

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

PRINTED: 07/19/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495336</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 06/28/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>AUGUSTA NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>83 CROSSROADS LANE FISHERSVILLE, VA 22939</b>
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{F 000}	INITIAL COMMENTS  An unannounced Medicare/Medicaid revisit to the standard survey conducted 5/2/17 through 5/4/17, and an extended survey conducted 5/8/17 through 5/9/17, was conducted 6/27/17 through 6/28/17. No complaints were investigated. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B report.  The census in this 112 certified bed facility was 67 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents # 101 through 113).	{F 000}		
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE  (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-  (i) Complete;  (ii) Accurately documented;  (iii) Readily accessible; and  (iv) Systematically organized  (5) The medical record must contain-  (i) Sufficient information to identify the resident;	F 514		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *John Glover* TITLE *Director of Nursing* (X6) DATE *7/18/17*

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 514	<p>Continued From page 1</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for one of 13 residents in the survey sample. A nurse failed to document whether a dose of the anticoagulant Coumadin was administered to Resident #112.</p> <p>The findings include:</p> <p>Resident #112 was admitted to the facility on 3/5/17 with a re-admission on 5/18/17. Diagnoses for Resident #112 included atrial fibrillation, high blood pressure and neurological cognitive disorder. The minimum data set (MDS) dated 6/12/17 assessed Resident #112 with severely impaired cognitive skills.</p> <p>Resident #112's clinical record documented a physician's order dated 4/18/17 for the anticoagulant Coumadin 5 mg (milligrams) to be administered each evening for the treatment of</p>	F 514		

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F 514	<p>Continued From page 2</p> <p>atrial fibrillation. The record documented a physician's order dated 6/19/17 to hold the resident's Coumadin on 6/19/17 through 6/22/19 due to a high INR (3.53 with desired value of 2.0 to 3.0). The resident's PT/INR (prothrombin time/international normalized ratio) was re-checked on 6/23/17 with a PT of 12.8 (reference of 10.2 to 14.0 seconds) and a sub-therapeutic INR of 1.11. The record documented a physician's order dated 6/23/17 for Coumadin 6 mg to be administered each day with a re-check of PT/INR on 6/26/17.</p> <p>"A prothrombin time (PT) is a test used to help detect and diagnose a bleeding disorder or excessive clotting disorder; the international normalized ratio (INR) is calculated from a PT result and is used to monitor how well the blood-thinning medication (anticoagulant) warfarin (Coumadin) is working to prevent blood clots." (1)</p> <p>Resident #112's clinical record had no documentation that Coumadin 6 mg was administered on 6/25/17. The resident's medication administration record (MAR) documented Coumadin 6 mg was administered on 6/23/17 and 6/24/17 but had no entry on 6/25/17. Resident #112's anticoagulant flow sheet documenting daily Coumadin administration, PT/INR lab dates and lab results had no entry for 6/25/17. The flow sheet had an entry on 6/24/17 with the next entry dated 6/26/17. Nursing notes made no mention of any issues with Coumadin administration on 6/25/17.</p> <p>Resident #112's lab testing on 6/26/17 indicated an INR 1.34 and a new physician's order to increase Coumadin to 7 mg daily.</p>	F 514		

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F 514	<p>Continued From page 3</p> <p>On 6/28/17 at 8:30 a.m. the licensed practical nurse (LPN #1) administering medications to Resident #112 was interviewed about the Coumadin not administered on 6/25/17. LPN #1 reviewed the MAR and anticoagulant flow sheet and stated she did not see any entries for Coumadin on 6/25/17. LPN #1 stated Coumadin administration was supposed to be documented on the MAR in addition to the anticoagulant flow sheet. LPN #1 stated she was not working on 6/25/17. LPN #1 stated she did not know if the Coumadin was not given or if the nurse gave it and did not document it on the MAR or flow sheet.</p> <p>On 6/28/17 at 9:20 a.m. the unit manager (LPN #2) and the physician's assistant (PA) caring for Resident #112 were interviewed about the missing Coumadin dose on 6/25/17. LPN #2 stated she spoke to the nurse giving medications on 6/25/17 and the nurse stated she gave Coumadin to Resident #112 but forgot to sign the MAR and the anticoagulant flow sheet. LPN #2 stated she did not know why the nurse failed to document administration of the Coumadin. The PA stated the resident's Coumadin dose was adjusted based on INR readings. The PA stated the therapeutic range for Resident #112's INR was between 2.0 and 3.0. The PA stated he would re-check the resident's PT/INR today (6/28/17) to verify the current Coumadin dosage. This re-check of the PT/INR dated 6/28/17 indicated the resident's INR was 1.60 and below the target range of 2.0 to 3.0.</p> <p>The facility's policy titled Medications - Oral Administration Of (effective 11/30/14) stated concerning steps for medication administration,</p>	F 514		

