STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 04/24/18 through 04/26/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No complaint(s) were investigated during the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 04/24/18 through 04/26/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 110 certified bed facility was 89 at the time of the survey. The survey sample consisted of 19 current Resident reviews and 2 closed record reviews.	F 000	*Please note, Francis Marion Manor is licensed for 109 beds, instead of 110.	
F 578 SS=E	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489. subpart I (Advance Directives). (i) These requirements include provisions to	F 578	F578 Complete documentation of residents wishes for DNR status is important to the team at Francis Marion Manor. 1. All residents found to have been affected by the deficient practice have been reviewed. #62 has a signed DNR, physician failed to date and time the order - he will complete the order during his next visit. #75 received a new DNR form, completed on 4/25/18. #63 new DNR form completed 5/17/18. #288 received a new DNR form completed 5/17/18. #12 DNR added to the monthly orders 5/17/18. (F578 continued)	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lori Martin — TITLE: Administrator — (X6) DATE: 5/23/18

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 1	F 578	F578 continued	

inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.
(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.
(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.
(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.
(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information.
Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.
This REQUIREMENT is not met as evidenced by:
Based on staff interview, clinical record review and facility document review the facility staff failed to ensure a complete and accurate DNR for 5 of 21 residents in the survey sample (Residents #62, #75, #63, #288 and #12).

The findings included:

1. The facility staff failed to have a complete DNR (Do Not Resuscitate) order for Resident #62.
Resident #62 was readmitted to the facility on 3/23/18 with the following diagnoses of, but not

2. A complete audit of all resident charts will be conducted to ensure completion of all Advance Directive forms and to ensure required code status is included in the Physician Order Sheet.

3. Education will be provided to the nursing team to address code status completely upon admission (including form and orders). The Shift Leader will do audits of all new admissions to ensure code status is addressed. Education will be provided to the care plan team for the Social Worker and/or the Asst. Nurse Manager to re-address code status quarterly, with significant changes and annually to validate code status.

4. All new admissions will be audited to ensure code status is addressed. Records will be reviewed during care plan meetings to ensure completion of the forms and to ensure validation of wishes is addressed in the care conference note. The results of the audits will be presented to QAPI for further direction.

5. Corrective action will be completed by 5/31/18.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 2	F 578		

limited to high blood pressure, Peripheral Vascular Disease, Obstructive Uropathy, Pneumonia, diabetes, anxiety disorder, depression and respiratory failure. On the significant change, MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 4/1/18 the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 4 out of a possible score of 15. Resident #62 was also coded as being totally dependent on 2 or more staff members for bathing, personal hygiene and bathing..

The surveyor conducted a clinical record review of Resident #62 on 4/26/18. During this review, it was noted by the surveyor that the DNR was not dated nor timed by the physician.

On 4/26/18 at 4:04 pm, the surveyor notified the administrative team of the above documented findings.

No further information was provided to the surveyor prior to the exit conference on 4/26/18.

2. The facility failed to have a complete and accurate DDNR (Durable Do Not Resuscitate) for Resident #75.

Resident #75 was admitted to the facility on 6/5/15 with the following diagnoses of, but not limited to dementia, Parkinson's Disease, depression, Schizophrenia and psychotic disorder. On the significant change, MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 4/9/18 the resident was coded as having short term and long-term memory problems with being severely impaired in making daily decisions. Resident #75 was also coded as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 3	F 578		

requiring extensive assistance of 1 staff member for personal hygiene and dressing and being totally dependent on 1 staff member for bathing.

The surveyor conducted a clinical record review on Resident #75 on 4/25/18. During this review, it was noted by the surveyor that the DDNR dated for 1/22/18 was not filled out completely. Section 1 of the DDNR read in part, "I further certify [must check 1 or 2]:
1. The patient is CAPABLE of making an informed decision...
2. The patient is INCAPABLE of making an informed decision..."

The boxes beside #1 and #2 were blank.

Section 2 read "If you checked 2 above, check A, B, or C below:" The three boxes below were blank.

The surveyor notified the administrative team on 4/25/18 at 5 pm in the conference room of the above documented findings.
On 4/26/18 at 8 am, the administrator provided the surveyor with a copy of a DDNR that was dated for 4/25/18. The administrator stated, "We went ahead had a new one filled out, which now it is complete.

No further information was provided to the surveyor prior to the exit conference on 4/26/18.
3. For Resident #63 the facility staff failed to ensure a complete DNR (do not resuscitate) form.

Resident #63 was admitted to the facility on 11/03/17. Diagnoses included but not limited to anemia, heart failure, hypertension.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 4	F 578		

hyperlipidemia, cerebrovascular accident, dementia, depression, atrial fibrillation and chronic kidney disease.

The most recent MDS (minimum data set) with an ARD (assessment reference date) of 04/02/18 coded the Resident as 14 out of 15 in section C, cognitive status. This is a quarterly MDS.

Resident #63's clinical record was reviewed on 04/25/18. It contained an "Advance Directive Orders" form which read as follows:

Check procedures to be followed.
[] Advance Directives Evidence
[] Respiratory Support
[] Bag/Mask
[] Intubation
[] Mechanical Ventilation

[] Cardiac Support
[] External cardiac massage
[] Defibrillation or cardioversion
[] Pharmacological treatment
[] Arrhythmias
[] Blood pressure

[] No code
No resuscitative measures will be utilized. Maintain comfort measures.

Above orders:
[] Per discussion with patient
[] Per discussion with POA and/or family

The box beside of "no code" had been checked and the form had been signed and dated by the physician on 02/01/18. No other boxes had been checked on the form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 5	F 578		

Surveyor spoke with the DON (director of nursing) on 04/25/17 at approximately 1030 regarding the Resident's DNR form. DON stated that this is the form they use, rather than the Virginia Dept of Health form. The surveyor asked the DON if one of the boxes under "above orders:" should have been checked and the DON stated that it should have been.

The concern of the incomplete DNR form was discussed with the administrative team during a meeting on 04/25/18 at approximately 1640.

No further information was provided prior to exit.

4. For Resident #288 the facility staff failed to ensure a complete DNR form.

Resident #288 was admitted to the facility on 04/11/18. Diagnoses included but not limited to anemia, hypertension, thyroid disorder, dementia, Parkinson's disease, bipolar disorder, psychotic disorder, schizophrenia and asthma.

The most recent MDS with an ARD of 04/18/18 coded the Resident as 15 out of 15 in section C, cognitive status. This is an admission MDS.

Resident #288's clinical record was reviewed on 04/25/18. It contained an "Advance Directive Orders" form which read as follows:

Check procedures to be followed.
[] Advance Directives Evidence
[] Respiratory Support
[] Bag/Mask
[] Intubation
[] Mechanical Ventilation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 6	F 578		

[] Cardiac Support
[] External cardiac massage
[] Defibrillation or cardioversion
[] Pharmacological treatment
[] Arrhythmias
[] Blood pressure

[] No code
No resuscitative measures will be utilized. Maintain comfort measures.

Above orders:
[] Per discussion with patient
[] Per discussion with POA and/or family

The box beside of "no code" had been checked and the form had been signed and dated by the physician on 04/12/18. No other boxes had been checked on the form.

Surveyor spoke with the DON (director of nursing) on 04/25/17 at approximately 1030 regarding the Resident's DNR form. DON stated that this is the form they use, rather than the Virginia Dept of Health form. The surveyor asked the DON if one of the boxes under "above orders:" should have been checked and the DON stated that it should have been.

