

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

PRINTED: 05/29/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495252	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  R-C 05/17/2018
NAME OF PROVIDER OR SUPPLIER  BATTLEFIELD PARK HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 FLANK ROAD PETERSBURG, VA 23805		
(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	
{E 000}	Initial Comments  An unannounced Emergency Preparedness re-visit survey was conducted 5/16/18 through 5/17/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaints were investigated during the survey.	{E 000}	This plan of correction is prepared and executed because it is required by the provisions of state and federal law not because Battlefield Park HealthCare Center admits or denies the validity of the allegations and citations listed on the pages of this Statement of Deficiencies.		
{F 000}	INITIAL COMMENTS  An unannounced Medicare/Medicaid revisit was conducted 5/16/18 through 5/17/18 for the survey conducted 3/20/18 through 3/29/18. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated.  The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #101 through #113) and 1 closed record review (Residents #114).	{F 000}	CommuniCare, Battlefield Park HealthCare Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character as to limit our capability to render adequate care.  To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following plan of correction:		
{F 755}	Pharmacy Srvcs/Procedures/Pharmacist/Records SS=D CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	{F 755}	Date of Compliance: May 23, 2018  F 755  1.) Resident #104's physician was notified of IV antibiotic not being available from the pharmacy, with no adverse side effects noted.		

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

TITLE

(X6) DATE

*[Signature]*

Executive Director

5/31/18

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 755} Continued From page 1

§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-

§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.

§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and

§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:

Based on interview, clinical record review and facility documentation the facility failed for 1 resident (Resident #104) to provide medications as ordered by the physician.

Findings included:

Resident #104 was admitted to the facility on 3/15/18 with diagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, sacral pressure ulcer stage II and Peg tube.

Review of the clinical record showed Resident #104 was ordered Zosyn 3.375 grams (antibiotic for pneumonia) to be administered intravenously (IV) four times per day for seven days to begin at 8:00 PM on 5/14/18.

{F 755}

2.) Current residents will be reviewed to ensure Physician ordered IV antibiotics are available in a timely manner from the pharmacy, any identified concerns will be addressed as indicated.

3.) Licensed nurses will be educated on or before 5/23/2018 on the process for when IV antibiotic medications are unavailable from the pharmacy, procedures for checking first dose machine, and following up with pharmacy for arrival time or contact physician for alternative drug by Unit Manager and/or designee.

4.) DON/Designee will review all new orders for IV antibiotics three times a week x 12 weeks to ensure IV antibiotics are administered in a timely manner with results brought to QAPI x 3 months.

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{F 755} Continued From page 2 {F 755}

Review of the May 2018 Medication Administration Record (MAR) revealed missing documentation of administration of the Zosyn.  
5/14/18 at 8:00 PM  
5/15/18 at 8:00 AM  
5/15/18 at 12:00 PM  
5/15/18 at 4:00 PM  
5/15/18 at 8:00 PM

Review of nurses notes dated 5/15/18 at 3:00 PM stated that Resident 104's IV antibiotics had not yet arrived from pharmacy. The nurse called the NP (nurse practitioner) to obtain a new order to hold medications until arrival from pharmacy. The note went on to say pharmacy would have it to the facility on the late night run on 5/15/18.

During interview with LPN B she stated it is the facility policy that if the facility doesn't have the medication available, the facility will call the pharmacy and then if the pharmacy can't get it from the back up pharmacy, the facility will call the Dr. and let him know and see if he can substitute it or put it on hold.

During interview with DON she stated it was facility policy if the medication was not available in the first dose box the nurse was to notify the pharmacy and see if they could get it from a back up pharmacy. She also stated if they couldn't get it from the back up pharmacy the facility would call the MD or NP and see if they could substitute the med or put it on hold until the pharmacy could bring it.

Review of the facility policy for unavailable medication showed the following:

"3. In the event the medication is not available

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{F 755} Continued From page 3  
from the E-Kit or the Emergency Pharmacy, the charge nurse will notify the Physician immediately to receive a HOLD order or a change in medication that is currently available."

{F 755}

Review of the list of medications in the First Dose box revealed there should have been 2 doses of Zosyn 3.375 grams available in first dose box.

The facility administration was made aware during the end of day conference at 11:30 AM on 5/17/18. No further information was provided.

