# *COMMONWEALTH of VIRGINIA*

*Department of Health*

Office of Licensure and Certification

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

TYY 7-1-1 OR
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9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

June 6, 2017

Ms. Stacy Guzik, Administrator
Sentara Nursing Center Hampton
2230 Executive Drive
Hampton, VA 23666

RE: Sentara Nursing Center Hampton
Provider Number 495287

Dear Ms. Guzik:

An unannounced standard survey, ending May 25, 2017, was conducted at your facility by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your facility was in compliance with Federal long term care participation requirements for the Medicare and/or Medicaid programs and, if applicable, State licensure regulations. Four complaints were investigated during the survey. Two complaints were substantiated, with no deficiencies. Two complaints were unsubstantiated, with no deficiencies.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Survey Results

The results of this survey are reflected on the enclosed Statement of Isolated Deficiencies, "A" Form and/or the Statement of Deficiencies and Plan of Correction, CMS 2567. All survey findings generated on these forms (including the most recent standard survey and any subsequent revisits or complaint investigations) constitute the facility's current survey report. In accordance with §483.10(g), the current survey report must be made available for examination in a place readily accessible to residents and is disclosable to all interested parties.

To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: Director, Division of Long Term Care, Office of Licensure and Certification, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. To be considered, the IDR request must follow the IDR guidelines and be received at the Office within 10 calendar days of your receipt of the enclosed survey findings.

**An incomplete informal dispute resolution process will not delay the effective date of the imposition of any enforcement actions.**

## Recommended Remedies

Based on the deficiencies cited during the survey, under Subpart F of 42 CFR Part 488 the following remedies may be imposed by the Centers for Medicare and Medicaid Services (CMS) Regional Office and/or the State Medicaid Agency (DMAS):

- Pursuant to §488.408(c)
  - Directed Plan of Correction (PoC) (§488.424).
  - State monitoring (§488.422).
  - Directed In-Service Training (§488.425).

- Pursuant to §488.408(d)
  - Denial of payment for new admissions - (§488.417).
  - Denial of payment for all individuals - (§488.418).
  - Civil Money Penalty, $50 - $3,000 per day (§488.430, §488.438), effective on the survey ending date,

- Civil money penalties of $1,000 - $10,000 per instance of noncompliance.

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate). A change in the seriousness of the noncompliance may result in a change in the remedy selected. When this occurs, you will be advised of any change in remedy.

**Please note: This survey cover letter does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services or the Virginia Department of Medical Assistance Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination. If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, §488.417(b) requires the denial of payment for new Medicare or Medicaid admissions. If substantial compliance is not attained within six months from the last day of the survey, §488.412(b) provides that "CMS will and the State must terminate the facility's provider agreement."**

**Please be advised: The facility must maintain compliance with both the Health and the Life Safety Code requirements in order to continue provider certification.**

Survey Response Form

The Survey Response Form is offered as a method to share your review of the onsite survey process. Please take a moment to complete this evaluation, which is available at: "http://www.vdh.virginia.gov/OLC/Downloadables/documents/2011/pdf/LTC%20facility%20survey%20response%20form.pdf". We will appreciate your participation.

If you have any questions concerning this letter, please contact me at (804) 367-2100.

Sincerely,

Elizabeth Hudnall, LTC Supervisor
Division of Long Term Care

Enclosure

cc: Joani Latimer, State Ombudsman
Joann Atkins, Dmas ( Sent Electronically )

This survey found that your facility was not in substantial compliance with the participation requirements. The most serious deficiency in your facility was an isolated deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy (S/S of D), as evidenced by the attached CMS-2567L, whereby corrections are required.

Plan of Correction (PoC)

A PoC is not required for deficiencies cited on the Statement of Isolated Deficiencies, "A" Form. Nevertheless, the facility is expected to address and correct all areas of concern noted on this form.

Unless specifically otherwise indicated, a PoC for all certification and licensure deficiencies cited on the Statement of Deficiencies and Plan of Correction (CMS-2567) must be submitted within ten (10) calendar days of receipt of these survey findings to Elizabeth Hudnall, LTC Supervisor, at: Office of Licensure and Certification, Division of Long Term Care Services, 9960 Mayland Drive, Suite 401, Richmond, Virginia 23233. **If you are participating in ePOC, please submit your Plan of Correction through the ePOC website.**

To be considered acceptable, the PoC must:

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
5. Include dates when the corrective action will be completed. (The "outside" date by which all corrections must be made is the 45th calendar day after the survey ended.)

**The PoC will serve as the facility's allegation of compliance.** If an acceptable plan is not submitted, the State Survey Agency may propose to the Center for Medicare and Medicaid Services (CMS) Regional Office and/or the State Medicaid agency that remedies be imposed immediately within applicable notice requirements.

Informal Dispute Resolution

**Following the receipt and review of your survey report,** please contact the assigned supervisor to attempt to resolve any problems or concerns you may have about the citations. If those concerns are not resolved, in accordance with §488.331, you have one opportunity to question cited federal certification deficiencies through the Office's Informal Dispute Resolution Process, which may be accessed at "http://www.vdh.state.va.us/OLC/longtermcare/".