The concern of the incomplete DNR form was discussed with the administrative team during a meeting on 04/25/18 at approximately 1640.

No further information was provided prior to exit.
5. The facility staff failed to ensure the April 2018 physician order sheet contained a physician order for the Advanced Directives Orders initially signed on 9/2/16 for Resident #12's "No Code" status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
F 578	Continued From page 7	F 578		

The clinical record of Resident #12 was reviewed 4/24/18 through 4/26/18. Resident #12 was admitted to the facility 5/2/15 with diagnoses that included but not limited to hypertension, heart failure, osteoarthritis, gait abnormalities, anemia, major depressive disorder, unspecified psychosis, dementia without behavioral disturbances, anxiety disorder, rheumatoid arthritis, constipation, and hemiplegia/hemiparesis following cerebrovascular disease affecting unspecified side.

Resident #12's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 2/5/18 assessed the resident with a BIMS of 9 out of 15. Resident #12 had no signs of delirium or behaviors but was assessed to have delusions.

Resident #12's clinical record contained a form titled "Advanced Directives Orders". The form contained a box to check for Advanced Directives, Cardiac Support and No Code. The box for "No Code" was marked for Resident #12 with an explanation "Per discussion with POA (power of attorney) and/or family signed by physician on 9/2/16." The surveyor reviewed the April 2018 signed physician order sheet (POS) and was unable to locate a current physician order.

The surveyor interviewed registered nurse #1 on 4/25/18 at 2:30 p.m. about Resident #12's code status and no current physician order found on the April 2018 POS. R.N. #1 reviewed the clinical record and was unable to locate a physician order

The surveyor informed the administrator and the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 578	Continued From page 8 director of nursing of the above concern on 4/25/18 at 4:42 p.m. and requested the facility policy on advanced directives/DNR (do not resuscitate). The administrator stated the facility does not use the DNR form from Virginia (formerly known as the golden because of the goldenrod color). The surveyor reviewed the facility policy titled "Do Not Resuscitate Orders (DNR) and Do Not Resuscitate (DDNR) Orders-Virginia". The policy read in part "VII. Procedure: A. DNRs Generally 1. A DNR is a physician order to withhold Cardiopulmonary Resuscitation from a person in the event of cardiac or respiratory arrest. B. Creating a DNR b. If the option of a DNR is agreed upon, the physician will: ii. Transcribe an order not to resuscitate the patient in the patient chart. iv. Document the creation of a DNR and the consent of the patient or person authorized to consent on behalf of the patient in the patient record. v. Provide notice to staff that a DNR has been issued for the patient." No further information was provided prior to the exit conference on 4/26/18.	F 578		
F 641 SS=D	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to ensure an accurate MDS (minimum data set) assessment for 2 of 21 Residents, Resident #68 and Resident	F 641	F 641 Accurate assessments for residents at Francis Marion Manor is very important to the team at FMM. 1. The deficient practice was corrected for the residents identified. #68 MDS was corrected during the survey. #40 MDS was corrected during the survey as well. 2. All MDS of residents receiving hospice care were reviewed to ensure appropriate coding. All MDS were reviewed to ensure appropriate coding of the Flu and Pneumonia vaccines (F 641 continued)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 641 Continued From page 9

#40.

The findings included:

1. For Resident #68 the facility staff failed to accurately code that the Resident was receiving hospice services on the MDS.

Resident #68 was admitted to the facility on 05/3017. Diagnoses included but not limited to hypertension, gastroesophageal reflux disease, dementia, anxiety, depression, and respiratory failure.

The most recent MDS with an ARD (assessment reference date) of 04/06/18 coded the Resident as 13 of 15 in section C, cognitive status. Section O. special treatments, procedures and programs coded the Resident as having oxygen therapy while in the facility. No other areas were coded in this section. This is a significant change MDS.

Resident #68's clinical record was reviewed on 04/25/18. It contained a signed physician's order summary dated 04/08/18, which read in part "Admit to Hospice ....(name omitted)". The order date for this entry was 03/28/18.

The surveyor spoke with the MDS coordinator on 04/25/18 at approximately 1350 regarding the incorrectly coded MDS. The surveyor asked the MDS coordinator if hospice should have been coded on the MDS and the MDS coordinator stated "That is why we did the significant change MDS". The MDS coordinator provided the surveyor with a corrected copy of section O of the MDS on 04/25/18 at approximately 1410.

The concern of the incorrect MDS was discussed

F 641 F 641 continued

3. Education provided to MDS team to validate coding is correct for those two areas.

4. MDS nurse will verify appropriate coding with one other nurse in the MDS office prior to submission. An audit will be conducted by the Assistant Nurse Manager during the care plan process to ensure proper coding. Results will be reported to the QAPI team for further direction.

5. Corrective action will be completed by May 31, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 641	Continued From page 10	F 641		

with the administrative team during a meeting on 04/25/18 at approximately 1640.

No further information was provided prior to exit.

2. The facility staff failed to ensure an accurate MDS (Minimum Data Set) for Resident #40.

Resident #40 was admitted to the facility on 10/18/17 with the following diagnoses of, but not limited to heart failure, high blood pressure, diabetes, dementia, anxiety disorder, depression and Schizophrenia. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 3/10/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 11 out of a possible score of 15. Resident #40 was also coded as requiring extensive assistance of 2 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing.

The surveyor performed a clinical record review on Resident #40. During this review, the surveyor noted that on the quarterly MDS with ARD of 3/10/18, Under Section O0250, the resident was coded as to have had received the flu vaccine in the facility for this year's flu session. The date of the vaccination was documented as being administrated on 7/13/17. The surveyor noted on the same MDS that the admission date to the facility was 10/18/17.

The surveyor notified the director of nursing (DON) on 4/25/18 at approximately 9:30 am of the above documented findings. The DON stated that she would look into this.

The DON provided copies of the quarterly MDS with ARD of 3/10/18 to the surveyor at 10:40 am.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 641	Continued From page 11 The surveyor, in the end of the day conference, notified the administrative team of the above documented findings at 5 pm. No further information was provided to the surveyor prior to the exit conference on 4/26/18.	F 641		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv)In consultation with the resident and the resident's representative(s)-	F 656	F 656 Comprehensive Care Plans for each resident is important to the team at Francis Marion Manor 1. Resident #69 care plan has been updated for use of the antipsychotic medication and for monitoring of the symptoms being treated. 2. All residents receiving an antipsychotic medication have been identified as having the same potential for deficient practice. Therefore, an audit of all resident records will be conducted to ensure the medication diagnosis corresponds with the diagnosis report list and care planned appropriately with behaviors being monitored. 3. Utilize a new assessment to monitor use of antipsycotic medications including: gradual dose reduction (attempts and outcomes), diagnosis, behaviors including frequency, harm to self or others, side effects of medications, new medical symptoms since GDR, non-pharmacological interventions, care plans and MD and Resident Representative nofication. (continue F656)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 656	Continued From page 12	F 656	Continued F656	

(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review the facility staff failed to develop a comprehensive care plan for 1 of 21 (Resident #69).

1. For Resident #69. facility staff failed to care plan for use of antipsychotic medication and monitoring of the symptoms for which the antipsychotic medication was ordered.

