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HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 1/18/18 through 1/19/18. One complaint was investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 109 at the time of the survey. The survey sample consisted of 1 current Resident review (Resident #1) and 2 closed record reviews (Residents #2 & #3).	F 000		
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review, and clinical record review, the facility staff failed for one (Resident #1) of 3 residents in the survey sample to follow standards of quality for medication and treatment administration. For Resident #1, the facility staff failed to document and/or administer medications and treatments ordered by the physician over 40 times in January 2018. The findings included: Resident #1 was originally admitted to the facility on 10/20/17 and readmitted on 12/4/17 with the	F 658	The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.	2/12/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/31/2018

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F 658	Continued From page 1 diagnoses of, but not limited to, congestive heart failure (CHF), acute and chronic respiratory failure, sleep apnea, asthma, and pulmonary hypertension. The most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/10/18. The MDS coded Resident #1 with moderate cognitive impairment; required extensive assistance from 2 staff members for most activities of daily living; and use of oxygen therapy. On 1/18/18 at approximately 1:20 p.m. during initial tour of the facility with Registered Nurse-A (RN-A), Resident #1 was observed lying in bed, alert, watching television and eating cubed peaches independently. Oxygen 5 liters per minute (lpm) via nasal cannula was observed in use. There was a CPAP machine (used to deliver Continuous Positive Air Pressure into the airways) on Resident #1's night table next to her bed. RN-A demonstrated the set up and use of the machine and stated Resident #1 used the nose mask at night, during care and exertion. On 1/18/18 at 3:05 p.m. Resident #1's clinical record was reviewed. The review revealed physician's orders dated 12/12/17 which included the CPAP use as described by RN-A however there was no documentation on the Treatment Administration Record (TAR) or nurses notes for the evening shift from 1/3/18-1/9/18, 1/12/18-1/14/18, and 1/16/18. The oxygen order read: "Oxygen continues at 2 LPM via NC (nasal cannula), may titrate as needed to maintain O2	F 658	F658 1. Resident #1 is no longer in the center 2. All residents with oxygen use and orders to titrate to maintain a parameter including documentation for oxygen saturations are at risk for deficient practice. All Resident with medications and treatments requiring documentations are at risk for deficient practice. 3. Staff development coordinator or designee will educate all licensed staff on medication and treatment administration and documentation. Including those with specific parameters that will be attached to order via supplemental documentation transcribed to MAR and or TAR. 4. Staff development coordinator or designee will audit all patients currently with orders for c pap /bi pap or oxygen. Then audit 30% of patients 3 times a week for 3 weeks, weekly times 3 weeks, monthly times 2. Then review in next quarterly QAPI meeting.	

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saturation greater than 90% every shift for ACUTE RESPIRATORY FAILURE." Oxygen saturation is measured by pulse oximetry which described by hopkinsmedicine.org is "A clip-like device called a probe is placed on a body part, such as a finger or ear lobe. The probe uses light to measure how much oxygen is in the blood. This information helps the healthcare provider decide if a person needs extra oxygen."

The oxygen was transcribed on the January 2018 Treatment Administration Record (TAR) as ordered and included boxes for nurses initials on all 3 shifts per day, however there was no documentation by the nurses on the TAR from 1/1/18 through 1/18/18 for the use of the oxygen or the oxygen saturation levels.

Additional doctor's treatment orders included:

"Measure right mid-calf every other day..." There were no measurements documented on 1/4/18, 1/12/18, 1/14/18, and 1/16/18;
"Pad LLE (left lower leg) with ABD gauze wrap...every day...There was no documentation that the treatment was performed on 1/6 and 1/8/18;
"Venelex Ointment Apply to BLE (bilateral extremities) topically every day shift for rash." There was no documentation that the treatment was performed on 1/6 and 1/8/18;
"Ketoconazole Powder Apply to Neck topically every day and evening shift for Rash." There was no documentation that the treatment was performed on 1/6/18 and 1/8/18 day shift and 1/12/18 evening shift;
"Nystatin Cream...every day and evening shift..." There was no documentation that the treatment was performed on 1/6/18 and 1/8/18 day shift and

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1/12/18 evening shift;
"Clean left hip with ns (normal saline) apply dry dressing every day shift..." There was no documentation that the treatment was performed on 1/6/18 ant 1/8/18.