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495287 | B. WING | C 05/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SENTARA NURSING CENTER HAMPTON | 2230 EXECUTIVE DRIVE HAMPTON, VA 23666 |

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| F 000 | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid standard survey was conducted 5/23/17 through 5/25/17. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. Four complaints were investigated during the survey.<br><br>The census in this 86 certified bed facility was 74 at the time of the survey. The survey sample consisted of 15 current Resident reviews (Residents #1 through 14 and Resident 22) and 7 closed record reviews (Residents #15 through 21). | F 000 | | |
| F 157 SS=D | 483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)<br><br>(g)(14) Notification of Changes.<br><br>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-<br><br>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;<br><br>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);<br><br>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to | F 157 | | |

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

Mary A Singh, LNHA — Administrator — 6-15-2017

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.

Mary A Singh, LNHA — Administrator — 6-26-2017

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commence a new form of treatment); or

(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).

(ii) When making notification under paragraph (g)(14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.

(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-

(A) A change in room or roommate assignment as specified in §483.10(e)(6); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.

(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

This REQUIREMENT is not met as evidenced by:
Based on clinical record review, staff interview and facility documentation the facility staff failed to notify physician and Resident Representative (RR) that a significant medication (Copaxone (1)) was not available for administration for 1 out of 22 residents (Resident #5) in the survey sample.

The facility staff failed to notify the physician and RR that four doses of a Multiple Sclerosis (MS (2)) medication (Copaxane) was not administered for the month of May 2017.

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1. Facility worked with pharmacy director to ensure that medication was filled and shipped immediately to facility at facility cost so resident would not go any longer without Copaxane.

2. All resident have the potential to be affected. A 100% audit of all residents on Copaxane was performed to ensure their medication was in house and no delays with pharmacy or insurance.

3. The staff will be educated to notify patient/resident, RP and physician with any changes including medications being missed. Daily chart checks will be performed by the staff to assess if there have been condition or care changes and assess for documentation to support notification to the proper parties. Pharmacy is to notify Dir of Nursing or Administrator immediately if medication is not available and/or delayed due to insurance authorization.

4. The Clinical Managers will do weekly chart checks and report out in morning meeting and in monthly QAPI meetings any deficiencies in the practice for 90 days.

5. Completion Date 5/25/17

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The findings included:

Resident #5 was admitted to the facility on 12/3/14. Diagnoses for Resident #5 included but not limited to Multiple Sclerosis, Paraplegia (3) and Depression disorder (4).

Resident #5's most recent MDS assessment was a quarterly assessment with an ARD of 3/24/17. The Resident was coded with a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating no cognitive impairment. In addition, the MDS coded Resident #5 requiring total dependence of two with transfers and dressing, total dependence of one with bathing and toilet use, extensive assistance of two with bed mobility, bowel and bladder and extensive assistance of one with hygiene.

During an interview with Resident #5 on 05/24/17 at approximately 9:10 a.m., he stated he was out of his medication for his MS and the facility was not trying to get to the bottom of why the insurance company was no longer covering my medication. He proceeded to say, "I need this medication, my MS could get worst and I don't knew what could happen, this is not something I can't play with but no one seems to understand, my symptoms could get worse." Resident #5 stated, "I didn't received my medication on 05/23, 05/24 and again today 05/25/17; you can't miss not one dose of this medication and here I have missed three doses including today's dose, my injection is scheduled for 9:00 a.m. every day". Resident #5 kept shaking his head, saying "I just don't understand, I just don't understand, how I can get my medication but I'm sure you can help me?"

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The physician order reads: Starting on 03/30/16 - Copaxone 20 mg/ml (1 syringe) subcutaneous one time daily for diagnosis of MS.

Review of Resident #5 May 2017 Medication Administration Record (MAR) revealed the medication Copaxone was not administered on 05/16/17 (no reason for not administering medication), 05/19/17 (not available from pharmacy), 05/24/17 (not administered -not available for pharmacy) and as of 05/25/17 at approximately 3:50 p.m., Resident #5 haven't received today's dose Copaxone that was scheduled to be administered at 9:00 a.m.

Resident #5's clinical record notes were reviewed and revealed the primary care physician (PCP), neurologist (5) or RR was not notified that a significant medication was not administered on the following days in May 2017: 05/16, 05/19, 05/24 and 05/25/17.

On 05/25/17 at approximately 3:40 p.m., an interview was conducted with the Director of Nursing (DON) who was unable to locate in the Residents #5's medical record where the physician, neurologist or RR were notified that a significant medication, Copaxone, was not administered on the days listed above in May 2017.

The facility administration was informed of the finding during a briefing on 05/25/17 at approximately 5:30 p.m. The facility did not present any further information about the findings.

The facility's policy: "Life Care - Medication Administration" (Revision date: 09/18/93).

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Policy statement: Medications will be administered in accordance with prescribed orders, manufactures specification regarding the preparation and administration of the drug or biological and accepted professional standards and principles.

General Guidelines: The physician must be promptly notified of omission, or refusal, of any medication which causes the resident discomfort, or jeopardizes health and safety.

(1) Copaxone is used to reduce episodes of symptoms in patients with relapsing-remitting forms (course of disease where symptoms flare up from time to time) of multiple sclerosis (MS: a disease in which the nerves do not function properly and people may experience weakness, numbness, loss of muscle coordination, and problems with vision, speech, and bladder control). It works by stopping the body from damaging its own nerve cells (myelin) (https://medlineplus.gov/ency/article/007365.htm).

(2) Multiple Sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS (https://medlineplus.gov/ency/article/007365.htm).

(3) Paraplegia is characterized by motor or sensory loss in the lower limbs and trunk (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).

