AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	i (AZ) IVIU	LTIPLE CONSTRUCTION	The state of the s	
	IDENTIFICATION NUMBER:	A. BUILD	PING:	(X3) DATE SURVEY COMPLETED	
PCH008808		. B. WING		С	
PROVIDER OR SUPPLIER	STREET	ADDRESS OF		10/19/2021	
TERRACE PEACUTECE	201 CR	DESTORM DE	, STATE, ZIP CODE		
	PEACH	TREE CITY O	RIVE		
SUMMARY ST	ATEMENT OF DECIDION	The state of the s	The same of the sa		
REGULATORY OR I	Y MI IST BE DECEDED BY FULL		CROSS-REFERENCED TO THE APPROPRIA	(^0)	
Opening Comments.		A 000	The state of the s	tos	
>>> TI		7,000	my written response for the	02/21/2	
intake GA00217031	nis visit was to investigate		deficiencies cited		
			The state of the distance of t	ļ	
The investigation was	started on 10/6/21. An			1	
Grand Countred VISIT Was	made to the facility on		A2046		
on 10/19/2021.	estigation was completed		12070		
3			Identify the methods and	ĺ	
111-8-6220(11)(a) Stor	age of Medications	47040	procedures to be used in the		
		A2046	correction of the deficiencies	1	
of orage of Medications.	The home is accountable		0.000	1	
nedications it receives in	stem to manage the		The community will reassess		
legications under lock a	ind key or other poorer		residents who self-medicate ever	y	
ystern to prevent unauth	Orized access at all		quarter.	- [
nes, whether kept by a	resident or kent by the			1	
kept by a resident on t	cept when required to			Í	
red for frequent or emer	CIEDCY USE OF	ĺ	Identify the dates correction has	Ī	
termined by the resider	it's physician advance		or will be completed.	Ì	
active registered hurse	Of Dhysician accietant	1	*		
ditionally, for controlled	by a statt member.			ĺ	
rege must be a locked of	Cabinet or how of		February 21, 2022		
islantial construction an	d a log must be				
manied and updated da	ally by the home to	1		1	
•			Specify how the facility will	l	
RULE is not met as e	videnced by:		monitor the corrections to achieve	. 1	
view the facility fails at	record review and		and maintain compliance		
em to manage the medi	o nave an effective				
during storing medication	S under lock and key		me community will in-service		
her secure system to pr	event unauthorized	1.			
oo, at all times for 5 of 6	sampled regidence	ľ	compliance with this regulation.		
nd Resident #6). Findin	resident #4, Resident		The Resident Care Director		
	1	İ		1 1	
iew of facility incident re	port, showed that 18		documentation for a service	- Annual Control	
HODOM-	The state of the s	1	documentation for compliance.	1	
- AND THERE	REPRESENTATIVE'S SIGNATURE	- 01 <u>04</u>	Title	ACTION AND ADDRESS OF THE PARTY	
- N	111		1 1	(X6) SATE	
	SUMMARY ST. (EACH DEFICIENCE REGULATORY OR IT REGULATORY OR IT Opening Comments. >>>>The purpose of the intake GA00217931. The investigation was unannounced visit was 10/8/2021, and the investigation was unannounced visit was 10/8/2021, and the investigation on 10/19/2021. 111-8-6220(11)(a) Stored of the receives in the dications it receives in the dications it receives in the dications under lock as yetem to prevent unauthors, whether kept by a resident on the resident, exists and the resident or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory. SERULE is not met as existent or all inventory.	TERRACE PEACHTREE CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Opening Comments. >>>>The purpose of this visit was to investigate intake GA00217931. The investigation was started on 10/6/21. An unannounced visit was made to the facility on 10/8/2021. and the investigation was completed on 10/19/2021. 111-8-6220(11)(a) Storage of Medications. Storage of Medications. The home is accountable for having an effective system to manage the medications it receives including storing medications under lock and key, or other secure system to prevent unauthorized access, at all mes, whether kept by a resident or kept by the ome for the resident, except when required to except by a resident on his or her person due to exed for frequent or emergency use, as a stermined by the resident's physician, advance actice registered nurse or physician, advance actice registered nurse or physician assistant, when closely attended by a staff member. Iditionally, for controlled substances, the secure program must be a locked cabinet or box of observation and a log must be a locked cabinet or box of observation and a log must be intained and updated daily by the home to bount for all inventory. Stall is not met as evidenced by: Seased on observation, record review and review, the facility failed to have an effective em to manage the medications it receives