Medication orders (ordered by the physician) included and were not documented on the Medication Administration Record (MAR) on the evening shift:

"Atorvastatin Calcium Tablet 20 MG (milligrams) Give 1 tablet by mouth at bedtime..."
"Paroxetine HCL Tablet 20 MG Give 2 tablet by mouth at bedtime..."
"Advair Diskus Aerosol Powder...50 mcg (micrograms) inhale orally two times a day..."
"Apixaban Tablet 2.5 mg Give 1 tablet by mouth two times a day..."
"Ativan Tablet 1 MG give 1 tablet by mouth two times a day..."
"Buspirone HCL Tablet 15 MG Give 1 tablet by mouth two times a day..."
"Famotidine Tablet 20 MG Give 1 tablet by mouth two times a day..."
"Lactulose Solution 10GM/15ML (grams/milliliter) Give 30 ml by mouth every 12 hours..."
"Pro-Stat Liquid...Give 30 ml by mouth two times a day..."
"Saccharomyces boulardii Packet 250 MG Give 250 mg by mouth two times a day..."
Pregabalin Capsule 50 MG Give 1 capsule by mouth three times a day..."
"Cepacol Sore Throat Lozenge 15-3.6 MG...Give 1 lozenge by mouth every 4 hours..."
Documented at 4 p.m. but not 8 p.m.

On 1/19/18 at 1 p.m. an interview was conducted with the Corporate Nurse (Admin-B). The lack of

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documentation on Resident #1's TAR and MAR was discussed. Although it was not not documented on the TAR, CPAP documentation was found in the nurse's notes on the dates not listed above. The facility's professional resource was cited as Mosby, Potter-Perry.

Review of facility policy titled "6.0 General Dose Preparation and Medication Administration" with a revision date of 1/1/13 included:
"6. After medication administration, Facility staff should take all measures required by Facility policy and Applicable Law, including, but not limited to the following:
6.1 Document necessary medication administration/treatment information (e.g., when medications are opened, when medications are give, injection site of a medication, if medications are refused...) on appropriate forms..."

Guidance given from Potter and Perry, Fundamentals of Nursing, Eighth Edition, page 305 read: Nurses follow health care providers' orders unless they believe the orders are in error or harm patients. Therefore you need to assess all orders; if you find one to be erroneous or harmful, further clarification from the health care provider is necessary. Page 584 read: To prevent medication errors, follow the six rights of medication administration consistently every time you administer medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to these rights:
1. The right medication
2. The right dose
3. The right patient
4. The right route
5. The right time
6. The right documentation

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F 658	Continued From page 5 On 1/19/18 at 3 p.m. the Administrator was informed of the lack of medication and treatment documentation. No further information was provided by the facility staff.	F 658		
F 695 SS=E	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to ensure 2 (Residents #1 and #2) of 3 residents in the survey sample received respiratory care per professional standards of practice. 1. For Resident #1, the facility staff failed to adequately assess and monitor the resident's respiratory status, per the physician's order, to titrate oxygen based on oxygen saturation levels. 2. For Resident #2, the facility staff failed to ensure oxygen and BiPAP (bilevel positive airway pressure) orders were obtained from the physician at the time of admission and prior to use. (Hopkinsmedicine.org described BiPPA as...a BiPap machine can help push air into your	F 695	F 695 1. A. Resident # 1 is no longer in center. B. Resident #2 is no longer in center. 2. All residents with oxygen use including orders to maintain a parameter are at risk for deficient practice. All Residents receiving bipap, with lack of appropriate documentation /orders, ill fitting masks are at risk for deficient practice. 3. Staff development coordinator or designee will educate all Licensed staff on the appropriate application, order entry and documentation of Bipap. 4. Staff development coordinator or	2/12/18

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F 695	Continued From page 6 lungs. You wear a mask or nasal plugs that are connected to the ventilator. The machine supplies pressurized air into your airways. It is called "positive pressure ventilation" because the device helps open your lungs with this air pressure). The findings included: 1. Resident #1 was originally admitted to the facility on 10/20/17 and readmitted on 12/4/17 with the diagnoses of, but not limited to, congestive heart failure (CHF), acute and chronic respiratory failure, sleep apnea, asthma, and pulmonary hypertension. The most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 1/10/18. The MDS coded Resident #1 with moderate cognitive impairment; required extensive assistance from 2 staff members for most activities of daily living; and use of oxygen therapy. On 1/18/18 at approximately 1:20 p.m. during initial tour of the facility with Registered Nurse-A (RN-A), Resident #1 was observed lying in bed, alert, watching television and eating cubed peaches independently. Oxygen 5 liters per minute (lpm) via nasal cannula was observed in use. There was a CPAP machine (used to deliver Continuous Positive Air Pressure into the airways) on Resident #1's night table next to her bed. RN-A demonstrated the set up and use of the machine and stated Resident #1 used the nose mask at night, during care and exertion. On 1/18/18 at 3:05 p.m. Resident #1's clinical	F 695	designee will audit all patients currently with orders for Bipap /Cpap equipment for accuracy in order entry. Then continue to audit 30% of residents 3 times week for 3 weeks, weekly for 3 weeks, monthly times 2 and will review in next quarterly QAPI meeting.	