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| F 157 | Continued From page 5<br>(4) Depression disorder is a chronic (ongoing) type of depression in which a person's moods are regularly low (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).<br><br>(5) Neurologist is a physician who specializes in the nervous system and its disorders (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition). | F 157 | | |
| F 278 SS=D | 483.20(g)-(j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED<br><br>(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status.<br><br>(h) Coordination<br>A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.<br><br>(i) Certification<br>(1) A registered nurse must sign and certify that the assessment is completed.<br><br>(2) Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.<br><br>(j) Penalty for Falsification<br>(1) Under Medicare and Medicaid, an individual who willfully and knowingly-<br><br>(i) Certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or | F 278 | F278<br>1. Future MDS assessments for the resident #5 will be updated to reflect Section N if resident receives Hypnotic medications.<br><br>2. All residents have the potential to be affected.<br><br>3. An audit of all current residents on hypnotic medication was conducted to ensure accuracy of coding on the MDS.<br><br>4. Clinical Reimbursement Consultant and/or designee will audit 20% monthly for 90 days to ensure Section N is completed accurately.Clinical Reimbursement Consultant and/or MDS Coordinators will report off discrepancies in morning meeting and monthly QAPI.<br><br>5. Completion Date 7/9/17 | |

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(ii) Causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty or not more than $5,000 for each assessment.

(2) Clinical disagreement does not constitute a material and false statement.
This REQUIREMENT is not met as evidenced by:
Based on staff interviews, clinical record review and facility documentation the facility staff failed to complete an accurate Quarterly Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 3/24/17 for 1 of 22 residents (Resident #5) in the survey sample.

The facility staff failed to accurately code the section N under Medication (Hypnotic (1)).

Resident #5 was admitted to the facility on 12/3/14. Diagnoses for Resident #5 included but not limited to Insomnia (2), Depression (3) and Multiple Sclerosis (4).

Resident #5's most recent MDS assessment was a quarterly assessment with an ARD of 3/24/17. The Resident was coded with a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating no cognitive impairment. In addition, the MDS coded Resident #5 requiring total dependence of two with transfers and dressing, total dependence of one with bathing and toilet use, extensive assistance of two with bed mobility, bowel and bladder and extensive assistance of one with hygiene.

Review of Resident #5's quarterly MDS with an ARD of 03/24/17 was coded 0 for receiving *hypnotic medications. The section N on the

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MDS under medications received read as follows: Indicate the number of DAYS the resident receiving the medication during the last 7 days. enter "0" if medication was not received by the resident during the last 7 days.

Review of Resident #5's administration history reports indicated resident received the hypnotic medication Ambien (5) on 03/22/17 and 03/24/17 indicating that the quarterly MDS with ARD should have been coded 2 for medications received for hypnotic use.

An interview was conducted with MDS coordinator on 05/24/17 at approximately 3:00 p.m., who stated, "The MDS should have been coded under hypnotic for 2 days". The MDS coordinator proceeded to say, "I was in training during that time and I wasn't able to compete the MDS by myself".

During an interview with Clinical Reimbursement Consultant on 05/24/17 at approximately 3:25 p.m., she stated, "I trained the MDS coordinator interviewed for 2 weeks and I will randomly pick MDS to audit for accuracy and completion".

The facility administration was informed of the findings during a briefing on 05/25/17 at approximately 5:30 p.m. The facility did not present any further information about the findings.

The facility's policy: "Life Care - MDS (RAI) Assessments" (Revision Date - 09/18/15). Policy Statement: MDS/RAI (Resident Assessment Instrument) Assessments are completed and transmitted as required by state and federal regulations as well as according to the instructions of the most recent RAI manual.

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Assessments are additionally completed and provided to Resident (patient) insurance carriers as required by the carrier. The assessment sections are completed by the disciplines (designee) as assigned below.

Protocol for Completion of the MDS:

All assessments are coordinated by the MDS Coordinator.

MDS Coordinator is responsible for but not limited to section N under medications.

Exceptions: None

(1) Hypnotic medication is used to help with sleep for a short period of time. But in the long run, making changes in your lifestyle and sleep habits is the best treatment for problems with falling and staying asleep (https://medlineplus.gov/ency/article/007365.htm).

(2) Insomnia is a common sleep disorder; you may have trouble falling asleep, staying asleep, or both (https://medlineplus.gov/ency/article/007365.htm).

(3) Depression disorder is a chronic (ongoing) type of depression in which a person's moods are regularly low (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).

(4) Multiple Sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495287 | A. BUILDING _____ B. WING _____ | C 05/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SENTARA NURSING CENTER HAMPTON | 2230 EXECUTIVE DRIVE HAMPTON, VA 23666 |

| (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) | X4 COMPLETION DATE |
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| F 278 | Continued From page 9<br>symptoms of MS (https://medlineplus.gov/ency/article/007365.htm).<br><br>(5) Ambien is used to treat insomnia (difficulty falling asleep or staying asleep) (https://medlineplus.gov/ency/article/007365.htm). | F 278 | | |
| F 309 SS=D | 483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING<br><br>483.24 Quality of life<br>Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care.<br><br>483.25 Quality of care<br>Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive 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, including but not limited to the following:<br><br>(k) Pain Management.<br>The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.<br><br>(l) Dialysis. The facility must ensure that | F 309 | F309<br>1. Resident #8 was medicated for pain upon admission with Tylenol. She was given a controlled pain medication, Percocet once we were able to obtain a hard copy for the order. Her pain was controlled, per the resident<br><br>2. All resident with pain have the potential to be affected<br><br>3. All licensed nurses were educated on admission process regarding pain management. Too much information would add to education.<br><br>4. Pain management will be discussed at change of shift with the staff, at morning meeting with leadership and in QAPI monthly. Clinical manager to audit 20% of residents monthly for 90 days<br><br>5. Completion date 7/9/17. | |

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| F 309 | Continued From page 10 | F 309 | | |

residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.
This REQUIREMENT is not met as evidenced by:
Based on observation, resident interview, staff interview, facility documentation review, and clinical record review, the facility staff failed to manage pain for 1 of 22 residents in the survey sample, (Resident #8)

Specifically, the facility staff failed to manage Resident #8's pain for the first three days at the facility on 5/20/17 through 5/22/17 and prior to therapy on 5/24/17 and 5/25/17.

