STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495191	A. BUILDING _____ B. WING _____	C 07/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLAND COUNTY NURSING & REHABILITATION CENTER	12185 GRAPEFIELD ROAD BASTIAN, VA 24314

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 7/9/18 through 7/12/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. One complaint was investigated during the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 7/9/18 through 7/12/18. One complaint was investigated during the survey. 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 57 certified bed facility was 47 at the time of the survey. The survey sample consisted of 12 current Resident reviews and 3 closed record reviews.	F 000		
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 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, facility document review, and clinical record review, the facility staff failed to follow physician orders for 2 of 12 current	F 684	F684 1. Physician was immediately notified of	8/10/18

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

Electronically Signed | 08/01/2018

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F 684	Continued From page 1	F 684		

residents in the survey sample (Resident #10 and Resident #48).

The findings included:

1. The facility staff failed to follow physician's ordered parameters for Resident #10's blood pressure in regards to administering the resident's blood pressure medication.

Resident #10 was admitted to the facility on 4/21/17 with the following diagnoses of, but not limited to high blood pressure, diabetes, seizure disorder, anxiety disorder and Chronic Obstructive Pulmonary Disease. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 5/4/18 coded the resident as having a BIMS (Brief Interview for Mental Status) of 14 out of a possible score of 15. Resident #10 was also coded as being totally dependent on 2 or more staff members for dressing, personal hygiene and bathing.

The surveyor performed a review of Resident #10's clinical record on 7/10/18. During this review, the surveyor noted a physician order on the resident's MAR (Medication Administration Record) which read in part, " ...Clonidine ...0.1 mg (milligram) Give 1 tablet every 6 hours as needed for increased BP (blood pressure) Systolic >190 and Dias. (diastolic) >90 ..." This order was written on 5/13/18.
The surveyor reviewed the resident's MAR for the months of May, June and July 2018. There was no blood pressures documented on the MAR during these months. In the vital signs section of the clinical record for Resident #10, the surveyor noted blood pressure documented for 6/1/18, 6/11/18, and 6/13/18.

the discrepancy in resident #10's orders. Received orders to discontinue Clonidine and monitor blood pressures three times daily.

Resident # 48 is currently receiving medications as per physician orders.

2. Current residents in the center have potential to be affected

3. Licensed nurses in the center will be educated by the Director of Nursing/designee on proper monitoring of vital signs in relation to PRN B/P medications. Education will also include to administer available medications from STAT box while awaiting arrival from pharmacy with new/readmissions as well as notify the physician for alternate orders if medications are not present in the STAT box. Licensed nurses have been educated on the contents of the STAT box.

4. Director of Nursing/designee will observe Medication Administration Records for readmits/admits to the center 5 times weekly to ensure medications are available and administered. In addition, if medications are not available for administration and not in the STAT box, the physician will be notified. The review of the medication administration record will include ensuring B/P has been documented for prn B/P medications.

5. The results will be reported monthly to the Quality Assurance Committee for

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F 684	Continued From page 2 On 7/10/18 at 2:16 pm, the surveyor notified the director of nursing (DON) of the above documented findings. The DON stated, "The NP only meant to take the BP if the patient was complaining of her BP being up, then we were to take it and if the BP fell along these perimeters then we are to give the medication." The surveyor notified the administrative team of the above documented findings on 7/10/18 at 4:50 pm. No further information was provided to the surveyor prior to the exit conference on 7/12/18. 2. The facility staff failed to follow physician orders for medication administration for Resident #48. The staff failed to administer ASA 81 mg (milligrams), Klonopin 0.5 mg, Lovenox 40 mg subc (subcutaneous), Levaquin 500 mg, Lactobacillus, Imdur 20 mg, Ferrous Sulfate 300 mg, and Celexa 10 mg. The clinical record of Resident #48 was reviewed 7/9/18 through 7/12/18. Resident #48 was admitted to the facility 5/15/18 and readmitted 6/13/18 with diagnoses that included but not limited to acute and chronic respiratory failure with hypercapnia, dependence on respirator, tracheostomy, chronic combined systolic and diastolic heart failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus with diabetic chronic kidney disease, diverticulosis, hypertensive heart disease, iron deficiency anemia, morbid obesity, hyperlipidemia, major depressive disorder, generalized anxiety, atherosclerotic heart disease, pneumonia, and gastro-esophageal reflux disease (GERD).	F 684	review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis. Date of Completion-08/10/2018 The CAO/DON will be responsible for the implementation of the plan of correction.	