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F 514	<p>Continued From page 4</p> <p>"Obtain and verify physician's order...Verify Physician's Order Sheet with MAR if any uncertainties exist...Prepare medication for only one resident at a time...Administer oral drug...Chart on MAR according to policy...Chart on nurse's notes: Pertinent observations immediately after administration..."</p> <p>The Nursing 2017 Drug Handbook on pages 1512 through 1515 describes Coumadin (warfarin sodium) as an anticoagulant used for treatment of chronic atrial fibrillation, pulmonary embolism, deep vein thrombosis and myocardial infarction with maintenance doses based upon INR target goals. Page 1514 of this reference states Coumadin has a black box warning and documents, "Drugs, dietary changes, and other factors affect INR levels achieved with warfarin therapy...Warfarin can cause major or fatal bleeding, which is more likely to occur during the starting period and with a higher dose. Regularly monitor INR in all patients..." (2)</p> <p>The Lippincott Manual of Nursing Practice 10th edition states on page 16 concerning standards of nursing practice, "A deviation from the protocol should be documented in the patient's chart with clear, concise statements of the nurse's decisions, actions, and reasons for the care provided, including any apparent deviation. This should be done at the time the care is rendered because passage of time may lead to a less than accurate recollection of the specific events...Legal claims most commonly made against professional nurses included the following departures from appropriate care: failure to... follow physician orders, follow appropriate nursing measures, communicate information about the patient, adhere to facility policy or procedure,</p>	F 514		

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F 514	Continued From page 5 document appropriate information in the medical record, administer medications as ordered..." (3)  The Institute for Safe Medication Practices (ISMP) includes oral anticoagulants such as Coumadin on the list of high-alert medications that have a heightened risk of causing significant patient harm when used in error. The ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings states concerning high-alert medications, "Although mistakes may or may not be more common with these drugs, the consequences of an error with these medications are clearly more devastating to patients or residents." (4)  These findings were reviewed with the administrator and director of nursing during a meeting on 6/28/17 at 2:45 p.m.  (1) PT and INR. Lab Tests Online. 2001 - 2017. American Association for Clinical Chemistry. 6/29/17. <a href="http://labtestsonline.org">http://labtestsonline.org</a>  (2) Rader, Janet, Dorothy Terry and Leigh Ann Trujillo. Nursing 2017 Drug Handbook. Philadelphia: Wolters Kluwer, 2017.  (3) Nettina, Sandra M. Lippincott Manual of Nursing Practice. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2014.  (4) ISMP List of High-Alert Medications in Long-Term Care (LTC) Settings. 2016. Institute for Safe Medication Practices. 6/29/17. <a href="http://www.ismp.org">http://www.ismp.org</a> .	F 514		

**F514 Complete/Accurate/Accessible Medical Records**

1. Resident #112 received Coumadin per physician order on 6/25/17 with documentation in the medical record on Medication Administration Record (MAR). STAT INR completed 6/28/17. Physician notified of results. No new orders.
2. Quality review of residents receiving Coumadin completed by DCS/designee to ensure medication is administered per physician order without omission of documentation on the MAR. Quality review of residents receiving Coumadin completed by DCS/designee to ensure the anticoagulant flow sheet completed without omission per policy.
3. Licensed nurses re-educated by the Director of Nursing (DCS)/designee regarding administering medications with an emphasis on Coumadin per physician order and documentation of on the MAR. Licensed nurses re-educated by the Director of Nursing (DCS)/designee regarding completion of the anticoagulant flow sheet without documentation omissions per policy.
4. DCS/Unit Manager/designee through morning clinical meeting conduct random quality review of residents receiving Coumadin to ensure medication is administered per physician order without documentation omissions on the MAR along with completion of the anticoagulant flow sheet without documentation omissions per policy 5 times weekly times 4 weeks then weekly times 4 weeks then monthly and or PRN as indicated. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.

John Glower RN DCS 7/18/17

AOC 7/18/17