The findings included:

Resident #8 was admitted to the facility on Saturday 5/20/17. Diagnoses for Resident #8 included but are not limited to a fracture of scapula, right shoulder and pain. On the Admission Assessment Resident #8 was ..... place, and time. The onset of pain was dated 5/15/17 with a location of the shoulder and frequency was written as, "All the Time".

Resident #8 was observed on 5/24/17 at approximately 11:15 a.m. The resident was observed to be in pain as evidenced by grimacing face and holding her shoulder.

On 5/24/17, Resident #8's clinical record was reviewed. The review showed a physician order

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dated 5/20/17. The order read, Resident #8 was to get 50 milligrams (ml) of tramadol as needed for pain every eight hours starting 5/20/17. Another order read, Resident #8 was to get oxycodone-acetaminophen 5mg-325mg as needed for pain every four hours starting 5/20/17. Another order read. Resident #8 was to get acetaminophen 325 mg (2 tablets) as needed for pain every four hours starting 5/20/17.

An initial MAR (Medication Administration Record) was submitted for Resident #8 for the month of May 2017. This MAR was completely blank from Saturday May 20 (the admission date) through Monday May 22 for tramadol 50 mg, oxycodone-acetamonophen 5 mg-325 mg, and acetaminophen 325 mg.

An Administration History of Medications log was submitted. The document read that Resident #8 was administered acetaminophen 325 mg (2 tablets) on 5/20/17 at 20:30 (8:30 p.m.) with the results-effective recorded at 21:30 (9:30 p.m.). The log also documented that Resident #8 was administered acetaminophen on 5/21/17 at 09:55 (9:55 a.m.) with the results documented as effective at 10:55. The next dose was administered on 5/22/17 at 20:48 (8:48 p.m.) with the results as effective at 21:48 (9:48 p.m.). The final dose of acetaminophen was administered on 5/23/17 at 2:40 p.m. with the results documented as effective at 3:40 p.m.

The Administration History of Medications log documented that Resident #8 was administered tramadol 50 mg on 5/21/17 at 9:55 with the results as effective at 10:55. It was not clear on the document if this was an a.m. or a p.m. administration (based on the next administration

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time it was most likely at a.m.). On 5/21/17 Resident #8 was administered tramadol 50 mg at 23:39 (11:39 p.m.) with the result as effective on 5/22/17 at 0:39 (12:39 a.m.).

The Administration History of Medications log documented that Resident #8 was administered oxycodone-acetaminophen 5 mg-325 mg on 5/20/17 at 23:30 (11:30 p.m.) with the results as effective at 5/21/17 at 0:30 (12:30 a.m.). Resident #8 was administered oxycodone-acetaminophen 5 mg-325 mg on 5/23/17 at 12:30 p.m. with no results and again at 20:40 (8:40 p.m.) with the results as effective at 21:40 (9:40 p.m.).

The e-Med Stat Controlled Medication Inventory log documented that Resident #8 received 4 doses of oxycodone/(acetaminophen) 5/325 mg on 5/20/17 at 23:30 (11:30 p.m.), on 5/23/17 at 12:39 p (maybe p.m.), on 5/23/17 at 20:20 (8:20 p.m.), and 5/24/17 at 11:34 (unknown a.m. or p.m.).

The Packing Slip from the pharmacy documented the medications delivered to the facility. Resident #8's medications were reviewed and the pharmacy 5/22/17 delivery. The Pharmacy Dispensing log documented medications taken from the e-medication box at the facility. No pain medications were documented as pulled from the e-med box for Resident #8 from 5/20/17 through 5/21/17. No medications were logged for 5/22 or 5/23/17.

On the initial tour on 5/23/17 a surveyor was told by Resident #8 that her pain medications were not given since admission and that she is in pain.

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On 5/24/17 at approximately 11:20 a.m. Resident #8 was interviewed. Resident #8 stated, "I have been calling for pain medication all morning." Resident #8 explained that when she arrived at the facility her pain was not managed and she felt that the facility staff failed to provide medication that relieved her pain. Resident #8 stated, "They gave me Tylenol but that's not a pain medication for a broken arm...it did not help." Resident #8 also stated, "I did not get pain medication prior to therapy this morning [at 10 a.m.] and I am still asking for it." Finally, Resident #8 explained that she felt that her medications were not correct until the doctor came in yesterday (May 23, 2017).

On 5/24/17 at 11:45 a.m. LPN #5 administered pain medication to Resident #8. LPN #5 was interviewed 11:50 a.m. LPN #5 explained that Resident #8 arrived at the facility with a script for only one pill of tramadol and one pill of percocet. LPN #5 explained that the doctor had come in on 5/22/17 a Monday and wrote out the scripts to be filled on the date 5/23/17. Others #5 stated,"As of this morning 5/24/17 no pain medication was given when I arrived at 10:00 a.m. we had the e-med stat box."