{F 760} Residents are Free of Significant Med Errors  
SS=E CFR(s): 483.45(f)(2)

{F 760}

F760

The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.

This REQUIREMENT is not met as evidenced by:

Based on interview, clinical record review and facility documentation the facility failed for 1 resident (Resident #104) to provide five doses of an antibiotic for pneumonia resulting in a significant medication error.

Findings included:

Resident #104 was admitted to the facility on 3/15/18 with diagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, sacral pressure ulcer stage II and Peg tube.

Review of the clinical record showed Resident #104 was ordered Zosyn 3.375 grams (antibiotic for pneumonia) to be administered intravenously (

1.) Resident #104's physician was notified of IV antibiotic not being immediately available, with no adverse side effects noted.

2.) Current residents will be reviewed to ensure Physician ordered IV antibiotics are available in a timely manner, any identified concerns will be addressed as indicated.

3.) Licensed nurses will be educated on or before 5/23/2018 on the process for when IV antibiotic medications are unavailable from the pharmacy, procedures for checking first dose machine, and following up with pharmacy for arrival time or contact physician for alternative drug by Unit Manager and/or designee.

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{F 760} Continued From page 4  
IV) four times per day for seven days to begin at 8:00 PM on 5/14/18.

Review of the May 2018 Medication Administration Record (MAR) revealed missing documentation of administration of the Zosyn.  
5/14/18 at 8:00 PM  
5/15/18 at 8:00 AM  
5/15/18 at 12:00 PM  
5/15/18 at 4:00 PM  
5/15/18 at 8:00 PM

Review of nurses notes dated 5/15/18 at 3:00 PM stated that Resident 104's IV antibiotics had not yet arrived from pharmacy. The nurse called the NP (nurse practitioner) to obtain a new order to hold medications until arrival from pharmacy. The note went on to say pharmacy would have it to the facility on the late night run on 5/15/18.

During interview with LPN B she stated it is the facility policy that if the facility doesn't have the medication available, the facility will call the pharmacy and then if the pharmacy can't get it from the back up pharmacy, the facility will call the Dr. and let him know and see if he can substitute it or put it on hold.

During interview with DON she stated it was facility policy if the medication was not available in the first dose box the nurse was to notify the pharmacy and see if they could get it from a back up pharmacy. She also stated if they couldn't get it from the back up pharmacy the facility would call the MD or NP and see if they could substitute the med or put it on hold until the pharmacy could bring it.

Review of the facility policy for unavailable

{F 760} 4.) DON/Designee will review all new orders for IV antibiotics three times a week x 12 weeks to ensure IV antibiotics are administered in a timely manner with results brought to QAPI x 3 months.

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{F 760} Continued From page 5 medication showed the following:

"3. In the event the medication is not available from the E-Kit or the Emergency Pharmacy, the charge nurse will notify the Physician immediately to receive a HOLD order or a change in medication that is currently available."

Review of the list of medications in the First Dose box revealed there should have been 2 doses of Zosyn 3.375 grams available in first dose box.

The facility administration was made aware during the end of day conference at 11:30 AM on 5/17/18. No further information was provided.

{F 760}

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# SUMMARY REPORT OF MEETING

TYPE OF MEETING Inservice

FACILITY: Battlefield Park 00249	CONDUCTED or PRESENTED BY: Jacqueline Collins	DATE: 5-21-18	TIME:
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### MEETING NOTES

METHOD OF PRESENTATION: (Lecture, Demonstration, Films & etc.) LECTURE AND DISCUSSION

**I.V. Antibiotics and Availability-**

**Guidelines for the Charge Nurse**

SUBJECTS COVERED: \_\_\_\_\_

**\*Check back-up medication cart**

**\*Call Pharmacy**

**\*Notify MD**

REACTION FROM PARTICIPANTS:

**\*Request a medication alternative**  
Receptive

**\*Notify RP**

SUMMARY AND CONCLUSIONS:

ATTENDANCE (Please sign)