adding storing medications under lock and key, ther secure system to prevent unauthorized ess, at all times for 5 of 6 sampled residents ident #1, Resident #3, Resident #4, Resident #4 and Resident #6). Findings include:	PROVIDER OR SUPPLIER STREET ADDRESS, CITY 201 CROSSTOWN DI PEACHTREE CITY SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Opening Comments. A 000 Opening Comments. A 000 >>>>The purpose of this visit was to investigate intake GA00217931. The investigation was started on 10/6/21. An unannounced visit was made to the facility on 10/8/2021. and the investigation was completed on 10/19/2021. Interpretation of the comment of the resident, except when required to be kept by a resident on his or her person due to be expected on the comment of the comment of the comment of the resident, except when required to be expected on the comment of the c	FRONDER OR SUPPLIER TERRACE PEACHTREE CITY SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDEMIFYING INFORMATION) Opening Comments. >>>> The purpose of this visit was to investigate intake GAO0217931. The investigation was started on 10/6/21. An unannounced visit was made to the facility on 10/19/2021. and the investigation was completed on 10/19/2021. and the investigation was completed on 10/19/2021. The resident is receives including storing neclications it receives including storing neclications under lock and key, or other secure yetem to prevent unauthorized access, at all mess, whether kept by a resident on his or her person due to led for frequent or emergency use, as itermined by the resident, except when required to each for frequent or emergency use, as itermined by the resident group was as itermined by the resident of box of stantial construction and a log must be intained and updated daily by the home to count for all inventory. SPALE is not met as evidenced by: S	

	of GA, Healthcare Facili ENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FUR	MAPPROV
ANDPLA	PCH008808		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			SURVEY LETED
-)
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	FATE ZID DODE	10/1	9/2021
RBOR	TERRACE PEACHTREE	CITY 201 CR	DSSTOWN DRIV			
		PEACH"	TREE CITY, GA			
(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID			
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E TE	(X5) COMPLETE DATE
A2046	Continued From page		A2046	Identify the methods and		
	Hydrocodone tablets were unaccounted for from the bedroom of Resident #1 on 9/18/2021.			procedures to be used in the		
				correction of the deficiencies.	1	
	During a tour of the be	droom of Resident #1,				
1	Resident #3, Resident Resident #6, medication	#4, Resident #5, and		Resident #1 admitted that s/he h	nid	
ĺ	unsecured. Further obs	servation also showed that	1 1	Hydrocodone tablets which were		
	the begroom of Reside	III #3 a shared anartment		being self-administered and then		
	and the bedroom of Re be opened with no resid	Sident #6 was observed to		forgot where s/he hid them.	1	
- 1]:	Subsequently resident was	1	
	During an interview at 1	0:16 a.m., Resident #1		reassessed and our community	1	
	stated that he/she was	a self-administer with s/her Hydrocodone was		staff began assisting resident with	,	
10	nissing from his/her bed	froom Resident #1		medications. Resident is no longer	r	1
) Ti	urther stated that he/sh	e did not secure his/her]	a PC resident.		I
le	eft in a tray in his/her ro	, and the medication was		Resident #2 is no learner	ļ	1
S	tated that facility staff a	re now assisting him/her		Resident #3 is no longer a PC resident.		1
W	ith medication administ	ration.	1	resident.	1	I
D	uring an interview at 10	:30 a.m., Resident #5		Resident #4's medications are	1	
51	ated that his/her medic	ations were kent in a	[]	ocated in a lock box and secured	ĺ	and the same of th
sta	ated he/she leaves his/	oom. Resident #5 further	ļ v	vith a key.	1	
w	nenever he/she goes ou	it for meals.	; R	esident #5's medications are		
			le	ocated in a lock box and secured	1	
Siz	iring an interview at 1:0 ited that he/she did not	lock his/her bodroom	ľw	ith a key.	1	No.
ane	u nis/ner medications w	ere kept in a bathroom	-			1
dra	wer.		R	esident #6's medications are	1	
Dui	ring an interview between	en 9:45 a m to 1:03	lo	cated in a lock box and secured	1	1
p.m	Staff B stated that me	edications were	W	ith a key.		Supplied in the supplied in th
sup	posed to be locked in a	lock box for residente	Ide	entify the dates correction has		
BIN	are self-administration orther stated he/she was	Working on getting all	or	will be completed.		
