

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

PRINTED: 03/28/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495215</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>02/01/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>SENTARA REHABILITATION &amp; CARE RESIDENCE-CHESAPEAKE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>776 OAK GROVE RD PO BOX 1277</b> <b>CHESAPEAKE, VA 23320</b>		
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{E 000}	Initial Comments  An unannounced Medicare/Medicaid Revisit #1 to the standard survey conducted 12/04/17 through 12/11/17 was conducted 02/20/18 through 02/22/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Corrected deficiencies are identified on the CMS 2567-B. One complaint was investigated during the survey.	{E 000}			
{F 000}	INITIAL COMMENTS  An unannounced Medicare/Medicaid Revisit #1 to the standard survey conducted 12/04/17 through 12/11/17 was conducted 02/20/18 through 02/22/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Corrected deficiencies are identified on the CMS 2567-B. One complaint was investigated during the survey.  The census in this 120 bed certified facility was 107 at the time of the survey. The survey sample consisted of 21 current and closed record reviews (Residents #101 through #121).	{F 000}			
{F 755} SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records 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	{F 755}		3/7/18	

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

TITLE

(X6) DATE

Electronically Signed

03/05/2018

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}	<p>Continued From page 1</p> <p>permits, but only under the general supervision of a licensed nurse.</p> <p>§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.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§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</p> <p>§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 observation, resident interview, staff interview, facility documentation review, and clinical record review the facility staff failed to ensure medications accepted from family or outside sources are reconciled by the facility.</p> <p>The findings included:</p> <p>Resident #121 was admitted to the facility on 2/15/18. Diagnoses for Resident #121 included but are not limited to glaucoma and cerebral ischemia.</p>	{F 755}	<p>1. The eye drops for resident #121 found at the bedside were immediately removed by the Clinical Manager on 02/21/2018.</p> <p>2. All residents are at risk if medications accepted from family or outside sources are not reconciled by the facility.</p> <p>3. A 100% review of all residents was conducted on 02/21/2018 to assess for any medications at bedside that had not been reconciled. None were identified. All residents are notified to bring any medications directly to the nurse for</p>		

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{F 755}	Continued From page 2  Resident #121's Admission Minimum Data Set (MDS) had not been completed. Resident #121's Nursing Admission Assessment dated 2/15/18 documented Resident #121 as oriented to person, place and time. In addition, the Nursing Admission Assessment documented Resident #121's mobility score was 1 (Turn/position, Range of Motion, Bed in chair mode, Sitting Edge of Bed, Mechanical Lift to chair).  Resident #121 2/15/18 Physician orders included the following: Brimonidine* (1) ophthalmic (Alphagan P) instill 1 drop to each eye every 8 hours Dorzolamide ophthalmic* (2) (Trusopt) instill 1 drop to each eye three times a day  Resident #121's Current Comprehensive Person Centered Care Plan dated 2/21/18 documented the following focus area: (Resident #121) demonstrates deficits related to cerebral infarction. The goal was "will complete cognitive/linguistic tasks with greater than or equal to 80% accuracy." One intervention included Speech Therapy for cognitive/linguistic training. (Resident #121) is unable to perform self care without assistance due to weakness related to cerebral infarction. The goal was "will perform self care minimum assistance." One intervention included Occupational Therapy for self care retraining.  On 2/22/18 at approximately 12:45 PM, an observation was made during the initial tour with the Unit Manager RN #7 of two prescription eye drops sitting on Resident #121's bedside table. The prescription eye drops were:	{F 755}	reconciliation if brought to the facility by family or outside sources. This communication is included in the Admission packet for each resident and reviewed with them by the Admissions Coordinator. The notice is also posted in each household.  4. Audits will be conducted for 5 residents in each household by the Clinical Manager twice weekly x 45 days to assure any medications accepted by the facility from family or outside sources have been reconciled. Audits will be summarized by the Director of Nursing and presented to the QAPI committee for recommendations and additional oversight.		

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{F 755}	<p>Continued From page 3</p> <p>Turnspit 2% ophthalmic solution 1 drop Brimonidine 0.15% ophthalmic solution 1 drop</p> <p>Neither of the prescription eye drops included directions for which eye to instill drops or frequency to instill eye drops. The prescription eye drops were from the hospital. The Unit Manager, informed Resident #121 that the eye drops should not be in the room and stated she would take them and lock them up. The Unit Manager stated, "Those eye drops were not there earlier today." The Unit Manager stated that she felt the Resident's wife had brought the eye drops to the facility. The resident denied self administering eye drops. The resident could not state which eye the drops were to be used for. The Unit Manager stated that the nurses used drops from the facility and not the eye drops that were found on the Resident's bedside table.</p> <p>On 2/20/18 at approximately 1 PM, the Unit Manager showed the surveyor that Resident #121 had in his medication lock box, the two eye drops from the hospital and 2 facility physician prescribed eye drops. Both were now stored in the Resident's locked medication box.</p> <p>On 2/21/18 at approximately 12:30 PM, the Resident and his wife were both in his room. When asked questions about the eye drops found on his table 2/20/18 Resident #121 stated, "I'm not saying anything about the eye drops." When the wife was asked if she brought in the eye drops from home, she stated, "You'll have to ask him" and looked at her husband.</p> <p>The Facility Policy and Procedure titled, "Resident Personal Medications" with a revision date of 2/21/17 documented the following:</p>	{F 755}			

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{F 755}	Continued From page 4  Residents may bring in personal medications from home if the medications are to be taken during their stay in a village or nursing facility. The physician responsible for the patient must write a complete order for the personal medication(s). When personal medications are not required for treatment the nursing facility makes every effort to assist with the disposition, handling, storage and safeguarding of patient owned medications. Medications will be stored in a locked medication cart, unless there is an order from the provider to permit medications at bedside. Nursing will instruct the patient that personal medications shall not be kept at the bedside unless there is a physician order stating this to be acceptable.  The Facility Policy and Procedure titled, "In Room Storage of Medications" with a revision date of 9/16/15 documented the following:  Policy Statement: In-room medication storage is permitted for all residents residing in households. Licensed nurse will administer medication from the cabinet located in the entryway of each resident's room.  Medications will be stored in locked cabinets located in the entryway of each resident room. Only licensed nurses will have access to the medication cabinets. The consultant pharmacist will monitor medication storage conditions.  Preferred method for the disposition of patient owned medications is to send the medications home with a family member or friend.  The facility administration was informed of the	{F 755}			

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{F 755}	<p>Continued From page 5</p> <p>findings during a briefing on 2/22/18 at approximately 2 PM and again during the exit conference on 2/22/18 at approximately 3:15 PM. The facility did not present any further information about the findings.</p> <p>Medline Plus documented:</p> <p>*Ophthalmic brimonidine is used to lower pressure in the eyes in patients who have glaucoma (high pressure in the eyes that may damage nerves and cause vision loss) and ocular hypertension (pressure in the eyes that is higher than normal but not high enough to cause vision loss). Brimonidine is in a class of drugs called alpha adrenergic agonists. Brimonidine works by decreasing the amount of fluid in the eyes.</p> <p>*Ophthalmic dorzolamide is used to treat glaucoma, a condition in which increased pressure in the eye can lead to gradual loss of vision. Dorzolamide is in a class of medications called carbonic anhydrase inhibitors. It works by decreasing the pressure in the eye.</p>	{F 755}		