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Resident #48's 14 day minimum data set (MDS) with an ARD (assessment reference date) of 6/27/18 assessed the resident with a BIMS (brief interview for mental status) of 15 out of 15. Resident #48 did not have any signs or symptoms of delirium or psychosis; the resident did reject care 4-6 days during the week.

The surveyor reviewed Resident #48's progress notes from admission through 7/12/18. The progress note written 6/14/18 at 17:00 (5:00 p.m.) read in part, "Medications ordered from pharmacy." The next progress note written 6/14/18 at 1:29 a.m. read in part "Spoke with on-call pharmacy. Re-faxed medication orders as per their request." A third progress note dated 6/14/18 at 7:45 a.m. read in part "Called on-call pharmacy. Spoke with _____ (name omitted). He stated he will notify _____(contracting pharmacy name omitted) to send residents medications STAT that it will be quicker than requesting from back-up pharmacy since _____ (contracting pharmacy) is opening soon for the day. This nurse explained to him that we requested several times and faxed orders and still hadn't received resident's medications."

The surveyor reviewed the 6/13/18 discharge summary and the readmission physician's orders. The following medications were ordered:

" Levaquin 500 mg (milligram) 1 tablet p.o. (by mouth) every other day for 5 more tablets-Start 6/14/18

" Pulmicort 0.5 mg inhalation every 12 hours

" DuoNeb nebulizers 3 ml (milliliter) inhalation 3 times per day

" Prilosec 20 mg 1 tablet po bid (twice a day)-start 6/14/18

" Robitussin 100 mg po q (every) 6 hours p.r.n.

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F 684	Continued From page 4 (whenever necessary) " Aspirin 81 mg 1 tablet po daily-start 6/14/18 " Coreg 12.5 mg po bid-start 6/14/18 " Celexa 10 mg 1 tablet po daily-start 6/14/18 " Ferrous Sulfate 300 mg 1 tablet po daily-start 6/14/18 " Lactobacillus 1 capsule po daily-start 6/14/18 " Lipitor 20 mg 1 tablet po at bedtime-start 6/14/18 " Lovenox 40 mg subcu (subcutaneous) 24 hours-start 6/14/18 " Pepto-Bismol po bid prn " Depakote 500 mg tablet po bid-start 6/14/18 " Mucinex 600 mg po bid-start 6/14/18 " Imdur 20 mg 1 tablet po 3 times a day-start 6/13/18 " Tylenol 650 mg po q6 hours prn for pain " Loperamide 2 mg po tid (three times a day) for diarrhea " Mylanta 15 ml po q 8 hours prn for GERD " Milk of magnesia 30 ml po daily prn for constipation " Percocet 5/325 mg 1 tablet po q 8 hours prn for pain-start 6/13/18 " Chloraseptic spray prn " Klonopin 0.5 mg q 6 hours-start date 6/13/18 The surveyor reviewed the June 2018 medication administration records. Klonopin 0.5 mg ordered q 6 hours was not given as ordered 6/13/18 at 2200 (10:00 p.m.), 6/14/18 at 0500, 1200, 5:00 p.m. or 10:00 p.m.) and 6/15/18 at 0500, 1200, 5:00 p.m. and 10:00 p.m. In each box for the administration time, there was an "x". Resident #48 was not administered 9 doses of physician ordered Klonopin. Lactobacillus was ordered to start 6/14/18. Review of the June 2018 had an "x" marked on 6/14/18. The medication was not administered.	F 684		

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Levaquin 500 mg was ordered every other day. The June 2018 MAR had an "x" documented on 6/14/18 and the entry on the MAR read "one time a day for pneumonia until 6/19/18". Resident #48 received Levaquin every day for 7 doses not every other day for 5 doses as ordered. Resident #48 did not receive Levaquin beginning 6/14/18. The first dose of Levaquin administered was documented on 6/15/18.

Lovenox 40 mg subcutaneous was ordered every 24 hours. The start date was 6/14/18. In the box for 6/14/18 an "x" had been placed. Resident #48 did not receive Lovenox as ordered every 24 hours.

Aspirin 81 mg ordered once a day to start 6/14/18, Celexa 10 mg ordered once a day to start 6/14/18, and Ferrous Sulfate 300 mg ordered once a day to start 6/14/18 all had an "x" in the boxes for 6/14/18. The medications were not administered as ordered.
The surveyor was unable to locate the June 2018 medication administration record for Imdur 20 mg ordered tid.