04/26/18 11:51 AM Resident # 69 received quetiapine 50 mg at bedtime for diagnosis unspecified dementia without behavior disturbance. There was no record of behaviors treated by the antipsychotic medication or of behavior monitoring of a resident taking antipsychotic medication.

Resident #69 was admitted to the facility on 10/6/17 with diagnoses including On the quarterly minimum data set assessment with assessment date 4/6/18, the resident scored 3/15 on the brief interview for mental status and was assessed as without signs of delirium, or behavior affecting others. The resident was assessed with

3. (continued) Education provided to the new pharmacist to report if there are no supporting diagnosis, if symptoms are not being documented for which the medication is being used and if there are no assessments to ensure effectiveness of the medication.

4. The Assistant Nurse Managers will audit to validate completion of the assessment. These audits will be conducted weekly for four weeks and then monthly for six months for each resident receiving an antipsychotic medication. They will also audit to make sure the care plan addresses the requirements. Results of the audit will be presented to the QAPI team for further recommendations.

5. Corrective action will be completed as of May 31, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 656	Continued From page 13 wandering 1-3 of the prior 7 days. During clinical record review on 4/26/18, the surveyor noted a physician order 1/15/18 for quetiapine 50 mg give 1 tablet by mouth at bedtime for unspecified dementia. The resident's Diagnosis Report listed Principal Diagnosis as Unspecified Dementia without Behavioral Disturbance. The resident's Medication Administration Record and Treatment Administration Record did not document monitoring of behaviors for which the resident was being treated with antipsychotic medication. The surveyor asked the resident's nurse which symptoms the antipsychotic medication was intended to treat. The nurse was unable to name symptoms. The pharmacist reviewed the resident's orders on 2/8/18, 3/15/18, and 4/12/18 and did not report a concern that there was no diagnosis appropriate for the use of an antipsychotic medication, no symptoms were documented as being treated by the antipsychotic medication, and there was no order for behavior monitoring to assess the effectiveness of the treatment with an antipsychotic medication. The administrator and director of nursing were notified of the concern during a summary meeting on 4/26/18.	F 656		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans	F 658	F 658 Providing services which meet professional standards is important to the team at Francis Marion Manor. (continued F 658)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE

F 658 Continued From page 14

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 document review, and clinical record review, the facility staff failed to follow standards of professional practice for 1 of 21 residents (Resident #26). The facility staff failed to follow the five rights of medication administration during a medication pass on 9/13/17. Resident #26 received a second dose of 9:00 a.m. medications when the nurse failed to document the medications Resident #26 received initially.

The findings included:

The facility staff failed to follow the five rights of medication administration for Resident #26 on 9/13/17. Resident #26 received double doses of Norvasc (given for hypertension), Aspirin (blood thinner), Plavix (used to prevent blood clots), Zyrtec (antihistamine), Chlorthalidone (diuretic), Glimepiride (used for type 2 diabetes mellitus), Klonopin (used for anxiety), Losartan (hypertension), Metoprolol (hypertension), and Paxil (used for depression) at 9:00 a.m. on 9/13/17.

Resident #26's clinical record was reviewed 4/24/18 through 4/26/18. Resident #26 was admitted to the facility 8/21/17 and readmitted 12/16/17 with diagnoses that included but not limited to cerebral hemorrhage, insomnia, dementia, diabetes mellitus type 2, hypertension, depression, hyperlipidemia, dyslipidemia, weakness, cerebrovascular accident, anxiety, and

F 658 Continued F 658

1. After discovering the medication error occured, the physician and resident representative were notified. The resident experienced no ill effects as a result of receiving the medications twice. Education was provided to the nurse in question.

2. Any resident receiving medication is at risk for the same deficient practice. Nurses will be re-educated regarding the five rights of medication administration

3. Licensed nursing team members will be re-educated regarding the five rights of medication administration.

4. Observation of medication passes to confirm the nurse practices the five rights of medication administration will be done weekly for eight weeks and then monthly for six months. The Nurse Manager or her designee will be responsible to perform the audits and to provide corrective measures during the audit as needed. Audit reports will be presented to the QAPI committee for further recommendations.

5. Corrective measures will be initiated by May 31, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 658	Continued From page 15	F 658		

gastroesophageal reflux disease (GERD).

Resident #26's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 2/23/18 assessed the resident with a BIMS (brief interview for mental status) of 2 out of 15. The facility assessed the resident with altered level of consciousness and with behaviors that included verbal, physical and that did not affect others. The facility staff did not assess the resident with any signs or symptoms of psychosis.

The surveyor reviewed Resident #26's progress notes from admission on 8/21/17 through 4/25/18. The progress note dated 9/13/17 at 09:40 read "Received a 2nd dose of 9am (morning) medications from this nurse due to upon taking over the medication cart and 9am meds (medications) were not signed off and with this being observed this nurse administered a 2nd round of 9am medications-MD (medical doctor) here at this time and notified of this med error-vital signs obtained with results of 98.0 (temperature), 57 (pulse), 16 (respirations), BP (blood pressure) 125/80."

The surveyor interviewed the director of nursing (DON) on 4/26/18 at 10:48 a.m. The DON stated 9/13/17 was a "fluke day". The DON stated the charge nurse was doing the medication pass. Resident #26 had received the 9:00 a.m. medications. The DON stated the nurse was informed that her mother was dying and the charge nurse frantically left. The oncoming nurse realized that she had given a 2nd dose of the 9:00 a.m. medications when the narcotic count for Klonopin was off. The DON stated that's when she realized there was an issue. The DON

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 658	Continued From page 16 stated the physician was here and informed of the 2nd dose of 9:00 a.m. medications. The DON stated the physician order was to monitor the resident. The DON stated the first nurse didn't sign off the medications she had administered to Resident #26. The DON stated the medications should have been signed off as given. The surveyor asked the director of nursing for the facility's professional standard of practice for medication administration. The surveyor received the facility's standard for professional practice for medication administration on 4/26/18. Corporate registered nurse #1 stated the facility's standards of professional practice for medication administration was found online on page 19-22 from Mosby's "Best Practice Guidance and Procedural Manual". "The Five Rights of Medication Administration" read "1. Right patient 2. Right drug 3. Right dose 4. Right route 5. Right time. Nurse should record the drug dose actually administered to the patient." The surveyor informed the administrator and the director of nursing of the above concern on 4/26/18 at 12:00 noon. No further information was provided prior to the exit conference on 4/26/18.	F 658		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive	F 684	F 684 Providing Quality Care is important to the team at Francis Marion Manor. (continued F 684)	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 684 Continued From page 17

assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices.
This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review the facility staff failed to provide services to meet the highest practicable level of well-being for 2 of 21 residents in the survey sample (Resident #29 and #22).

The findings included:

1. The facility staff failed to use non-pharmacological interventions prior to the administration of a pain medication for Resident #29.

Resident #29 was admitted to the facility on 5/26/17 with the following diagnoses of, but not limited to high blood pressure, hip fracture, anxiety disorder, depression and Chronic Obstructive Pulmonary Disease. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 3/24/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 15 out of a possible score of 15. Resident #29 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing.

The surveyor performed a clinical record review of Resident #29 on 4/25 and 4/26/18. During this review, the surveyor noted that the resident had a physician order for the following medication:

F 684 Continued F 684

1. #29 received pain medication without non-pharmacological approaches documented; however, resident frequently requests team members to come to her room for various reasons. Team members have been educated to document those trips in and out of her room to demonstrate the non-pharm approaches that are made throughout the day. #22 recieved no ill effects from the blood sugar not being re-checked at 1:20 am on 12/25/17. The nurse who did not follow the physician's order was re-educated and instructed to follow the orders received by the physician and to be sure those results are documented.