med	ilications secured in a lo	ock box for all				No.
resid	dents who are self-adm lications.	inister with				and and
11100	TOLIOUIO.	1	Feb	ruary 21, 2022	ŧ	1

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SIMICIVIE	f GA, Healthcare Facilit INT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			FORM APPR	JV
AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDIN	(X3) DATE SURVEY COMPLETED		
The second second second	PCH008808		B. WING_			
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, 6	STATE ZIP CODE	10/19/2021	<i>Principles</i>
ARBOR '	TERRACE PEACHTREE C		SSTOWN DRI			
-		PEACHT	REE CITY, GA			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E COURT	TE
A2046	Continued From page	2	A2046			heritanism.
				Specify how the facility will	1	
	that on 8/18/2024 bare	1:39 p.m., Staff E stated		monitor the corrections to achi	eve	
	about missing Hydroco	the received a call from EE adone from the bedroom of		and maintain compliance	ĺ	
	was told by EE that Sta	orther stated that he/she		The community shall reassess	ĺ	
- 1	or Resident #1 and dro	pped the Hydrocodone		residents who self-medicate and	.	
fi D	pills from the tray, and a	the pills spilled allover the		ensure such residents and any n	ew	
			1	residents who self-medicate are		
	During an interview at 4	5:57 p.m., EE stated that		knowledgeable and capable of		
1	mydrocodone 7,5/325 m	10 was missing from the	1 1	consistently storing their person	al	
1	Resident #1 was suppos	I. EE further stated that		medications under lock and key	B	
1	nedication, however the	medications was left in a		other secure system to prevent		
S	ray next to the bed of the tated that the facility is	ne resident. EE also now assisting Resident		unauthorized access.		
#	1 with his/her medication	ons.		The RCD or designee(s) will	1	
ם	uring an interview at 5:	21 p.m., Staff D stated		conduct compliance rounds, not		-
tr	hat on one occasion he/	she observed Resident		less than weekly, to ensure that		S. Contraction
hi	1 knocked off some med	dications from a tray er, he/she did not assist		residents who self-medicate		
i tn	e resident to pick up the	e medications from the		continue to consistently store the	sir	
tic	or. Staff D further state	d that he/she could not		personal medications under lock		
flo	Il what medications the	resident spilled on the		and key or other secure system to	. 1	
	-			prevent unauthorized access.		-
Du	uring an interview at 5:5	3 p.m., FF stated that		Immediate appropriate		Marie Control
fur	esident #1 did not lock hi ther stated that the Hyd	lis/her medications. FF		interventions will be instituted if		
tor	Resident #1 was filled	on the following days:	1	medication(s) of such resident(s)		
i thii	ty (30) tablets was filled	on 8/13/2021		are found to be unsecured.		
SUE	3/2021, and on 9/9/202 posed to take one table	and the resident was		are round to be unsecured.		
nee	eded. FF stated that the	resident was in the		The ED or designee will review		
hos	pital from 8/14/2021 to	8/18/2021 and the		documentation of compliance		
#1	procedone was left in the unsecured.	e bedroom of Resident				
A Incompation			1		1 1	

CITY 201 CF PEACI TATEMENT OF DEFICIENCIES CY MUST RE PRECEDED BY CHARLES	A. BUILDII	STATE, ZIP CODE		SURVEY LETED C 19/2021
CITY 201 CI PEACI TATEMENT OF DEFICIENCIES CY MUST RE PRECEDED BY CITY	TADDRESS, CITY,	STATE, ZIP CODE		
CITY 201 CF PEACI TATEMENT OF DEFICIENCIES CY MUST RE PRECEDED BY CHARLES	ROSSTOWN DR	RIVE	10/1	19/2021
CITY 201 CF PEACI TATEMENT OF DEFICIENCIES CY MUST RE PRECEDED BY CHARLES	ROSSTOWN DR	RIVE		2
TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ELL!				
TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY ELLIP	The state of the s	A 30269		
T WOST BE PRECEDED BY FULL	ID.	PROVIDER'S PLAN OF CORRECTION	-	
LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	TE	(X5) COMPLETE DATE
ported to him/her of missing in the bedroom of Resident hat he/she could not tell the missing from the bedroom dication policy showed the esidents who manage their lications must be secured of sight, in the resident's of facility medication policy nedications should be kept a locked door. In a locked door. In a locked cabinet or natainer. Single occupancy of locked at all times are easy for the resident's and room must be and the administrator, gnated staff. In a locked by: In a locked storage container	A2046	rounds to ensure that residents who self-medicate continue to consistently store their personal medications under lock and key cother secure system to prevent unauthorized access. In addition, s/he will validate that immediate appropriate interventions were instituted if medication(s) of such resident(s) were found to be unsecured. Interdepartmental inservices will be held for general staff to discuss the responsibilities of all staff members to immediately report to the proper authority, any observations of unsecured medications in residents' apartments so that appropriate action(s) can occur. A2048 It is our policy that medications kept by residents are stored in a locked cabinet or other storage	or	
	on 10/13/2021 at 3:50 p.m., ported to him/her of missing in the bedroom of Resident hat he/she could not tell the missing from the bedroom dication policy showed the esidents who manage their lications must be secured of sight, in the resident's of facility medication policy nedications should be kept a locked door. In a locked cabinet or in a locked cabinet or ntainer. Single occupancy of locked at all times are easy for the resident's in and room must be and the administrator, gnated staff. In a locked cabinet or ntainer in a locked staff. In a locked cabinet or ntainer in a locked at all times are easy for the resident's in and the administrator, gnated staff.	corted to him/her of missing in the bedroom of Resident hat he/she could not tell the missing from the bedroom dication policy showed the esidents who manage their lications must be secured of sight, in the resident's of facility medication policy medications should be kept a locked door. A2048 who self-medicate continue to consistently store their personal medications under lock and key other secure system to prevent unauthorized access. In addition, s/he will validate that immediate appropriate interventions were instituted if medications(s) of such resident(s) were found to be unsecured. Interdepartmental inservices will be held for general staff to discuss the responsibilities of all staff members to immediately report to the proper authority, any observations of unsecured medications in residents' apartments so that appropriate action(s) can occur. A2048 It is our policy that medications kept by residents are stored in a locked cabinet or other storage	who self-medicate continue to consistently store their personal medications under lock and key or other secure system to prevent unauthorized access. In addition, s/he will validate that immediate appropriate interventions were instituted if medication(s) of such or facility medications should be kept a locked door. A2048	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		FORM APPROV	
PCH008808 NAME OF PROVIDER OR SUPPLIER		PCH008808	B. WING		COMPLETED		
				10/19	9/2021		
ARROR TO	DDAOD DE LA CO	SIREET	ADDRESS, CITY, S	STATE, ZIP CODE			
	RRACE PEACHTREE (OSSTOWN DRI	VE			
(X4) ID	SUMMARY ST	ATEMENT OF DECIDION	TREE CITY, GA	30269			
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	n= 1	(X5) COMPLETE DATE	
	Continued From page		A2048	Identify the methods and			
1	During a tour of the be	droom of Resident #1,		procedures to be used in the			
Į.	edside unsecured.	was observed by his/her		Correction of the disease in the	ĺ		
	unocoured.			correction of the deficiencies.	1		
	during a tour of the bed	droom of Resident #3	1	Resident #1 is no longer a PC	1		
1 (3	mared bedroom with I	Resident #21 the barre		resident.	1		
1 46	as onseived to be out	ened with no regident in			.		
th	e bathroom sink and	ns were observed under medications were also	1	Resident #3 is no longer a PC	į		
, OL	served in a cub on for	of the table in the living		resident.			
10	room of the apartment of Resident #3. Further observations also showed a lock box with a key attached in the bathroom of Resident #3.				Ì		
100				Resident #4's medications are			
all			1 1	located in a lock box and secured	ı		
Du	During a tour of the bedroom of Resident #4,		with a key. RCD or designee has	j			
IIIE	dications were observident bathroom.	served in the drawers of the		access to the duplicate key.			
Pour		[]	Resident #5's medications are		- 1		
med	dication bottle of Tram	oom of Resident #5, a adol was observed on	1	ocated in a lock box and secured	1	- Control	
the	kitchen counter.	addi was observed on	1	with a key. RCD or designee has		and the same of th	
į			a	ccess to the duplicate key.		and the second	
Duri	ng a tour of the bedro	om of Resident #6, the	1	, page			
Deul	out was observed to	he opened and the	F	lesident #6's medications are	1		
DDSE	lent was not in his/her	ent of Recident #C ala-		ocated in a lock box and secured			
PINON	TOU & DOLLIE OF A PROCE	rintion for American	W	vith a key. RCD or designee has			
0001	ing on the kitchen con	nter unsecured and	a	ccess to the duplicate key.		- Colorana	
SUITE	over the counter med sident #6 unsecured.	dications in the closet		aspired key.			