On 5/25/17 at approximately 12:20 p.m. the OT (Occupational Therapist-Others #5) was interviewed. Others #5 stated that she worked with Resident #8 for three days (5/23, 5/24, and 5/25). Others #5 explained that Resident #8 did not have pain medications prior to OT treatment on 5/25/17. Others #8 stated that an LPN (Licensed Practical Nurse) came in during the treatment and gave pain medication. Others #5

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stated, "Resident was in pain an 8 out of 10 from her right shoulder." Others #5 stated, "Yesterday [5/24/17] from 9:30 to 10 :55 a.m. she [Resident #8] did not get pain medication and she was an 8 out of a 10 during treatment." Others #5 explained that the resident asked for pain medications but did not receive any before therapy. Others #5 explained that on 5/23/17 Resident #8 received pain medication at the start of her treatment (8:45-10:10 a.m.) but it was only Tylenol and her pain remained the same after the treatment an 8 out of a 10.

The LPN that worked over the weekend 5/20/17 was not available as she was an agency nurse.

5/24/17 at 5:45 p.m. Administration and DON (Director of Nursing) were informed that Resident #8's pain was not managed prior to therapy and upon admission over the weekend. Both agreed that pain should be managed for residents at all times.

Pain Management Policy with the revision date of 12/31/16 was submitted. This facility policy documented the definition of pain as an unpleasant sensory and emotional experience that can be acute, recurrent or persistent. Also documented was the Policy Statement: "It is the standard of this facility based on comprehensive assessment to provide a pain management plan of care and treatment in accordance with professional standards of practice, the comprehensive person-centered care plan and resident's goals and preferences."

Resident #8 stated that her pain was not managed and that her pain persisted from the day of admission and she continuously asked for

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| F 309 | Continued From page 15<br>perocoet to help. The interim care plan dated 5/20/17 does not address pain.<br><br>The facility administration was informed of the findings during a briefing on 5/25/17 at approximately 4:00 p.m. The facility did not present any further information about the findings. | F 309 | | |
| F 333 SS=D | 483.45(f)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS<br><br>483.45(f) Medication Errors.<br><br>The facility must ensure that its-<br><br>(f)(2) Residents are free of any significant medication errors.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, clinical record review, staff interview and facility documentation the facility staff failed to administer a significant medication (Copaxone (1)) for 1 out of 22 residents (Resident #5) in the survey sample.<br><br>The facility staff failed to administer four doses of a Multiple Sclerosis (MS (2)) Copaxane as ordered by the physician.<br>The findings included:<br><br>Resident #5 was admitted to the facility on 12/3/14. Diagnosis for Resident #5 included but not limited to Multiple Sclerosis (3), Paraplegia (4) and Depression disorder (5).<br><br>Resident #5's most recent MDS assessment was a quarterly assessment with an ARD of 3/24/17. The Resident was coded with a Brief Interview for | F 333 | F333<br>1. Resident #5 is alert and oriented. He is his own responsible party at this time. He was aware that he was not supplied his Copaxne. His doctor was notified on 5/25/17 that he was not given doses of this medication due to it being unavailable from pharmacy due to insurance constraints. Facility worked with pharmacy director to ensure that medication was filled and shipped immediately to facility at facility cost so resident would not go any longer without Copaxane<br><br>2. All residents have the potential to be affected. Too much information in my opinion, this can be part of your in-service.<br><br>3. SDC to educate licensed staff on reordering of medication policy and escalation process. | |

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Mental Status (BIMS) score of 15 out of a possible 15, indicating no cognitive impairment. In addition, the MDS coded Resident #5 requiring total dependence of two with transfers and dressing, total dependence of one with bathing and toilet use, extensive assistance of two with bed mobility, bowel and bladder and extensive assistance of one with hygiene.

During an interview with Resident #5 on 05/24/17 at approximately 9:10 a.m., he stated he was out of his medication for his MS and the facility was not trying to get to the bottom of why the insurance company was no longer covering my medication. He proceeded to say, "I need this medication, my MS could get worst and I don't know what could happen. This is a disease you can't play with but no one seems to understand, my symptoms could get worse." Resident #5 stated, "I didn't received my medication on 05/23, 05/24 and again today 05/25/17; you can't miss not one dose of this medication and here I have missed three doses including today's dose, my injection is scheduled for 9:00 a.m. every day". Resident #5 kept shaking his head, saying "I just don't understand, I just don't understand, how I can get my medication but I'm sure you can help me?"

The physician order reads: Starting on 03/301/6 - Copaxone 20 mg/ml (1 syringe) subcutaneous one time daily for diagnosis of MS.

Review of Resident #5 May 2017 Medication Administration Record (MAR) revealed the medication Copaxone was not administered on 05/16/17 (no reason for not administering medication), 05/19/17 (not available from pharmacy), 05/24/17 (not administered -not

F 333

4. The escalation process will be reported out by the system pharmacist in morning meeting and during monthly QAPI. System pharmacist will audit 20% of residents monthly for 90 days.

5. Completion date 7/9/17.

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available for pharmacy) and as of 05/25/17 at approximately 3:50 p.m., Resident #5 haven't received todays dose Copaxone that was scheduled to be administered at 9:00 a.m.