NAME	TITLE	SHIFT	NAME	TITLE	SHIFT	NAME	TITLE	SHIFT
See attached signatures								

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NURSES: RN's and LPN's

DATE: 5-21-18 TIME

WING: I & II

1. C. Bruden LPN
2. Melvans LPN
3. Felicia Davis LPN
4. Marquel Burn LPN
5. J. Rai J. Jahr LPN
6. Stacy Clark LPN
7. Lawrence A. Stands, RN
8. J. Collins, BON, RN
9. ~~J. Rankin~~
10. Pat Paul LPN
11. ~~Janika~~
12. V. M. Buge LPN
13. Whitney Williams LPN
14. Deborah A. Stoen
15. ~~Stacy~~
16. ~~Patricia~~
17. Leona Baker LPN
18. R. Shonda Jordan LPN
19. ~~Patricia~~
20. Yvonne Brennan RN

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{E 000} Initial Comments

{E 000}

An unannounced Emergency Preparedness re-visit survey was conducted 5/16/18 through 5/17/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaints were investigated during the survey.

This plan of correction is prepared and executed because it is required by the provisions of state and federal law not because Battlefield Park HealthCare Center admits or denies the validity of the allegations and citations listed on the pages of this Statement of Deficiencies.

{F 000} INITIAL COMMENTS

{F 000}

An unannounced Medicare/Medicaid revisit was conducted 5/16/18 through 5/17/18 for the survey conducted 3/20/18 through 3/29/18. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated.

CommuniCare, Battlefield Park HealthCare Center maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor is it of such character as to limit our capability to render adequate care.

The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 13 current Resident reviews (Residents #101 through #113) and 1 closed record review (Residents #114).

To remain in compliance with all federal and state regulations, the facility has taken or will take the actions set forth in the following plan of correction:

{F 755} Pharmacy Srvcs/Procedures/Pharmacist/Records SS=D CFR(s): 483.45(a)(b)(1)-(3)

{F 755}

**§483.45 Pharmacy Services**  
The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.

Date of Compliance: May 23, 2018

F 755

**§483.45(a) Procedures.** A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

1.) Resident #104's physician was notified of IV antibiotic not being available from the pharmacy, with no adverse side effects noted.

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{F 755}

2.) Current residents will be reviewed to ensure Physician ordered IV antibiotics are available in a timely manner from the pharmacy, any identified concerns will be addressed as indicated.

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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) COMPLETION DATE
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{F 755} Continued From page 3  
from the E-Kit or the Emergency Pharmacy, the charge nurse will notify the Physician immediately to receive a HOLD order or a change in medication that is currently available."  
  
Review of the list of medications in the First Dose box revealed there should have been 2 doses of Zosyn 3.375 grams available in first dose box.

{F 755}

{F 760} Residents are Free of Significant Med Errors  
SS=E CFR(s): 483.45(f)(2)  
  
The facility must ensure that its-  
§483.45(f)(2) Residents are free of any significant medication errors.  
This REQUIREMENT is not met as evidenced by:  
Based on interview, clinical record review and facility documentation the facility failed for 1 resident (Resident #104) to provide five doses of an antibiotic for pneumonia resulting in a significant medication error.

{F 760}

F760

- 1.) Resident #104's physician was notified of IV antibiotic not being immediately available, with no adverse side effects noted.
- 2.) Current residents will be reviewed to ensure Physician ordered IV antibiotics are available in a timely manner, any identified concerns will be addressed as indicated.
- 3.) Licensed nurses will be educated on or before 5/23/2018 on the process for when IV antibiotic medications are unavailable from the pharmacy, procedures for checking first dose machine, and following up with pharmacy for arrival time or contact physician for alternative drug by Unit Manager and/or designee.

Findings included:  
  
Resident #104 was admitted to the facility on 3/15/18 with diagnoses to include but not limited to Bronchitis related to trachea, traumatic brain injury due to Motor Vehicle Accident Hydrocephalus, sacral pressure ulcer stage II and Peg tube.  
  
Review of the clinical record showed Resident #104 was ordered Zosyn 3.375 grams (antibiotic for pneumonia) to be administered intravenously (

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495252</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 05/17/2018</b>
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{F 760}

Continued From page 4  
IV) four times per day for seven days to begin at 8:00 PM on 5/14/18.

Review of the May 2018 Medication Administration Record (MAR) revealed missing documentation of administration of the Zosyn.  
5/14/18 at 8:00 PM  
5/15/18 at 8:00 AM  
5/15/18 at 12:00 PM  
5/15/18 at 4:00 PM  
5/15/18 at 8:00 PM

Review of nurses notes dated 5/15/18 at 3:00 PM stated that Resident 104's IV antibiotics had not yet arrived from pharmacy. The nurse called the NP (nurse practitioner) to obtain a new order to hold medications until arrival from pharmacy. The note went on to say pharmacy would have it to the facility on the late night run on 5/15/18.

