>On 9/15/21 at 9:16 AM, E3/RNT (Registered Nurse Trainer) was asked if R2 had an order for Azelastine 0.05% eye drops which were dispensed on 9/4/20. E3 responded, "Those were for an acute occurrence and should not still be in the home."</p> <p>1E. 1). On 9/15/21 at 6:14 AM, R2's plastic storage box contained a bottle of Azelastine 0.05% eye drops with an expiration date of 9/3/21.</p> <p>On 9/15/21 at 9:16 AM, E3/RNT (Registered Nurse Trainer) confirmed R2's Azelastine 0.05% eye drops were outdated.</p> <p>1E. 2) On 9/15/21 at 6:30 AM, R4's plastic medication storage box contained two boxes of Rivastigmine patches (cognition-enhancing medication). One box had an expiration date of 12/22/2020. The second box had an expiration date of 1/21/2021. R4's plastic medication storage box also contained eye drops with an</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>expiration date of 8/25/2020, a nasal solution with an expiration date of 8/25/2020 and a nasal solution spray with an expiration date of 9/22/2020.</p> <p>On 9/15/21 at 9:01 AM, E3/RNT (Registered Nurse Trainer) confirmed R4 had two boxes of Rivastigmine (cognition-enhancing medication) in the medication room. One box had an expiration date of 12/22/2020 and the second box had an expiration date of 1/21/2021. E3 also confirmed R4's eye drops expired on 8/25/2020, one bottle of nasal solution expired on 8/25/2020 and one bottle expired on 9/22/2020.</p> <p>2. R1's Consultation Report dated 8/12/21 documents, "Reason for Consultation (R1) has been complaining of dizziness, she has had 2 falls in the last 3 days. Please assess. Also, can we have an order for her to use the 4 wheeled walker PRN (as needed) Findings: sinus tenderness on palpation, left tympanic membrane red, enlarged lymph nodes in mandibular region, abdominal pain on palpitation. Recommendations: 4-wheel walker PRN." The Consultation Report is signed by Z7.</p> <p>A Safety Event Report from CDS dated 8/17/21 documents, "(R1) came into the building and walked towards her classroom. The instructor heard a loud noise and (R1) was on the floor. (R1) said that her arm hurt...(R1) said that she hit her head, the right side of her face, her left elbow and her right knee."</p> <p>R1's local hospital records, dated 8/17/21 document R1 was seen in the emergency department on 8/17/21 after falling. Radiology Report documents, "Pt (patient) fell this morning. Pain in left elbow. Findings: Displaced anterior</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>fat pad is noted. There is a transversely oriented fracture through the distal aspect of the humerus through the femoral condyle...Impression: 1. Acute appearing transcondylar displaced fracture of the humerus."</p> <p>R1's local hospital records document a referral to ortho for care of the left elbow fracture. R1's Consultation Report dated 8/24/21, documents left humerus fracture with recommendations of ORIF (Open Reduction and internal fixation) surgical repair.</p> <p>On 9/15/21 at 1:15 PM, E3 (RNT- Registered Nurse Trainer) was asked if R1 had an order for a 4 wheeled walker to be used PRN (as needed). E3 responded, "Yes. When she would ask for it, we would give to her."</p> <p>On 9/16/21 at 8:56 AM, Z3 (DT Supervisor) stated, "(R1) fell right after getting off the bus on 8/17/21. (R1) did not have a walker with her. After falling 911 was called and transported (R1) to (local hospital)." Z3 also stated they (CDS) were not provided information on R1's walker.</p> <p>On 9/16/21 at 9:23 AM, Z4 (DT LPN) stated, "We (CDS) never got information on (R1's) walker from the facility. (I) called the facility twice due to (R1) complaining of dizziness."</p> <p>On 9/16/21 at 9:32 AM, Z8 (Bus Driver) confirmed he drove the bus the morning of 8/17/21 and R1 did not have a walker. Z8 stated, "(R1) was shaky that morning. (I) was told by facility staff (unidentified) that (R1) did not really need the walker, but it was used to appease (R1)."</p> <p>On 9/16/21 at 11:40 AM, E5/Regional Trainer confirmed R1 had a 4 wheeled walker available</p>	Z9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2021
NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD		STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704		