The surveyor interviewed both the director of nursing (DON) and the assistant director of nursing (ADON) on 7/12/18 at 10:46 a.m. The DON stated that medications couldn't be ordered from the pharmacy until the resident was physically in the building. The DON reviewed the discharge summary from the hospital and stated dots beside the medications indicated they had been placed on the MAR. The DON and surveyor reviewed the June 2018 MARs together. She stated Aspirin 81 mg and Lactobacillus were "over the counter" medications and Levaquin 500

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F 684	Continued From page 6 mg was in the stat box and did not know why those medications were not administered. The DON stated the ordered dose of Lovenox (40mg) was not in the stat box. The DON stated she was unable to locate page 1 of the June 2018 scheduled medications and page 1 of the June prn medications. The DON was unable to provide evidence the facility staff administered Imdur 20 mg tid beginning 6/13/18. The DON stated the missing MAR was probably the page containing the Imdur administration. The surveyor informed the administrator, the director of nursing, the assistant director of nursing, and the rehab manager of the above issues with medications not administered to Resident #48 as ordered on 7/12/18 at 1:15 p.m. No further information was provided prior to the exit on 7/12/18.	F 684		
F 693 SS=D	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and	F 693		8/10/18

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F 693	Continued From page 7 §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to ensure 1 of 12 current residents (Resident #23) was assessed by the registered dietician (RD) for weight loss. Resident #23 had continuous tube feeding. The findings included: The facility RD failed to assess Resident #23 when the resident had a significant weight change in 30 days of 6.14%, which is 9.6 pounds from 4/26/18 to 5/24/18. Resident #23's weight dropped from 166 to 156.4 pounds in 1 month. Resident #23 is NPO (nothing by mouth) and was fed by a PEG (percutaneous endoscopic gastrostomy) tube continuously. The clinical record of Resident #23 was reviewed 7/9/18 through 7/12/18. Resident #23 was admitted to the facility 1/19/18. The resident has had multiple hospitalizations since admission the most recent re-admission being 6/25/18. Resident #23 diagnoses included but were not limited to acute and chronic respiratory failure, dependence on respirator, type 2 diabetes mellitus, hereditary spastic paraplegia, asthma, fibromyalgia, major depressive disorder, anxiety disorder, right wrist and right hand contracture, tracheostomy, chronic obstructive pulmonary	F 693	F693 1. Resident #23 is currently not a resident in the center. 2. A review of resident's receiving tube feedings in the center was conducted to ensure those with significant weight loss for the last 60 days had a RD consult completed timely. 3. Chief Administrative Officer/designee will educate the Registered Dietitian on the importance of timely assessment of resident receiving tube feedings experiencing significant weight loss. In addition, CDM will maintain Registered Dietitian referral log to ensure all referrals are followed up with timely. 4. Director of Nursing/designee will monitor RD visits weekly to ensure RD consults for residents with tube feedings and with significant weight loss have been completed timely. 5. The results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no	

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F 693	Continued From page 8 disease, obstructive uropathy and functional quadriplegia. Resident #23's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 5/24/18 assessed the resident with a BIMS (brief interview for mental status) of 12 out of 15. Section K. Swallowing/Nutritional Status and specifically Section K0510 Nutritional Approaches was marked for Feeding Tube only. K0710. Percent Taken by Artificial Route was marked that Resident #23 received 51% or more of total calories through parenteral or tube feeding during the 7 day look back period and 501 cc(cubic centimeters) day or more of fluid intake per day by IV or tube feeding. Current comprehensive care plan dated 3/5/18 identified the resident was peg tube dependent and interventions included NPO status and RD (registered dietician) review. The surveyor observed Resident #23 on 7/9/18 at 5:15 p.m. The resident was in bed with the head of the bed elevated and receiving Glucerna 1.2 at 55 cc/hr via pump. The surveyor reviewed Resident #23's weights since admission. 1/20/18=160 2/11/18=166.1 2/13/18=162.6 2/22/18=166.4 3/1/18=161.2 3/5/18=161.8 3/22/18=165 3/29/18=168 4/5/18=166	F 693	longer exists, audits will be conducted on a random basis. The CAO/DON will be responsible for implementation of the plan of correction.	