During an interview with LPN #2 on 05/25/17 at approximately 12:35 p.m., who stated she informed the on duty nursing supervisor RN #3, the pharmacy had called and Resident #5's insurance will no longer be covering his medication Copaxone for his MS and that it would have to go through a specialty pharmacy in order to get his medication into the facility.

The nursing supervisor RN #3 was contacted via phone on 05/25/17 at 2:30 p.m., with messages left; RN #3 never called back.

On 05/25/17 at approximately 3:40 p.m., an interview conducted with the Director of Nursing (DON) who stated she wasn't aware until either 05/23/17 or 05/24/17 that Resident #5 was completely out of his medication Copaxone for his MS. The surveyor asked the DON, who was responsible for following up to make sure Resident #5 medication was available to be administered", the DON replied, "I felt like the pharmacy should have notified either the Administrator or myself and not the staff nurses to follow up that the medication required a specialty pharmacy for the delivery of Resident #5's medication for his MS".

The facility's Administration was informed of the findings during a briefing on 05/25/17 at approximately 5:30 p.m. The facility did not present any further information about the findings.

The facility's policy: Life Care - Medication

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Administration (Revision date: 09/18/93).

Policy statement: Medications will be administered in accordance with prescribed orders, manufactures specification regarding the preparation and administration of the drug or biological and accepted professional standards and principles.

*Copaxone is used to reduce episodes of symptoms in patients with relapsing-remitting forms (course of disease where symptoms flare up from time to time) of multiple sclerosis (MS; a disease in which the nerves do not function properly and people may experience weakness, numbness, loss of muscle coordination, and problems with vision, speech, and bladder control). It works by stopping the body from damaging its own nerve cells (myelin) (https://medlineplus.gov/ency/article/007365.htm).

*Multiple Sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS (https://medlineplus.gov/ency/article/007365.htm).

*Paraplegia is characterized by motor or sensory loss in the lower limbs and trunk (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).

*Depression disorder is a chronic (ongoing) type of depression in which a person's moods are regularly low (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).

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| F 425 SS=D | 483.45(a)(b)(1) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH | F 425 | F425 | |

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

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

(1) Provides consultation on all aspects of the provision of pharmacy services in the facility:
This REQUIREMENT is not met as evidenced by:
Based on clinical record review, staff interview and facility documentation the facility staff failed to procure and make available Copaxone (1) for 1 of 22 residents (Resident #5) in the survey sample.

The findings included:

Resident #5 was admitted to the facility on 12/3/14. Diagnoses for Resident #5 included but not limited to Multiple Sclerosis (2), Paraplegia (3) and Depression, unspecified (4).

Resident #5's most recent MDS assessment was a quarterly assessment with an ARD of 3/24/17. The Resident was coded with a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating no cognitive impairment. In addition, the MDS coded Resident #5 requiring total dependence of two with transfers and dressing, total dependence of one with bathing and toilet use, extensive assistance of two with bed mobility, bowel and bladder and extensive

1. Resident #5 is alert and oriented. He is his own responsible party at this time. He was aware that he was not supplied his Copaxne. His doctor was notified on 5/25/17 that he was not given doses of this medication due to it being unavailable from pharmacy due to insurance constraints. Facility worked with pharmacy director to ensure that medication was filled and shipped immediately to facility at facility cost so resident would not go any longer without Copaxane

2. All residents have the potential to be affected.

3. SDC to educate licensed staff on reordering of medication policy and escalation process.

4. The escalation process will be reported out by the system pharmacist in morning meeting and during monthly QAPI. System pharmacist will audit 20% of residents monthly for 90 days.

5. Completion date 7/9/17.

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495287 | A. BUILDING _____ B. WING _____ | C 05/25/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SENTARA NURSING CENTER HAMPTON | 2230 EXECUTIVE DRIVE HAMPTON, VA 23666 |

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assistance of one with hygiene.

During an interview with Resident #5 on 05/24/17 at approximately 9:10 a.m., he stated he was out of his medication for his MS and the facility was not trying to get to the bottom of why the insurance company was no longer covering my medication. He proceeded to say, "I need this medication, my MS could get worst and I don't know what could happen. This is a disease you can't play with but no one seems to understand, my symptoms could get worse." Resident #5 stated, "I didn't receive my medication on 05/23, 05/24 and again today 05/25/17; you can't miss not one dose of this medication and here I have missed three doses including today's dose, my injection is scheduled for 9:00 a.m. every day". Resident #5 kept shaking his head, saying "I just don't understand, I just don't understand, how I can get my medication but I'm sure you can help me?"

The physician order reads: Starting on 03/30/16 - Copaxone 20 mg/ml (1 syringe) subcutaneous one time daily for diagnosis of MS.

Review of Resident #5's May 2017 Medication medication Copaxone was not administered on 05/16/17 (no reason for not administering medication), 05/19/17 (not available from pharmacy), 05/24/17 (not administered -not available for pharmacy) and as of 05/25/17 at approximately 3:50 p.m., Resident #5 hadn't received today's dose of Copaxone that was scheduled to be administered at 9:00 a.m.

During an interview with LPN #2 on 05/25/17 at approximately 12:35 p.m., she stated she

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informed the on-duty nursing supervisor RN #3, that the pharmacy had called and Resident #5's insurance will no longer be covering his medication Copaxone for his MS and that it would have to go through a specialty pharmacy in order to get his medication into the facility.
The nursing supervisor RN #3 was contacted via phone on 05/25/17 at 2:30 p.m., with messages left; RN #3 never called back.