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F 695	Continued From page 7	F 695		

record was reviewed. The review revealed physician's orders dated 12/12/17 which included the CPAP use as described by RN-A however the oxygen order read:

"Oxygen continues at 2 LPM via NC (nasal cannula), may titrate as needed to maintain O2 saturation greater than 90% every shift for ACUTE RESPIRATORY FAILURE." Oxygen saturation is measured by pulse oximetry which described by hopkinsmedicine.org is "A clip-like device called a probe is placed on a body part, such as a finger or ear lobe. The probe uses light to measure how much oxygen is in the blood. This information helps the healthcare provider decide if a person needs extra oxygen."

The oxygen was transcribed on the January 2018 Treatment Administration Record (TAR) as ordered however there was no documentation by the nurses on the TAR from 1/1/18 through 1/18/18 for the use of the oxygen or the oxygen saturation levels.
One oxygen saturation level was documented on the "Weights and Vitals Summary" on 1/17/18 at 4:25 p.m. as 98% (CPAP).

Resident #1's care plan with a revision date of 12/5/17 included:

"Focus: The resident has altered respiratory status/difficulty breathing r/t (related to) CHF...
Interventions: Monitor for s/sx (signs/symptoms) of respiratory distress and report to MD as needed
OXYGEN as ordered."

On 1/19/18 at 9:00 a.m. Resident #1 was observed lying in bed with oxygen 5 lpm via nasal

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cannula in use. When asked how she was feeling Resident #1 stated "just don't feel well" but was non-specific when asked for further description. The nurse on duty Licensed Practical Nurse-A (LPN-A) was informed of her statement.

On 1/19/18 at 11:37 a.m. an interview was conducted with the Corporate Nurse (Admin-B). She was informed of the omitted documentation on the TAR and the oxygen order for 2 lpm and titrate. Admin-B stated we "Can't titrate oxygen, we don't have continuous pulse ox here." She stated "The order needs to be clarified."

On 1/19/18 at 12:45 p.m. the inspector and LPN-A went into Resident #1's room to assess her condition. Resident #1 was observed to have oxygen 5 lpm via nasal cannula in use. She stated she felt "a little better than this morning." LPN-A was asked about the oxygen set on 5 lpm although the physician's order was for 2 lpm and can titrate. LPN-A explained when she came in (that morning) Resident #1 was on 5 lpm and her pulse ox was 96% so she didn't titrate it down.

Review of facility policy titled "Respiratory Care" with an effective date of 8/5/15 included:

"POLICY: Licensed nurses will administer and maintain respiratory equipment, oxygen administration, and oxygen equipment per physician's order and in accordance with standards of practice."
"Oxygen Therapy...
9. General Documentation Guidelines:
b. Document respiratory/cardiovascular assessment in Nurses' Notes...
e. Document oxygen delivery flow rate, method

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of delivery, date and time, saturation levels if indicated on the Nurses' Note/Treatment Administration Record..."

On 1/19/18 at 3 p.m. the Administrator was informed of the lack of respiratory assessments and documentation in relation to the oxygen order. No further information was provided by the facility staff.

2. Resident #2 was admitted to the facility on 12/22/17 with the diagnoses of, but not limited to, acute and chronic respiratory failure with hypercapnia (high carbon dioxide levels), CHF, pulmonary fibrosis, pleural effusion, and anxiety. Resident #2 was discharged to the hospital on 12/24/17 therefore a closed record review was conducted.

No Minimum Data Set assessment or care plan was completed due to the short duration of admission.

On 1/18/18 at approximately 2:30 p.m. a closed record review was conducted. The review revealed a hospital discharge summary with "Discharge Procedure Orders" from the hospital dated 12/22/17 which included:

"Discharge: Oxygen per nasal cannula...Liters per minute 4 LPM..."
Discharge: BiPAP
Indications OXYGENATION
Oxygen % 0
IPAP 20
EPAP 6
Rate 12
Established use YES
Titrate O2 to maintain sat