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4/26/18=166
5/24/18=156.4
6/19/18=151.2
6/26/18=153
7/5/18=150.6
7/10/18=150.8

The dietary note dated 5/24/18 4:37 p.m. read "Quarterly note: Resident #23 continues vent/trach dependent. She is NPO. She receives her nutrition and hydration via PEG tube. Her current weight (2-13-18) is 156.4 lbs. (pounds), ht (height) 65 inches, IBWR (ideal body weight range) is 113-137 lbs., BMI (body mass index) is 25.96. She has had a significant weight change in 30 days of 6.14% which is 9.6 lbs. Referring her to the RD due to weight loss. Her skin is intact. She is receiving diuretic therapy. She receives supplements of lactobacillus, potassium chloride, and a multivitamin."

The surveyor informed the assistant director of nursing of the weight loss concerns, the RD recommendation by the dietary manager, and the inability to locate the RD recommendations in the clinical record on 7/12/18 at 11:00 a.m.

The assistant director of nursing informed the surveyor 7/12/18 at 12:12 p.m. that an RD consult was not completed.

The surveyor was unable to locate the RD assessment and recommendations in the clinical record and interviewed the director of culinary services on 7/12/18 at 1:00 p.m. The surveyor asked the director of culinary services the process for informing the RD of a concern. The DCS stated the RD came to the facility 2x/week. The DCS stated she writes up her findings and

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F 693	Continued From page 10 gives the RD the information and texts the RD to tell her that there is information for the RD to review. The surveyor informed the administrator, the director of nursing, the assistant director of nursing, and the rehab manager of the above concern in the end of the survey meeting on 7/12/18 at 1:15 p.m. No further information was provided prior to the exit conference on 7/12/18.	F 693		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.	F 755		8/10/18

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F 755	Continued From page 11 §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, the facility staff failed to ensure physician ordered medications were available for 1 of 12 residents (Resident #48). The findings included: The facility staff failed to ensure physician ordered medications were available for administration for Resident #48. Resident #48 was readmitted from the hospital on 6/13/18. The facility staff failed to ensure the following medications were available for administration: Klonopin 0.5 mg (milligrams), Lovenox 40 mg/0.4 ml (milliliter), Imdur 20 mg and Ferrous Sulfate 300 mg. The clinical record of Resident #48 was reviewed 7/9/18 through 7/12/18. Resident #48 was admitted to the facility 5/15/18 and readmitted 6/13/18 with diagnoses that included but not limited to acute and chronic respiratory failure with hypercapnia, dependence on respirator, tracheostomy, chronic combined systolic and diastolic heart failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus with diabetic chronic kidney disease, diverticulosis, hypertensive heart disease, iron deficiency anemia, morbid obesity, hyperlipidemia, major	F 755	F755 1. Resident # 48 is currently receiving medications as per physician orders. 2. Current residents in the center have potential to be affected 3. Licensed nurses in the center will be educated by the Director of Nursing/designee to administer available medications from STAT box while awaiting arrival from pharmacy with new/readmissions as well as notify the physician for alternate orders if medications are not present in the STAT box. Licensed nurses have been educated on the contents of the STAT box. 4. Director of Nursing/designee will observe Medication Administration Records for readmits/admits to the center 5 times weekly to ensure medications are available and administered. In addition, if medications are not available for administration and not in the STAT box, the physician will be notified.	

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F 755	Continued From page 12 depressive disorder, generalized anxiety, atherosclerotic heart disease, pneumonia, and gastro-esophageal reflux disease (GERD). Resident #48's 14 day minimum data set (MDS) with an ARD (assessment reference date) of 6/27/18 assessed the resident with a BIMS (brief interview for mental status) of 15 out of 15. Resident #48 did not have any signs or symptoms of delirium or psychosis; the resident did reject care 4-6 days during the week. The surveyor reviewed Resident #48's progress notes from admission through 7/12/18. The progress note written 6/14/18 at 17:00 (5:00 p.m.) read in part, "Medications ordered from pharmacy." The next progress note written 6/14/18 at 1:29 a.m. read in part "Spoke with on-call pharmacy. Re-faxed medication orders as per their request." A third progress note dated 6/14/18 at 7:45 a.m. read in part "Called on-call pharmacy. Spoke with _____ (name omitted). He stated he will notify _____(contracting pharmacy name omitted) to send residents medications STAT that it will be quicker than requesting from back-up pharmacy since _____ (contracting pharmacy) is opening soon for the day. This nurse explained to him that we requested several times and faxed orders and still hadn't received resident's medications." The surveyor reviewed the 6/13/18 discharge summary and the readmission physician's orders. The following medications were ordered: " Levaquin 500 mg (milligram) 1 tablet p.o. (by mouth) every other day for 5 more tablets-Start 6/14/18 " Pulmicort 0.5 mg inhalation every 12 hours " DuoNeb nebulizers 3 ml (milliliter) inhalation	F 755	5. The results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis. CAO/DON will be responsible for implementation of the plan of correction.	