During interview with LPN B she stated it is the facility policy that if the facility doesn't have the medication available, the facility will call the pharmacy and then if the pharmacy can't get it from the back up pharmacy, the facility will call the Dr. and let him know and see if he can substitute it or put it on hold.

During interview with DON she stated it was facility policy if the medication was not available in the first dose box the nurse was to notify the pharmacy and see if they could get it from a back up pharmacy. She also stated if they couldn't get it from the back up pharmacy the facility would call the MD or NP and see if they could substitute the med or put it on hold until the pharmacy could bring it.

Review of the facility policy for unavailable

{F 760}

4.) DON/Designee will review all new orders for IV antibiotics three times a week x 12 weeks to ensure IV antibiotics are administered in a timely manner with results brought to QAPI x 3 months.

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{F 760} Continued From page 5  
medication showed the following:

"3. In the event the medication is not available from the E-Kit or the Emergency Pharmacy, the charge nurse will notify the Physician immediately to receive a HOLD order or a change in medication that is currently available."

Review of the list of medications in the First Dose box revealed there should have been 2 doses of Zosyn 3.375 grams available in first dose box.

The facility administration was made aware during the end of day conference at 11:30 AM on 5/17/18. No further information was provided.

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**SUMMARY REPORT OF MEETING**

TYPE OF MEETING Inservice

FACILITY: <u>Sattlefield Park 00249</u>	CONDUCTED or PRESENTED BY: <u>Jacqueline Collins</u>	DATE: <u>5-21-18</u>	TIME:
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**MEETING NOTES**

METHOD OF PRESENTATION: (Lecture, Demonstration, Films & etc.) \_\_\_\_\_ **LECTURE AND DISCUSSION**

**I.V. Antibiotics and Availability-**

SUBJECTS COVERED: \_\_\_\_\_ **Guidelines for the Charge Nurse**

**\*Check back-up medication cart**

**\*Call Pharmacy**

**\*Notify MD**

REACTION FROM PARTICIPANTS: \_\_\_\_\_ **\*Request a medication alternative**  
Receptive

**\*Notify RP**

SUMMARY AND CONCLUSIONS:

**ATTENDANCE (Please sign)**

NAME	TITLE	SHIFT	NAME	TITLE	SHIFT	NAME	TITLE	SHIFT
<i>See attached signatures</i>								

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NURSES: RN's and LPN's

DATE: 5-21-18 TIME

WING: I & II

1. C. Brindley LPN

2. M. Williams LPN

3. Felicia Davis LPN

4. Marquell Brown LPN

5. J. Kai J. Jahn LPN

6. Stacy Clairborne LPN

7. Lawrence A. Sands, RN

8. J. Collins, BON, RN

9. ~~F. Sanders~~

10. J. Albury LPN

11. ~~Janice~~

12. V. Johnson LPN

13. W. Williams, LPN

14. Deborah A. Green

15. ~~Stacy~~

16. ~~John~~

17. Leanna Baker, LPN

18. B. Jordan, LPN

19. ~~Patricia~~

20. Yvonne Brennan RN

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**NURSES: RN's and LPN's**

DATE: 5-21-18 TIME \_\_\_\_\_

WING: W-I-E-II

1. Rochanda Franklin, RN
2. Linda Stanford, RN
3. Cynthia Harris, RN
4. Darrell Warrell, RN
5. Beth Ann Brown, RN
6. Sharon Ann Wilson, RN
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
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# IV Antibiotic Availability Audit

Dates: 5/21/18

Reviewer: Jesse Brinson

Resident	IV Antibiotic	Date Ordered	Date Stopped	Comments
1.) Curtis Brooks	Zosyn IV	5/21/18	6/5/18	Active order until 6/5/18 <sup>missed doses</sup>
2.) Jackie Pundy	Vancomycin	5/24/18	6/3/18	Active Order until 6/3/18 <sup>missed doses</sup>
3.) Martha Walker	Vancomycin	5/24/18	6/3/18	Active Order until 6/3/18 <sup>missed doses</sup>
4.)				
5.)				
6.)				
7.)				
8.)				
9.)				
10.)				

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