A phone interview was conducted with the pharmacist on 05/25/17 at approximately 12:24 p.m., who stated they were not aware that Resident #5 was completely out of his medication Copaxone until she spoke with the Director of Nursing around 11:45 am this morning. The pharmacist stated Resident #5 has a new insurance company and they are not willing to pay for his medication Copaxone and it must go through a specialty pharmacy to have this medication filled. The pharmacist stated the facility was first contacted on 05/13/17 that Resident's #5's insurance will no longer cover the medication Copaxone. The pharmacist informed the surveyor they were sending out a 30 day supply of Copaxone and it should be there sometime today. The surveyor asked the pharmacist what could happen if Resident #5 missed his medication for his MS, she replied, "The medication should be in his system for about 3-5 days but it also depends on the individual; but not receiving his medication for his MS could cause a relapse or worsening of his symptom, this medication should not be missed".

On 05/25/17 at approximately 3:40 p.m., an interview was conducted with the Director of Nursing (DON) who stated she wasn't aware until either 05/23/17 or 05/24/17 that Resident #5 was

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completely out of his medication Copaxone for his MS. The surveyor asked the DON who was responsible for following up to make sure Resident #5's medication was available to be administered, the DON replied, "I felt like the pharmacy should have notified either the Administrator or myself and not the staff nurses to follow up that the medication required a specialty pharmacy for the delivery of Resident #5's medication for his MS".

The facility's Administration was informed of the findings during a briefing on 05/25/17 at approximately 5:30 p.m. The facility did not present any further information about the findings.

The facility's policy: "Life Care - Medication Administration" (Revision date: 09/18/93).

"Section: Pharmacy

Process Owner: Pharmacy

Policy statement: Medications will be administered in accordance with prescribed orders, manufactures specification regarding the preparation and administration of the drug or biological and accepted professional practice and principles.

General Guidelines: Any additional doses needed to replace rejected or refused doses may be obtained from the E-Med Stat or ordered from the pharmacy to fill the gap until the next cycle comes in."

(1) Copaxone is used to reduce episodes of symptoms in patients with relapsing-remitting forms (course of disease where symptoms flare

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up from time to time) of multiple sclerosis (MS: a disease in which the nerves do not function properly and people may experience weakness, numbness, loss of muscle coordination, and problems with vision, speech, and bladder control). It works by stopping the body from damaging its own nerve cells (myelin) (https://medlineplus.gov/ency/article/007365.htm).

(2) Multiple Sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS (https://medlineplus.gov/ency/article/007365.htm).

(3) Paraplegia is characterized by motor or sensory loss in the lower limbs and trunk (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).

(4) Depression disorder is a chronic (ongoing) type of depression in which a person's moods are regularly low (Mosby's Dictionary Medicine, Nursing & Health Professions 7th edition).

F 431 [illegible]
SS=D LABEL/STORE DRUGS & BIOLOGICALS

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

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| F 431 | Continued From page 24<br>(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.<br><br>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who--<br><br>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and<br><br>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>(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.<br><br>(h) Storage of Drugs and Biologicals.<br>(1) In accordance with [illegible] the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>(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 | F 431 | F431<br>1. No residents were identified as receiving a dose from the expired vial.<br><br>2. 100% audit completed on all vials of PPD and all residents that were administered a PPD after the expiration date where checked and none had received a PPD from that lot#.<br><br>3. Night nurses are checking medication daily for expired drugs and discarding. They are also reporting findings to Clinical Manager, DON or Administrator.<br><br>4. Daily checks by nurses will be performed and Clinical Manager or nurse leader will do 20% audit monthly for 90 days and report findings at monthly QAPI.<br><br>5. 7/9/17 | |

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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 ensure a multiple dose vial of tuberculin purified protein derivative (PPD)* was not expired.

The facility staff failed to discard an expired multiple dose vial of (Brand name) tuberculin purified protein derivative (PPD), opened and dated 3/30/17, that was stored in the medication refrigerator on Nursing Unit 1.

*Tuberculin purified protein derivative (PPD) - is indicated to aid diagnosis of tuberculosis infection (TB) in persons at increased risk of developing active disease.
(Source: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a4a732e9-b8ee-4e6d-8b9a-6a9d2c36bfcd)

The findings included:
On 5/23/17 at 1:23 pm, during the inspection of the medication storage room, a multiple dose vial of tuberculin purified protein derivative (PPD) was found in the medication refrigerator with an open date of 3/30/17. The vial was approximately 1/3 full which was verified with LPN #1 (Licensed Practical Nurse). LPN #1 was asked if she would consider this expired and she responded, "Yes". She stated that it was good for 30 days once opened. She stated that all nurses are responsible for making sure the tuberculin PPD

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and medications used for the residents were not expired.

On 5/23/17 at 2:00 pm, RN #1 (Registered Nurse), Unit Manager, was interviewed and made her aware of the expired tuberculin PPD. She was asked if she would consider the tuberculin PPD expired and she stated, "Yes." She added that once opened, it was good for 30 days. She stated that everybody who went into the medication storage room was responsible for ensuring there were no expired medications, discontinued medications or any medications for discharged residents. She expected nurses, charge nurses and supervisors to check these daily.

On 5/23/17 at 3:20 pm, the Director of Nursing (DON) was interviewed and was already aware of the findings as stated above. She stated that the tuberculin PPD was dated 3/30/17 so it was expired 30 days after, 4/30/17. She was asked who was responsible for ensuring no expired tuberculin PPD was stored in the medication room, she stated, "All nurses check every shift. They also check for expiration dates prior to administration of medications. The Unit Clinical Manager oversaw this process and the Quality Management Consultant and the Pharmacist also conducted audits for expired medications at the facility." When asked what could be a possible outcome if the expired tuberculin PPD was used, she stated that it would not be as effective and could result to either a false positive or a false negative test result.