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F 695	Continued From page 10 >: 95." The hospital orders did not included the time or frequency the oxygen or BiPAP were to be used (i.e., continuous, intermittent, or as needed). Review of the facility physician orders dated from 12/22/17 revealed there were no orders given or obtained for the use of oxygen or the BiPAP machine. The "Admission Assessment/Screening-Nursing" dated 12/22/17 included Resident #2's oxygen saturation was 92% and "Method: Oxygen via Nasal." Nursing "Progress Notes" included: 12/22/17 at 11:12 p.m. "...resident remains on O2 @5L via nasal cannula..." 12/23/17 at 1:31 a.m. "Alert and oriented x3...Resident refuses to wear BIPAP Oxygen @5L/m...po2 93% on oxygen via nc." 12/24/17 at 1:08 a.m. "...O2 @5L via nasal cannula. No respiratory distress noted...95% on the O2..." 12/24/17 at 8:19 a.m. "...Alert and oriented x3...Resp easy and non-labored...94% ra (room air) Pt had some issues with CPAP machine and I troubled shooted the machine and was unsuccessful. Pt sat (saturation) were 56% and I took of (sic) CPAP and put back on 5L of O2 via NC and spo was 93% and rising..." 12/24/17 at 6:11 p.m. "...pulse ox 90% on oxygen at 5LPM; pt alert, verbal, oriented x3...pt's family concerned r/t (related to) BiPaP not functioning properly; spoke with pt who states issue was with mask "leaking air" around it; writer in with pt's daughter and applied BiPaP mask, tight seal noted, but pt began to move mask and seal was	F 695		

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lost; daughter requested that only nurse apply mask to pt at HS (hour of sleep) to be sure seal is tight with no leaks..."
12/24/17 at 7:05 p.m. "The signs/symptoms of the change of condition are: Shortness of breath Unresponsiveness...O2 82%...Method: BiPAP..."The Resident was sent to the Emergency Room. Review of admitting hospital documentation revealed diagnoses of, but not limited to, Acute respiratory failure with hypoxia and hypercapnia, Pulmonary fibrosis, Acute on chronic congestive heart failure, and Acute on chronic respiratory failure with hypoxia and hypercapnia.

On 1/19/18 at 9:20 a.m. an interview was conducted with the Resident's physician/Medical Director (Admin-D). After reviewing and discussing Resident #2's hospital orders and questioned why there were no facility orders for oxygen or BiPap, Admin-D stated he saw documentation that she was on it and stated "I feel she needed the BiPap due to the hypercapnia." When asked if the lack of BiPap use was the cause of her CO2 to increase Admin-D stated it is "Very hard to tell if lack of BiPap would have caused CO2 to increase; varies with each patient." He stated "No direction if continuous BiPAP, no parameters. Orders for oxygen was clear at 4 lpm." Admin-D stated due to Resident #2's "Chronic respiratory failure, CHF and non compliance with BiPap caused CO2 to go up."
"Understanding of hospital discharge orders, BiPAP continuous with 4 liters of oxygen."
Because of the short admission at the facility Admin-D did not see the resident. He suggested to "Check with staff for BiPAP orders since the nurses documented its use."

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HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111

(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 695	Continued From page 12	F 695		

On 1/19/18 at 9:45 a.m. an interview was conducted with the Corporate Nurse (Admin-B). When the lack of physician's orders was discussed, Admin-B stated "They didn't put the orders in for the BiPAP or the oxygen order but the machine was here." She explained that the resident was not compliant with the use from home or hospital and when the nurses were having difficulty with the seal, they took the BiPAP off, placed oxygen 5 liters and sent her out.

On 1/19/18 at approximately 10:23 a.m. a message was left on the Admission Nurse's (Licensed Practical Nurse-LPN-B) voice mail to return inspector's call. No return call was received.

On 1/19/18 at 2:55 p.m. the Administrator (Admin-A) was informed of the use of the oxygen and BiPAP without physician's orders.

On 1/19/18 at 4:05 p.m. an interview was conducted with the Central Supply Coordinator (Admin-E). When asked about the process for obtaining the BiPAP for Resident #2, Admin-E explained: The representative at (Name of supply company) brought the BiPAP and programmed the settings on 12/19/17 which was the date the resident was originally supposed to arrive. He brought 3 different mask sizes and one nasal mask. When the updated hospital orders were received at the facility prior to the resident arriving, (Name of supply company rep) came on 12/22/17 to reset the settings. Admin-E was not able to locate a physician's order from the facility.