2. All residents have the potential to be affected by the same deficient practice.

3. Team members are being re-educated to always document non-pharmacological approaches to pain management prior to administering pain medication. Education also provided to always follow physicians orders and to document thoroughly those results.

Team members are also required to document follow up for residents experiencing abnormalities for an extended period.

4. Audits will be done to check for non-pharm approaches to pain management and completion of physician orders. 20 audits weekly for eight weeks and then monthly for six months. Education will be provided to team members on the spot as needed. These results will be presented to QAPI for further direction.

5. Corrective action will be achieved by May 31, 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
F 684	Continued From page 18	F 684		

"Cyclobenzaprine 10 mg (milligram) Give 0.5 tablet by mouth every 12 hours as needed for leg pain". The surveyor also reviewed the MAR (Medication Administration Record for Resident #29 for the month of April 2018. This pain medication was administrated to the resident on the following dates and times: 4/3/18 at 2000 (8 pm), 4/4/18 at 10:34, 4/6/18 at 21:45 (9:45 pm), 4/7/18 at 21:20 (9:20 pm), 4/8/18 at 19:30 (7:30 pm), 4/12/18 at 0600 (6 am) and 21:38 (9:38 pm), 4/16/18 at 20:00 (8 pm), 4/17/18 at 20:20 (8:20 pm), 4/20/18 at 19:25 (7:25 pm), 4/21/18 at 20:40 (8:40 pm), 4/22/18 at 21:03 (9:03 pm) and 4/25/18 at 23:45 (11:45 pm). The surveyor reviewed the nurses' notes for the above documented dates and times and there was no documentation of non-pharmacological interventions provided to the resident prior to the administration of the above stated pain medication.

The surveyor notified the administrative team on 4/26/18 at 4:04 pm in the conference room.

No further information was provided to the surveyor prior to the exit conference on 4/26/18.

2. The facility staff failed to follow the physician order to obtain a blood sugar for Resident #22.

The surveyor reviewed Resident #22's clinical record on 4/24/18 through 4/26/18. Resident #22 was admitted to the facility 4/11/15 with diagnoses that included but not limited to diabetes mellitus type 2, status post pneumonia, seizures, febrile episode, subarachnoid hemorrhage, status post respiratory failure, deconditioning, polysubstance abuse, hypertension, coronary artery disease, esophageal reflux, hyperlipidemia, peripheral

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 684	Continued From page 19	F 684		

vascular disease, gastroesophageal reflux disease, bipolar disorder, tobacco abuse, and obesity.

Resident #22's annual minimum data set (MDS) with an assessment reference date (ARD) of 2/19/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.

A physician order dated 12/24/17 23:20 (11:20 p.m.) read "Give plenty of water to drink & recheck BS (blood sugar) in 2 hours & notify MD (medical doctor) if BS remains 400 & more." Resident #22's blood sugar on 12/24/17 at 9:00 p.m. was 483.

The surveyor reviewed the December 2017 electronic medication administration record but was unable to locate the results of the rechecked blood sugar. The surveyor reviewed the 12/24/17 through 12/31/17 progress notes. There were no other notes except the progress note dated 12/24/17 at 23:20 (11:20 p.m.) that repeated the physician order of 12/24/17.

The surveyor informed the administrator and the director of nursing (DON) on 4/26/18 at 11:42 a.m. The DON reviewed the clinical record but was unable to locate the results of the blood sugar that should have been repeated after 9:00 p.m. on 12/24/17. The surveyor asked for the facility's policy on diabetic management. The DON stated the facility did not have a policy on diabetes.

No further information was provided prior to the exit conference on 4/26/18.

F 756	Drug Regimen Review, Report Irregular, Act On	F 756	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 756 Continued From page 20
SS=D CFR(s): 483.45(c)(1)(2)(4)(5)

§483.45(c) Drug Regimen Review.
§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

§483.45(c)(2) This review must include a review of the resident's medical chart.

§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.
(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.
(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that

F 756 F 756
Drug Regimen Review and follow up is very important to the team at Francis Marion Manor

1. Resident #59 received no ill effects from the medication given on 4/24/18. The physician has reviewed the need for this medication. Resident #69 did not have a diagnosis for the use of the antipsychotic. The physician will address the diagnosis. The pharmacy was notified of the need to flag the need for diagnosis and behaviors during their monthly reviews.

2. All residents have the potential to be affected by the same practices. An audit was conducted to review all residents with prn psychotropic meds to ensure there is a stop date entered and that there is a diagnosis to support the use of the medication.

3. Implementing the new weekly assessment for monitoring use of the antipsychotic medications will address the stop dates and will ensure each medication has a diagnosis to support the use of the medication. Education will be provided to team mebers, physicians and to the pharmacist of the requirements.

4. An audit to validate completion of the assessment will be conducted weekly for four weeks and then monthly for six months for each resident receiving an antipsychotic medication. The Assistant Nurse Managers will conduct the audits and will provide re-education as needed. Results of the audit will be presented to the QAPI team for further recommendations.

5. Corrective action will be completed as of May 31, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 756	Continued From page 21	F 756		

requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:

Based on staff interview and clinical document review the pharmacist failed to notify the facility staff that a Resident's as needed antipsychotic was limited to 14 days and required physician review and failed to ensure that behavior monitoring was being done for 2 of 21, #59 and #69.

1. For Resident #59, facility staff failed to ensure that a PRN (as needed) order for an antipsychotic medication was limited to 14 days and administered a PRN antipsychotic medication after 14 days without a physician examining the resident and renewing the order.

Resident # 59 was admitted to the facility on 3/19/18 with diagnoses including anemia, coronary artery disease, hypertension, peripheral vascular disease, gastroesophageal reflux disease, neurogenic bladder, Alzheimer's disease, anxiety disorder, and nontraumatic cerebral hemorrhage. On the admission minimum data set assessment with assessment date 3/28/18, the resident scored 3/15 on the Brief Interview for Mental Status and was assessed as without symptoms of delirium, psychosis, or behaviors affecting others.

Clinical record review on 4/26/18 revealed an order dated 3/19/18 for Haloperidol 2mg/ml 0.5ml by mouth sublingually every 6 hours as needed for agitation. The medication administration record documented administration on 4/24/18 at 23:18. The medical record did not document a physician review and renewal of the antipsychotic medication order after 14 days. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
F 756	Continued From page 22	F 756		

Medication regimen review indicated that a review was conducted 4/12/18 was marked "see report for any noted irregularities and/or recommendations". The surveyor was unable to locate a pharmacy recommendation in the record.

The surveyor reported the concern to the administrator and director of nursing (DON) during a summary meeting on 4/25/18. On 4/26/18, the DON reported that the nurse had not gotten an order for the administration of the haloperidol. There was no record of a physician reviewing and renewing the order.

2. For Resident #69, pharmacy staff failed to address the need for a diagnosis for the use of antipsychotic medication and for monitoring of the symptoms for which the antipsychotic medication was ordered.

04/26/18 11:51 AM Resident # 69 received quetiapine 50 mg at bedtime for diagnosis unspecified dementia without behavior disturbance. There was no record of behaviors treated by the antipsychotic medication or of behavior monitoring of a resident taking antipsychotic medication.