(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) COMPLETE DATE
Z9999	<p>Continued From page 12</p> <p>for use. E5 also confirmed R1 was admitted to a local hospital for surgical repair of her left elbow.</p> <p>On 9/21/21 at 1:52 PM, E8 (Direct Support Person) confirmed she worked the morning of 8/17/21. E8 confirmed R1 had a 4 wheeled walker for use but stated she was unsure why R1 did not take the 4 wheeled walker to work (CDS).</p> <p>3. The facility was unable to provide evidence of training/in-service related to the use of R1's 4 wheeled walker ordered on 8/12/21.</p> <p>On 9/21/21 at 1:52 PM, E8 was asked if she had been trained in the use of R1's 4 wheeled walker. E8 responded, "No."</p> <p>On 9/21/21 at 2:33 PM, E3/RNT was asked if facility staff had been trained in the use of R1's 4 wheeled walker. E3 responded, "I am not able to find that any training/in-service was ever done."</p> <p>4. R1's Psychiatry note dated 7/15/21 documents, "Description of problem: Contacted by case manager (E5/Regional Trainer) regarding this patient's recent increase in medications. The patient has guardian (who) currently does not want medication increases and like to have medications reduced to their previous doses."</p> <p>On 9/15/21 at 3:37 PM, E3 (RNT-Registered Nurse Trainer) was asked if she went to physician appointments. E3 responded, "I have five houses. There is no way I could keep up with all those appointments."</p> <p>On 9/16/21 at 11:40 AM, E5 (Regional Trainer) was asked who communicates updates related to medication changes and behaviors to R1's psychiatrist. E5 responded, "I do. Since October</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/27/2021
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NAME OF PROVIDER OR SUPPLIER GLENWOOD TERRACE-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 2724 GLENWOOD AVENUE SPRINGFIELD, IL 62704
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Z9999	<p>Continued From page 13</p> <p>or November, I have been going to the appointments or if appointments are via tele-med I have been attending. I have data available and take with me to appointments if doctor wants to see it. If medication changes, will send to pharmacy and scan to (E3/RNT) for review."</p> <p>5. R1's Psychiatry Visit Summary dated 3/25/21 documents, "Plan: Increase Zyprexa dose to 5 mg/milligram daily and 10 mg at bedtime, Lorazepam taper 0.5 mg QID (four times a day). The visit summary does not have E3's initials or signature indicating review.</p> <p>R1's Physician Order dated 4/7/21 documents, "Lorazepam 0.5 mg-take 1 tablet 3 times a day." The order does not have E3's initials or signatures indicating review.</p> <p>The facility was unable to provide evidence the discrepancy in the order for R1's Lorazepam 0.5 mg had been clarified by E3.</p> <p>6. R1's Psychiatry Visit Summary dated 3/25/21 documents, "Plan: ... Follow up in 4 weeks." The visit summary does not have E3's initials or signature indicating review.</p> <p>R1's next follow up Psychiatric Visit Summary is dated 7/15/21.</p> <p>On 9/16/21 at 12:15 PM, E5/Regional Trainer confirmed R1 was not seen in April as recommended by R1's Psychiatrist and was not seen again until 7/15/21</p> <p>R4's POS documents, "Exelon (Rivastigmine -cognition-enhancing medication). 13.3 mg/milligram patches-Apply 1 patch topically daily, rotate sites. Diagnosis: Dementia."</p> <p>On 9/15/21 at 6:30 AM, E6/DSP (Direct Support</p>	Z9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6010474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/27/2021
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(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) COMPLETE DATE
Z9999	<p>Continued From page 14</p> <p>Person) applied an Rivastigmine patch to R4's right upper back. E6 handed the box of Rivastigmine patches to the surveyor. The box had a dispense date of 1/22/20 and original contents are listed as 30.</p> <p>On 9/15/21 at 9:24 AM, Z2 stated, "(R4's) Rivastigmine patch has not been filled by pharmacy since 1/2021. Each box contains a 30-day supply."</p> <p style="text-align: center;">(B)</p>	Z9999		