No further information about the lack of

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F 695	Continued From page 13 physician's orders for the oxygen or BiPAP was provided by the facility staff.	F 695		
F 839 SS=D	Staff Qualifications CFR(s): 483.70(f)(1)(2) §483.70(f) Staff qualifications. §483.70(f)(1) The facility must employ on a full-time, part-time or consultant basis those professionals necessary to carry out the provisions of these requirements. §483.70(f)(2) Professional staff must be licensed, certified, or registered in accordance with applicable State laws. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and in the course of a complaint investigation, the facility staff failed for one (Resident #2) of 3 residents in the survey sample, to ensure staff was qualified to perform respiratory care. For Resident #2, a Manager on Duty (MOD) who was not a nurse, attempted to place a BiPAP mask on a resident. The findings included: Resident #2 was admitted to the facility on 12/22/17 with the diagnoses of, but not limited to, acute and chronic respiratory failure with hypercapnia (high carbon dioxide levels), CHF, pulmonary fibrosis, pleural effusion, and anxiety. Resident #2 was discharged to the hospital on 12/24/17 therefore a closed record review was conducted. No Minimum Data Set assessment or care plan	F 839	TAG 839 1. A. Resident #2 is no longer in center. B. Staff member has been educated in appropriate scope of practice related to her position. 2. All patients with bipap/ device are considered at risk for deficient practice related to application of bipap. 3. Staff development coordinator or designee will in service all Managers on duty relative to scope of practice. 4. Unit managers or designee will review all licensed staff with return demonstration for appropriate fitting of Bipap. Then will monitor 30% of patients for accuracy 3 times a week times 3 weeks, weekly times 3 weeks, monthly times 2, then review in next quarterly QAPI meeting.	2/12/18

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F 839	Continued From page 14	F 839		

was completed due to the short duration of admission.

On 1/18/18 at approximately 2:30 p.m. a closed record review was conducted. The review revealed a hospital discharge summary with "Discharge Procedure Orders from the hospital dated 12/22/17 which included:

"Discharge: Oxygen per nasal cannula...Liters per minute 4 LPM..."
Discharge: BiPAP
Indications OXYGENATION
Oxygen % 0
IPAP 20
EPAP 6
Rate 12
Established use YES
Titrate O2 to maintain sat
>: 95."

The hospital orders did not include if the time or frequency the oxygen or BiPAP were to be used (i.e., continuous, intermittent, or as needed).

Review of the facility physician orders dated from 12/22/17 revealed there were no orders given or obtained for the use of oxygen or the BiPAP machine.

Nursing "Progress Notes" included:

12/24/17 at 6:11 p.m. "...pulse ox 90% on oxygen at 5LPM; pt alert, verbal, oriented x3...pt's family concerned r/t (related to) BiPaP not functioning properly; spoke with pt who states issue was with mask "leaking air" around it; writer in with pt's daughter and applied BiPaP mask, tight seal noted, but pt began to move mask and seal was

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lost; daughter requested that only nurse apply mask to pt at HS (hour of sleep) to be sure seal is tight with no leaks..."

On 1/19/18 at approximately 10:03 a.m. an interview was conducted with the Environmental Services Director (Admin-C) who was the previous Central Supply Coordinator. Admin-C explained the facility ordered the BiPAP from (Name of supply company) and they brought in the machine and did the settings prior to the resident coming. When asked if she was notified of any problems with the machine, Admin-C stated "The nurse (Name) called me because mask she had didn't fit and was leaking and I told her to call (Supply Company Name)." Admin-C stated "I came in Saturday (12/23/17) and talked with the resident who said "it was a restless night."
Admin-C stated the Resident "Had a nasal cannula on, I attempted to put face mask on but the air leaked due to the resident not wanting the nasal cannula removed. It stopped it from sealing."

On 1/19/18 at 4:05 p.m. an interview was conducted with the Central Supply Coordinator (Admin-E). When asked about the process for obtaining the BiPAP for Resident #2, Admin-E explained: The representative at (Name of supply company) brought the BiPap and programmed the settings on 12/19/17 which was the date the resident was originally supposed to arrive. He brought 3 different mask sizes and one nasal mask. When the updated hospital orders were received at the facility prior to the resident arriving, (Name of supply company rep) came on 12/22/17 to reset the settings. When asked if she would have placed the mask on the

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F 839	Continued From page 16	F 839		

resident if she was here when the resident arrived, Admin-E stated "No, I'm not qualified, the nurses would."

On 1/19/18 at 4:35 p.m. the Administrator (Admin-A) and the Corporate Nurse (Admin-B) were informed of Admin-C's statement of attempting to place the BiPAP mask on Resident #2, and asked if a central supply staff member or a certified nursing assistant (CNA) was qualified to apply a BiPAP mask. Admin-A and Admin-B were in agreement and stated they didn't feel central supply or a CNA is qualified. Admin-A had stated Admin-C was a CNA. No further information was provided by the facility staff.

Complaint Deficiency.