Resident #69 was admitted to the facility on 10/6/17 with diagnoses including On the quarterly minimum data set assessment with assessment date 4/6/18, the resident scored 3/15 on the brief interview for mental status and was assessed as without signs of delirium, or behavior affecting others. The resident was assessed with wandering 1-3 of the prior 7 days.

During clinical record review on 4/26/18, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
F 756	Continued From page 23 surveyor noted a physician order 1/15/18 for quetiapine 50 mg give 1 tablet by mouth at bedtime for unspecified dementia. The resident's Diagnosis Report listed Principal Diagnosis as Unspecified Dementia without Behavioral Disturbance. The resident's Medication Administration Record and Treatment Administration Record did not document monitoring of behaviors for which the resident was being treated with antipsychotic medication. The surveyor asked the resident's nurse which symptoms the antipsychotic medication was intended to treat. The nurse was unable to name symptoms. The pharmacist reviewed the resident's orders on 2/8/18, 3/15/18, and 4/12/18 and did not report a concern that there was no diagnosis appropriate for the use of an antipsychotic medication, no symptoms were documented as being treated by the antipsychotic medication, and there was no order for behavior monitoring to assess the effectiveness of the treatment with an antipsychotic medication. The administrator and director of nursing were notified of the concern during a summary meeting on 4/26/18.	F 756		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-	F 757	F757 Providing a drug regimen free from unnecessary drugs to Residents is a priority for the team at Francis Marion Manor Health & Rehabilitation.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 757 Continued From page 24

§483.45(d)(1) In excessive dose (including duplicate drug therapy); or

§483.45(d)(2) For excessive duration; or

§483.45(d)(3) Without adequate monitoring; or

§483.45(d)(4) Without adequate indications for its use; or

§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or

§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.
This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review the facility staff failed to ensure 2 of 21 Residents were free of unnecessary medications. Resident #290 and Resident #22.

The findings included:

1. For Resident #290 the facility staff failed to monitor blood pressure and pulse prior to the administration of the medications

Resident #290 was admitted to the facility on 04/21/18. Diagnoses included but not limited to weakness, fatigue, orthopnea, congestive heart failure, dyspnea, rapid atrial fibrillation, hypertension, gastroesophageal reflux disease, pancytopenia, chronic kidney disease, hypomagnesemia, and severe malnutrition. There has not been an MDS completed, as

F 757 Continued F 757

1. Resident #290 received no ill effects from missing the blood pressure and pulse prior to giving the medications from 4/21/18 through 4/23/18. The MAR was corrected on 4/23/18 to alert the team to check the blood pressure and pulse prior to administering med. Team members were educated on how to enter the alert. Resident #22 received no ill effects from not receiving his sliding scale as ordered. Team members involved were re-educated to follow the sliding scale on insulins.

2. All residents have the same potential to be affected by the deficient practice. Resident records were reviewed to identify others who have orders with parameters to ensure the MAR is set up correctly and parameters are being documented. Additionally, records were audited to ensure insulin administration with parameters is also being administered as indicated.

3. Nursing team members were re-educated regarding adding alerts to the eMAR to assist in managing the need for follow-up for certain medications.

4. Audits will be conducted by the Shift Leader for medications with special instructions. These audits will be conducted 10 times weekly for four weeks and monthly for six months. When issues are identified, an intervention will be implemented. Results will be presented to QAPI for further recommendations.

5. Corrective action will be completed by May 31, 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 757	Continued From page 25	F 757		

Resident is a new admit, however Resident is alert, but confused.

Resident #290's clinical record was reviewed on 04/25/18. It contained a signed physician's order summary which read in part, "Metoprolol tartrate tablet 25 mg Give 25 mg by mouth every 8 hours for bp (blood pressure). Hold med if HR (heart rate) < 50, or SBP (systolic blood pressure) < 90. Notify MD if dose is held". This order had a start date of 04/21/18.

Resident #290's eMAR (electronic medication record was reviewed and contained an entry which read in part, "Metoprolol tartrate tablet 25 mg Give 25 mg by mouth every 8 hours for bp (blood pressure). Hold med if HR (heart rate) < 50, or SBP (systolic blood pressure) < 90". The Resident's BP or pulse had not been recorded as having been done on 04/21/18 at 10 pm, 04/22/18 at 6 am, 2 pm, or 10 pm and 04/23/18 at 6 am or 2 pm.

The concern of the missing BP and pulse rate's were discussed with the administrative team during a meeting on 04/25/18 at approximately 1640.

Surveyor spoke with the DON (director of nursing) on 04/26/18 at approximately 1100 regarding Resident #290. DON stated that the pulse and BP should have been taken and recorded prior to the administration of the medications.

No further information was provided prior to exit.

2. The facility staff failed to follow the physician order for the administration of sliding scale insulin based on the blood sugar parameters for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
F 757	Continued From page 26	F 757		

Resident #22.

The surveyor reviewed Resident #22's clinical record on 4/24/18 through 4/26/18. Resident #22 was admitted to the facility 4/11/15 with diagnoses that included but not limited to diabetes mellitus type 2, status post pneumonia, seizures, febrile episode, subarachnoid hemorrhage, status post respiratory failure, deconditioning, polysubstance abuse, hypertension, coronary artery disease, esophageal reflux, hyperlipidemia, peripheral vascular disease, gastroesophageal reflux disease, bipolar disorder, tobacco abuse, right tibia fracture and obesity.

Resident #22's annual minimum data set (MDS) with an assessment reference date (ARD) of 2/19/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.

Current comprehensive care plan initiated 9/15/16 and revised on 5/19/17 identified a focused area that read "Resident #22 has alterations in endocrine status r/t (related to) dependent diabetes with complications. Interventions: Give medication as ordered by doctor. Observe/document for side effects and effectiveness. Obtain FSBS (finger stick blood sugar) checks AC (before meals) and HS (bedtime). Administer nutrition insulin within in (sic) before each meal and basal insulin at HS. Corrective insulin as needed on morbid obese scale."

The April 2018 signed physician orders for Resident #22 were reviewed.

The physician orders read "Humalog 100 units/1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 757	Continued From page 27	F 757		

ml (milliliter) vl (vial) Inject as per sliding scale:
If 0-69=0 units < (less than) 70, Give Dextrose 4, (<60. Give 2) wait 15-20 min (minutes), recheck BS (blood sugar), notify MD (medical doctor);
70-150=0 units
151-200=4 units
201-250=8 units
251-300=12 units
301-350=16 units
351-400=20 units
401 + =20 units Give 20 units, notify MD
Subcutaneously before meals and at bedtime for diabetes."

The surveyor reviewed the April 2018 electronic medication administration record and identified the following areas of concern:
4/4/18 11:00 a.m. The blood sugar was 265; however, there was no unit amount of insulin documented that was administered. Based on the physician order, the resident should have received 12 units. The 4/4/18 progress note [written at 1800 (6:00 p.m.)]did not acknowledge the amount of insulin administered at 11:00 a.m.

4/4/18 at 2100 (9:00 p.m.) Resident #22's blood sugar was 407 and 20 units of insulin was administered. However, based on the physician order, the physician should have been notified when the blood sugar was greater than 401. The surveyor found no documentation that the physician order to notify the MD if the blood sugar was greater than 401 was done. There was not a progress note on 4/4/18 at 9:00 p.m. or thereafter on 4/4/18.