1			1.				
Durin	g an interview at 10:16	3 a.m., Resident #1	ld.	entify the dates	of the same of the		
STOREC	prior to the facility as ations, he/she did no	Sisting him/honseith	"	entify the dates correction has		-	
medic	ation in a lock box an	d the mediantian	01	will be completed.		No.	
were I	eft in a tray in his/her	room, .			į		
į		1	Fe	bruary 21, 2022		Service Control	
stated	an interview at 10:30	a.m., Resident #5	'-	y 21, 2022		1	
cupbos	that his/her medicatio ard in his/her bedroom	ns were kept in a					
Inspection R	enod	, and mariel	}		1	1	

PRINTED: 01/25/2022 ED

	f GA, Healthcare Facili INT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	O(2) MI II TIE	PLE CONSTRUCTION	FORMA	" I RUI
	- SI GONNECTION	IDENTIFICATION NUMBER:	A. BUILDING	(X3) DATE SURVEY COMPLETED		
PCH908808			B. WNG	C		
AME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, \$1	FATE ZIP CODE	10/19/2	:021
RBOR T	ERRACE PEACHTREE	CITY 201 CRO	SSTOWN DRIV	E		
(X4) ID		PEACH	REE CITY, GA	30269		
PREFIX TAG	(CAUT DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) OMPLETE
A2048	Continued From page	5	A2048	DEFICIENCY	ue	DATE
	bedroom was left oper	ned whenever he/she goes	A2048	Specify how the facility will		
	out.		.	monitor the corrections to achie	0140	
	During an interview at stated that he/she did	1:00 p.m., Resident #4 not lock his/her bedroom,		and maintain compliance	Eve	
	and his/her medication	s were kept in his/her		The community shall reassess	1	
	bathroom in a drawer,		1	residents who self-medicate and	•	
[During an interview beh	ween 9:45 a.m. to 1:03	1 1	ensure such residents and any ne		
1 1	Stair & stated that	medications were		residents who self-medicate are	1	
5	supposed to be locked i	in a lock how for rootdones		knowledgeable and capable of		-
S	who are self-administrated the	at the facility did not keep		consistently storing their persona	. 1	desiran
а	duplicate key for the lo	ock box.		medications under lock and key o		
Ĩ				other secure system to prevent	1	1
1 533	esiderit #1 Was suppos	57 p.m., EE stated that ed to lock his/her medications were left in		unauthorized access.		
at	tray next to the bed of t	the resident.		In addition, the RCD or designee		1
Du	ITING an intension at E.E	22 - 55		shall have access to the duplicate		
Re	uring an interview at 5:5 esident #1 did not lock t	nis/her medications.		keys.		
An	eview of facility medica	tion policy showed that	1	The RCD or designee(s) will	£ .	No.
1100	dications should be ke nind a locked door.	pt in a lock box or		conduct compliance rounds, not	1	
i				ess than weekly, to ensure that		
Cro	ss reference tag #2046	3.		esidents who self-medicate		
-			C	continue to consistently store their	r	1
				personal medications under lock		- Anna Anna Anna Anna Anna Anna Anna Ann
-			"		-	
1		The state of the s				ages of the same
		THE PERSON NAMED IN COLUMN NAM				
		Printermone, and the second se			l	and the same of th
-		1	1			1

and key or other secure system to prevent unauthorized access. Immediate appropriate interventions will be instituted if medication(s) of such resident(s) are found to be unsecured. At such time, it shall be confirmed that the RCD or designee has access to duplicate keys.

The ED or designee will review documentation of compliance rounds to ensure that residents who self-medicate continue to consistently store their personal medications under lock and key or other secure system to prevent unauthorized access. In addition, s/he will validate that immediate, appropriate interventions were instituted if medication(s) of such resident (s) were found to be unsecured. In additional, the ED or designee will review documentation which validates that the RCD or designee has access to duplicate keys.

Interdepartmental in-services will be held for general staff to discuss the responsibilities of all staff members to immediately report to the proper authority, any observations of unsecured medications in residents' apartments so that appropriate action(s) can occur.