On 5/23/17 at 3:00 pm, the facility provided a copy of the facility policy and procedure titled "Life Care - Medications: Vials and Ampules of

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Injectable Medications" with an original date of 7/31/03 and a revision date of 1/17/17. It stated, in part, as follows : "Policy Statement: Vials and ampules on injectable medications are used in accordance with the manufacturer's recommendations of the pharmacy's directions for storage, use, and disposal...Multidose injection vials should have the date of first use written on the vial. Vials of PPD (purified protein derivative) expire 30 days from opening."

The facility also provided a copy of the policy and procedure titled "Life Care - Medication: Expiration Dates" with an original date of 2/18/04 and a revision date of 1/17/17. It stated, in part, as follows: "Policy Statement: All "Time -Dated" medications have an expiration date printed on the container. Refer to the Manufacturer Product Information or Contact Dispensing Pharmacist...Expiration Dates (Suggested): Multidose Injection Vials - Manufacturer's Specifications, PPD - 30 Days From Opening."

The manufacturer's product information for (Brand name) tuberculin PPD stated, "Vials in use for more than 30 days should be discarded."

[redacted] aware of these findings on 5/25/17 at 9:30 am, no further information was provided.

F 504 SS=D 483.50(a)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN — F 504

(a) Laboratory Services

(2) The facility must-

(i) Provide or obtain laboratory services only when

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ordered by a physician, physician assistant, nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.
This REQUIREMENT is not met as evidenced by:
Based on clinical record review, staff interview and facility documentation the facility staff failed to ensure labs were obtained as ordered for 1 out of 22 residents (Resident #5) in the survey sample.

The facility staff failed to ensure labs were obtained as ordered for the following labs: Potassium level (1) for the month of June 2016.

The findings included:

Resident #5 was admitted to the facility on 12/3/14. Diagnoses for Resident #5 included but not limited to Insomnia (2), Depression (3) and Multiple Sclerosis (4).

Resident #5's most recent MDS assessment was a quarterly assessment with an ARD of 3/24/17. The Resident was coded with a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15, indicating no cognitive impairment. In addition, the MDS coded Resident #5 requiring total dependence of two with transfers and dressing, total dependence of one with bathing and toilet use, extensive assistance of two with bed mobility, bowel and bladder and extensive assistance of one with hygiene.

The clinical record revealed the most recent physician order form revealed labs for Potassium level every 3 months starting 02/28/15. The labs were last drawn on March 09, 2016 for Basic

1. Facility worked with nurses and lab to ensure that labs were obtained and facility will monitor to ensure drawn every 3 months as ordered.

2. All resident have the potential to be affected. A 100% audit of all residents labs was performed to ensure their labs were drawn as ordered and any delays, MD was notified.

3. All licensed staff will be educated Regarding lab order policy and procedure. .

4. The Clinical Managers will do weekly chart checks and report out in morning meeting and in monthly QAPI meetings any deficiencies in the practice for 90 days.

5. Completion Date 7/9/17

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Metabolic Panel (BMP (5)) to include a Potassium level.

During a medical record review, the surveyor was unable to locate the following lab results on Resident #2's chart: Potassium level for June 2016 but was able to locate Potassium level for March 2016 and not again until November 2016.

An interview was conducted with the DON on 05/25/17 at approximately 3:40 p.m., who stated, "I was unable to locate the Potassium level until November 2016 after the last Potassium level in March 2016". The surveyor asked what is the process and procedure for drawing upcoming labs, she replied "The order is put into the computer and generated". The night shift 7p-7a shift will notify Sentara pharmacy of upcoming labs, night shift will print off lab sheet, call the lab then put the lab sheet in the lab book.

(1) Potassium test is used to detect abnormal concentrations of potassium, including high potassium (hyperkalemia) and low potassium (https://medlineplus.gov/ency/article/007365.htm).

(2) Insomnia is a common sleep disorder; you may have trouble falling asleep or both (https://medlineplus.gov/ency/article/007365.htm).

(3) Depression disorder is a chronic (ongoing) type of depression in which a person's moods are regularly low (Mosby's Dictionary Medicine. Nursing & Health Professions 7th edition).

(4) Multiple Sclerosis (MS) is a nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that

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surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your body, leading to the symptoms of MS (https://medlineplus.gov/ency/article/007365.htm).

(5) BMP is used to check the status of a person's kidneys and their electrolyte and acid/base balance, as well as their blood glucose level - all of which are related to a person's metabolism (https://medlineplus.gov/ency/article/007365.htm).

The facility's Administration was informed of the findings during a briefing on 05/25/17 at approximately 5:30 p.m. The facility did not present any further information about the findings.

The facility's policy: "Life Care - Laboratory Services" (Revision date: 01/17/2017).

Policy Statement: Sentara Life Care Corporation's facilities will obtain laboratory services to meet the needs of residents and will promptly notify physicians of results. The facility will be responsible for transportation, filing reports and for the quality and timeliness of services. Laboratory reports will be dated and will contain

1) The facility will provide or obtain laboratory services as ordered by the attending physician, physician assistance, nurse practitioner, or clinical nurse specialist in accordance with Federal and State Law.