4/7/18 5:00 p.m Blood sugar was 403. The surveyor found no evidence the physician was notified of the elevated blood sugar greater than

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE

F 757 Continued From page 28

401. There were no progress notes written 4/7/18.

4/7/18 at 9:00 p.m. Blood sugar was 405. The surveyor found no evidence the physician was notified of the elevated blood sugar greater than 401. There were no progress notes written 4/7/18.

4/17/18 5:00 p.m. Blood sugar was 422. The progress note dated 4/17/18 at 4:15 p.m. did not address Resident #22's elevated blood sugar or physician notification.

The surveyor informed the administrator and the director of nursing of the above issue during the end of the day meeting on 4/25/18 at 4:42 p.m. The surveyor requested the facility policy on diabetic management. The DON stated the facility did not have a policy on diabetes.

No further information was provided prior to the exit conference on 4/26/18.

F 758 SS=E Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)

§483.45(e) Psychotropic Drugs
§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:
(i) Anti-psychotic;
(ii) Anti-depressant;
(iii) Anti-anxiety; and
(iv) Hypnotic

Based on a comprehensive assessment of a

F 757

F 758
The team at Francis Marion Manor Health & Rehabilitation feels it is very important to ensure Residents are free from any unnecessary use of psychotropic medications including prn use.

F 758 1. Education provided to team members to document behaviors and sign/symptoms of the effects or side effects of the psychotropic meds for residents #26, #12, #40, #47, #59, #69 and #10. Further, re-education was provided to the nurse caring for resident #59. When entering the order into PCC, nurse should include a stop date which will appear on the eMAR. Then if the medication is needed beyond the stop date, the nurse will notify the physician of the need to visit the resident to determine the need for a new order/prescription to either extend the 14 day use or to schedule the medication. The physician will need to write a progress note to explain his/her reasoning for the prescription continuance.

F758 continued

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 29	F 758	continued F 758	

resident, the facility must ensure that---

§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;

§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;

§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review, the facility staff failed to ensure 7 of 21 residents were free of unnecessary psychotropic

2. All residents receiving psychotropic meds have the same potential to be affected by this practice. An audit is being conducted to determine need for diagnoses, to ensure medication is truly needed, to ensure behaviors are being monitored and that PRN meds are limited to no more than 14 days.

3. Implementing the new assessment will address diagnoses, dradual dose reductions, behavioral interventions, PRN limitations and demonstrate the ongoing need for the medication if that is the case. This process began May 21, 2018.

4. The Assistant Nurse Managers will audit to validate completion of the assessment weekly for four weeks and then monthly for six months for each resident receiving a psychotropic medication. Results of the audit will be presented to the QAPI team for further recommendations.

5. Corrective action will be completed as of May 31, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 30	F 758		

medications (Resident #26, Resident #12, Resident #40, Resident #47, Resident #59, Resident #69 and Resident #10).

The findings included:

1. The facility staff failed to ensure Resident #26 was free of unnecessary psychotropic medications. The facility staff failed to monitor the use of psychotropic medications-Klonopin 0.5 mg (milligrams) bid (twice a day), Paxil 40 mg daily, and Quetiapine 25 mg at bedtime.

Resident #26's clinical record was reviewed 4/24/18 through 4/26/18. Resident #26 was admitted to the facility 8/21/17 and readmitted 12/16/17 with diagnoses that included but not limited to cerebral hemorrhage, insomnia, dementia, diabetes mellitus type 2, hypertension, depression, hyperlipidemia, dyslipidemia, weakness, cerebrovascular accident, anxiety, and gastroesophageal reflux disease (GERD).

Resident #26's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 2/23/18 assessed the resident with a BIMS (brief interview for mental status) of 2 out of 15. The facility assessed the resident with altered level of consciousness and with behaviors that included verbal, physical and that did not affect others. The facility staff did not assess the resident with any signs or symptoms of psychosis.

Current comprehensive care plan initiated 2/27/18 had the focus area that read Resident #26 uses psychotropic medications r/t (relate to) behavior management from anxiety, agitation, risk of depression, disease process of cognitive

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 31	F 758		

impairment and pain of head ache to right shoulder in addition to threatens potential for injury to others. Interventions: Administer psychotropic medications as ordered by physician. Monitor for side effects and effectiveness. Observe record occurrence of for target behavior symptoms (specify: pacing, wandering, disrobing, inappropriate response to verbal communication, violence/aggression towards staff/others, etc.) and document per facility policy. The care plan did not address any specific targeted behaviors or interventions to use for Resident #26's when targeted behaviors were observed.

The surveyor reviewed the signed April 2018 physician order sheet (POS). Resident #26 had orders for Klonopin 0.5 mg by mouth two times a day for agitation, Paroxetine 40 mg daily for depression, and Quetiapine Fumarate 25 mg 0.5 mg at bedtime for dementia with behavioral disturbances.

The surveyor reviewed the April 2018 electronic medication administration records (eMAR) and found no evidence of behavior monitoring on the eMAR or monitoring of the effects/side effects of each of the psychotropic medications.

During the end of the day meeting on 4/25/18 at 4:42 p.m., the surveyor asked the administrator and the director of nursing (DON) where the staff document Resident #26's behavior and the justification for the use of Klonopin, Paroxetine, and Quetiapine. The DON stated, "We rely on nurse's notes and the documentation in those notes. The staff only document if there are issues or behaviors going on and those would be documented."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 32	F 758		

The surveyor reviewed the April 2018 progress notes. The 4/11/18 progress note stated that patient kicked at certified nursing assistant when C.N.A. was trying to do ADL (activities of daily living).

The 4/12/18 4:13 progress note read in part "Resident #26 was yelling out like she does at times. She was cursed loudly by another resident and was told to shut up. According to RN (registered nurse) this patient screamed back at the other resident."

The 4/23/18 0200 progress note read "Pt (patient) has increased anxiety. Pt kept trying to get out of bed and yelling out for her son. Pt transferred x2 to a Geri chair so she could come up to the front desk to be with the nursing staff. 0320 Sleeping in her chair comfortably with blanket over her."

The 4/25/18 10:00p.m. progress note read "Pt hit and scratched certified nursing assistants while they were transferring patient from Geri chair. Resident #26 grabbed the lanyard and tried to pull it off one of the aides. The nurse had hold of the resident's hands and calmly told the resident what the aides were going to do and she calmed down and let the aides change her."

The surveyor asked the director of nursing (DON) on 4/26/18 at 11:23 a.m. if the facility had policies on managing psychotropic medications. The DON stated no policy.

No further information was provided prior to the exit conference on 4/26/18.

2. The facility staff failed to ensure Resident #12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 33	F 758		

was free of unnecessary psychotropic medications. The facility staff failed to monitor the use of Citalopram 20 mg (milligram) at bedtime, Lorazepam 0.5 mg twice a day for anxiety, and Risperidone 0.25 mg at bedtime.

The clinical record of Resident #12 was reviewed 4/24/18 through 4/26/18. Resident #12 was admitted to the facility 5/2/15 with diagnoses that included but not limited to hypertension, heart failure, osteoarthritis, gait abnormalities, anemia, major depressive disorder, unspecified psychosis, dementia without behavioral disturbances, anxiety disorder, rheumatoid arthritis, constipation, and hemiplegia/hemiparesis following cerebrovascular disease affecting unspecified side.

Resident #12's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 2/5/18 assessed the resident with a BIMS of 9 out of 15. Resident #12 had no signs of delirium or behaviors but was assessed to have delusions.

Resident #12's current comprehensive care plan was reviewed. A focus area for behaviors was initiated 4/3/17 and read "Resident has a behavior problem of yelling from room for assistance most often when alone, increase confusion, severe dementia with delusions and hallucinations. Nursing staff reports the resident has behaviors of calling staff names and yelling out often while awake. Interventions: Administer medications as ordered by MD (medical doctor). See MAR (medication administration record). Observe/document for side effects and effectiveness. Focus area for dementia was identified on 11/22/16. Interventions: When she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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) COMPLET ON DATE
F 758	Continued From page 34	F 758		

is agitated. attempt to redirect before transferring. Focus area for psychotropic drug use identified 11/22/16. Interventions: Administer medications as ordered by physician. Observe/document/report any adverse reactions: change in behavior/mood/cognition; hallucinations/delusions; social isolation. Focus area of mood problem identified 2/13/17. Resident #12 yells out at staff and residents if they are outside her room. She thinks the facility is her house. Interventions: Try to determine the cause of the behavior.

The surveyor reviewed the April 2018 physician order sheet. Resident #12 had orders for Citalopram 20 mg at bedtime for psychosis, Lorazepam 0.5 mg twice a day for anxiety, and Risperidone 0.25 mg at bedtime for psychosis.

The surveyor reviewed the April 2018 electronic medication administration record (eMAR). The April 2018 eMAR did not have documented monitoring of the effects/side effects of the psychotropic medications (Citalopram, Lorazepam and Risperidone) or any targeted behaviors identified.

During the end of the day meeting on 4/25/18 at 4:42 p.m., the surveyor asked the administrator and the director of nursing (DON) where the staff document Resident #12's behavior and the justification for the use of Citalopram, Lorazepam, and Risperidone. The DON stated, "We rely on nurse's notes and the documentation in those notes. The staff only document if there are issues or behaviors going on and those would be documented."

The surveyor reviewed the April 2018 progress

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 35	F 758		

notes. There were no behavioral related notes for April 2018. Resident #12 did refuse a shower on one occasion but accepted a complete bed bath instead.

The surveyor asked the director of nursing (DON) on 4/26/18 at 11:23 a.m. if the facility had policies on managing psychotropic medications. The DON stated no policy.

No further information was provided prior to the exit conference on 4/26/18.

3. The facility staff failed to monitor behaviors while Resident #40 was receiving psychotropic medications.

Resident #40 was admitted to the facility on 10/18/17 with the following diagnoses of, but not limited to heart failure, high blood pressure, diabetes, dementia, anxiety disorder, depression and Schizophrenia. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 3/10/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 11 out of a possible score of 15. Resident #40 was also coded as requiring extensive assistance of 2 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing.

The surveyor performed a clinical record review on Resident #40 on 4/25 and 4/26/18. During this review, the surveyor noted that the resident was being given Celexa daily for depression, Buspar, and Questiapine twice a day for dementia with behavioral disturbances. The surveyor reviewed the nurses' notes and MAR (Medication Administration Record) for the month of April 2018. There was no documentation of behaviors

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 36	F 758		

while receiving these medications.

The surveyor notified the administrative team of the above documented findings on 4/26/18 at 4:04 pm in the conference room. The surveyor asked the team if there were any behavioral documentation for Resident #40 while she has been receiving the above stated medications. The DON (director of nursing) stated, "We don't have behavioral monitor sheets. The nurses' are to document any behaviors in the nurses' notes."

No further information was provided to the surveyor prior to the exit conference on 4/26/18.

4. The facility staff failed to monitor behaviors while Resident #47 was receiving a psychotropic medication.

Resident #47 was readmitted to the facility on 9/6/17 with the following diagnoses of, but not limited to dementia with behavioral disturbances, psychotic disorder with delusions, heart failure, high blood pressure and anxiety disorder. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 3/16/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 00 out of a possible score of 15. Resident #47 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing.

The surveyor performed a clinical record review of Resident #47 on 4/25 and 4/26/17. During this review, the surveyor noted that the resident was receiving Ativan twice a day for anxiety and Quetiapine twice a day for dementia with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 37	F 758		

behavioral disturbances. The surveyor also reviewed the nurses' notes and MAR (Medication Administration Record) for the month of April 2018. There was no documentation of behavioral monitoring while the resident has been receiving these medications.

The surveyor notified the administrative team of the above documented findings on 4/26/18 at 4:04 pm in the conference room. The surveyor asked the team if there were any behavioral documentation for Resident #40 while she has been receiving the above stated medications. The DON (director of nursing) stated, "We don't have behavioral monitor sheets. The nurses' are to document any behaviors in the nurses' notes."

No further information was provided to the surveyor prior to the exit conference on 4/26/18.

5. For Resident #10 facility staff failed ensure an antipsychotic medication was used to treat specific symptoms or behaviors associated with a diagnosis requiring treatment by an antipsychotic medication and to ensure monitoring of the symptoms for which the antipsychotic medication was ordered.

04/218 11:35 AM Resident # 10's clinical record did not document the symptoms which the antipsychotic medication was to address. There was no ongoing behavior monitoring of a resident receiving antipsychotic medications.

Resident #10 was admitted to the facility on 2/18/17 with diagnoses including Parkinson's disease, adverse effects of anti-Parkinson drugs and other central muscle tone depressants, anemia, cognitive communication deficit, other

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 38	F 758		

psychotic disorder, schizoaffective disorder, chronic kidney disease, and major depression. On the quarterly minimum data set assessment with assessment date 2/3/18, the resident scored 14/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behaviors affecting others.

During clinical record review on 4/26/18, the surveyor noted a physician order dated 1/24/18 for haloperidol decanoate 100 milligram per 100 milliliter ampoule inject 0.75 milliliter intramuscularly in the buttocks starting on the 17th and ending on the 17th every month related to other specified disorders of the brain.

A physician comment on a pharmacy Consultation Report recommending a gradual dose reduction (GDR) of the haloperidol declined stating "bipolar schizophrenia worsens with GDR to the point he is unable to stay in facility".

The resident's Medication Administration Record and Treatment Administration Record did not document monitoring of symptoms or behaviors for which the resident was being treated with antipsychotic medication.

The surveyor was unable to determine from staff or in the clinical record what symptoms the resident exhibited without the antipsychotic medication.

The administrator and director of nursing were notified of the concern during a summary meeting on 4/26/28.

6. For Resident #59, facility staff failed to ensure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 39	F 758		

that a RN (as needed) order for an antipsychotic medication was limited to 14 days and administered a PRN antipsychotic medication after 14 days without a physician examining the resident and renewing the order.

Resident # 59 was admitted to the facility on 3/19/18 with diagnoses including anemia, coronary artery disease, hypertension, peripheral vascular disease, gastroesophageal reflux disease, neurogenic bladder, Alzheimer's disease, anxiety disorder, and nontraumatic cerebral hemorrhage. On the admission minimum data set assessment with assessment date 3/28/18, the resident scored 3/15 on the Brief Interview for Mental Status and was assessed as without symptoms of delirium, psychosis, or behaviors affecting others.

Clinical record review on 4/26/18 revealed an order dated 3/19/18 for Haloperidol 2mg/ml 0.5ml by mouth sublingually every 6 hours as needed for agitation. The medication administration record documented administration on 4/24/18 at 23:18. The medical record did not document a physician review and renewal of the antipsychotic medication order after 14 days. The Medication regimen review indicated that a review was conducted 4/12/18 was marked "see report for any noted irregularities and/or recommendations". The surveyor was unable to locate a pharmacy recommendation in the record.

The surveyor reported the concern to the administrator and director of nursing (DON) during a summary meeting on 4/25/18. On 4/26/18, the DON reported that the nurse had not gotten an order for the administration of the haloperidol. There was no record of a physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 40	F 758		

reviewing and renewing the order.

7. For Resident #69, facility staff failed ensure an antipsychotic medication was used to treat specific symptoms or behaviors associated with a diagnosis requiring treatment by an antipsychotic medication and to ensure monitoring of the symptoms for which the antipsychotic medication was ordered.

04/26/18 11:51 AM Resident # 69 received quetiapine 50 mg at bedtime for diagnosis unspecified dementia without behavior disturbance. There was no record of behaviors treated by the antipsychotic medication or of behavior monitoring of a resident taking antipsychotic medication.

Resident #69 was admitted to the facility on 10/6/17 with diagnoses including On the quarterly minimum data set assessment with assessment date 4/6/18, the resident scored 3/15 on the brief interview for mental status and was assessed as without signs of delirium, or behavior affecting others. The resident was assessed with wandering 1-3 of the prior 7 days.

During clinical record review on 4/26/18, the surveyor noted a physician order 1/15/18 for quetiapine 50 mg give 1 tablet by mouth at bedtime for unspecified dementia. The resident's Diagnosis Report listed Principal Diagnosis as Unspecified Dementia without Behavioral Disturbance.

The resident's Medication Administration Record and Treatment Administration Record did not document monitoring of behaviors for which the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 758	Continued From page 41 resident was being treated with antipsychotic medication. The surveyor asked the resident's nurse which symptoms the antipsychotic medication was intended to treat. The nurse was unable to name symptoms. The pharmacist reviewed the resident's orders on 2/8/18, 3/15/18, and 4/12/18 and did not report a concern that there was no diagnosis appropriate for the use of an antipsychotic medication, no symptoms were documented as being treated by the antipsychotic medication, and there was no order for behavior monitoring to assess the effectiveness of the treatment with an antipsychotic medication. The administrator and director of nursing were notified of the concern during a summary meeting on 4/26/18.	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized	F 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 761	Continued From page 42	F 761		

personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview and facility document review, the facility staff failed to store, label and date medications when opened, failed to discard expired medications and failed to secure the narcotic box permanently in 1 of 2 medication rooms.

The findings included:

(a) The facility staff failed to date medications (insulins) when opened.
The surveyor inspected the medication cart of licensed practical nurse #2 on 4/24/18 at 11:42 a.m.

The surveyor and L.P.N. #2 identified the following concerns with medications:
An opened vial of Novolog U100 insulin dated 3/14/18 for Resident #76.
An opened vial of Humalog U100 for Resident #22 that did not have a date when opened.
An opened vial of Lantus U100 without a date when opened for Resident #62.

L.P.N. #2 stated insulins were to be dated when opened but wasn't sure how long before Novolog

F 761
Labeling and storing drugs and biologicals correctly is very important to the team at Francis Marion Manor Health & Rehabilitation.

1. Storage for insulin for residents #76, #22 and #62 was corrected, including the open date and destroy date. Nursing team members were re-educated to this practice. The red "toolbox" has now been secured in the medication room. All medications from previous residents have been sent back to the pharmacy for credit or so the medications can be properly disposed of.

2. All residents have the potential to be affected by the same deficient practice. All medication rooms / carts have been cleaned and meds properly labeled or destroyed.

3. An audit of all medication carts was conducted to ensure all insulins are properly labeled. The medication box is secured to the medication room. Both medication rooms were inspected and all medications from previous residents have been sent back to the pharmacy.

4. Audits of the medication room and medication carts will be conducted by the evening shift supervisors 4 times weekly for four weeks and then monthly for six months. Variances found will be corrected at the time of the audit. Results of the audit will be presented to the QAPI team for further recommendations.

5. Corrective action will be completed by May 31, 2018.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 761	Continued From page 43	F 761		

should be discarded after opening.

(b) The surveyor inspected the first floor medication room on 4/24/18 at 11:50 a.m. with licensed practical nurse #1.

The surveyor observed a red toolbox sitting on the counter that was not permanently affixed. L.P.N. #1 stated the toolbox was the narcotics box. Medications currently in the narcotic box were Oxycodone 5 mg (milligrams), Oxycodone/APAP 5/325 mg, 7.5/325 mg, and 10/325 mg, Morphine (liquid and injectable), Hyrodcodone /APAP 5/325 mg, 7.5/325 mg, and 10/325 mg, Xanax 0.5 mg, Ativan 0.5 mg, Klonopin 0.5 mg, Tramodol 50 mg, Phenobarbital 32.4 mg, and Zolpidem 5 mg. Injectables included Valium 10 mg/2 ml (milliliter) and Lorazepam 2 mg/ml.

L.P.N. #1 was asked what prevented another nurse from walking out of the medication room with the narcotic box/toolbox in hand. L.P.N. #1 stated the narcotic box could be easily removed from the medication room but to get into the box, the nurse has to go through the pharmacy. The narcotic box has a lock that you have to get a # from the pharmacy before it can be opened. The pharmacy has to approve the staff opening it. A prescription has to be faxed before the pharmacy gives you a # after the pharmacy makes sure the dose is in the box and the script is written correctly. Two nurses have to sign together and have to sign what locks you changed.

The surveyor and L.P.N. #1 inspected the medication cabinets in the medication room. L.P.N. #1 stated medications were from deceased residents, residents that had been

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 761	Continued From page 44	F 761		

discharged and medications that had expired. Thirty-three medications were identified as expired, the resident was deceased or the resident was no longer a resident of the facility. L.P.N. #1 stated she would notify the director of nursing and the pharmacy of the above concern.

The surveyor informed the director of nursing (DON) of the above concern on 4/24/18 at 2:00 p.m. and the administrator of the above concern on 4/24/18 at 4:13 p.m.

The surveyor requested the facility policy on opening, dating, storage and discarding medications on 4/24/18.

The policy titled "Medication Management" was reviewed 4/25/18. VI. POLICY B 3. A. Insulin: i. Insulin injectables must be discarded after twenty-eight (28) days after initial entry with the exception of Levemir which is forty-two (42) days."

The policy titled "8.1 Return Medications to the Pharmacy and Credits" was reviewed 4/25/18. "9. Facility should destroy medications that are not returnable to Pharmacy in accordance with Facility policy."

The facility policy titled "Operations-Administration" was reviewed 4/25/18. The policy read in part "II Purpose To outline the processes to securely store all medications and biologicals, including controlled (scheduled) medications, to prevent diversion and locked, when necessary, in accordance with all applicable laws and regulations."

No further information was provided prior to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495384	A. BUILDING _____ B. WING _____	04/26/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRANCIS MARION MANOR HEALTH & REHABILITATION	100 FRANCIS MARION LANE, PO BOX 880 MARION, VA 24354

(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 761	Continued From page 45 exit conference on 4/26/18.	F 761		