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3 times per day
" Prilosec 20 mg 1 tablet po bid (twice a day)-start 6/14/18
" Robitussin 100 mg po q (every) 6 hours p.r.n. (whenever necessary)
" Aspirin 81 mg 1 tablet po daily-start 6/14/18
" Coreg 12.5 mg po bid-start 6/14/18
" Celexa 10 mg 1 tablet po daily-start 6/14/18
" Ferrous Sulfate 300 mg 1 tablet po daily-start 6/14/18
" Lactobacillus 1 capsule po daily-start 6/14/18
" Lipitor 20 mg 1 tablet po at bedtime-start 6/14/18
" Lovenox 40 mg subcu (subcutaneous) 24 hours-start 6/14/18
" Pepto-Bismol po bid prn
" Depakote 500 mg tablet po bid-start 6/14/18
" Mucinex 600 mg po bid-start 6/14/18
" Imdur 20 mg 1 tablet po 3 times a day-start 6/13/18
" Tylenol 650 mg po q6 hours prn for pain
" Loperamide 2 mg po tid (three times a day) for diarrhea
" Mylanta 15 ml po q 8 hours prn for GERD
" Milk of magnesia 30 ml po daily prn for constipation
" Percocet 5/325 mg 1 tablet po q 8 hours prn for pain-start 6/13/18
" Chloraseptic spray prn
" Klonopin 0.5 mg q 6 hours-start date 6/13/18

The surveyor reviewed the June 2018 medication administration records. Klonopin 0.5 mg ordered q 6 hours was not given as ordered 6/13/18 at 2200 (10:00 p.m.), 6/14/18 at 0500, 1200, 5:00 p.m. or 10:00 p.m.) and 6/15/18 at 0500, 1200, 5:00 p.m. and 10:00 p.m. In each box for the administration time, there was an "x". Klonopin was not available to be administered to Resident

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#48 for nine doses.

Lovenox 40 mg subcutaneous was ordered every 24 hours. The start date was 6/14/18. In the box for 6/14/18 an "x" had been placed. Lovenox was not available for administration to Resident #48 on 6/14/18 0500.

Ferrous Sulfate 300 mg was ordered once a day to start 6/14/18 and had an "x" in the box for 6/14/18 at 0500. The medication was not available for administration as ordered.

The surveyor was unable to locate the June 2018 medication administration record for Imdur 20 mg ordered tid.

The surveyor interviewed both the director of nursing (DON) and the assistant director of nursing (ADON) on 7/12/18 at 10:46 a.m. The DON stated that medications couldn't be ordered from the pharmacy until the resident was physically in the building. The DON reviewed the discharge summary from the hospital and stated dots beside the medications indicated they had been placed on the MAR. The DON and surveyor reviewed the June 2018 MARs together. The DON stated the ordered dose of Lovenox (40mg) was not in the stat box. The DON stated she was unable to locate page 1 of the June 2018 scheduled medications and page 1 of the June prn medications. The DON was unable to provide evidence the facility staff administered Imdur 20 mg tid beginning 6/13/18. The DON stated the missing MAR was probably the page containing the Imdur administration.

The surveyor interviewed the director of nursing and the assistant director of nursing on 7/12/18 at

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10:32 a.m. on medications not available for administration. The DON stated the regular pharmacy routine run (first run) was between 8:00 p.m. and 9:00 p.m. if the medications are ordered by noon. The second run was around 3:00 a.m. The cut off time for that run (delivery) was 4:00 p.m. The DON stated once the medication orders are placed in to Point, Click, Care (PCC), the orders are automatically sent to the pharmacy. The DON was asked where the back-up pharmacy was located. The DON stated there was not a local back up pharmacy; however, the contracted pharmacy's back-up pharmacy probably comes from Richmond. The surveyor requested the pharmacy manifest for Klonopin. The pharmacy manifest was reviewed. Nine Klonopin 0.5 mg were delivered 6/15/18.

The surveyor informed the administrator, the director of nursing, the assistant director of nursing, and the rehab manager of the above issues with medications not available for administration to Resident #48 on 7/12/18 at 1:15 p.m. The surveyor requested the facility policy on obtaining medications from the facility's contracted pharmacy.

The surveyor reviewed the facility policy titled "7.0 Medication Shortages/Unavailable Medications" on 7/12/18. "Procedure: 1. Upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy. If the medication shortage is discovered at the time of medication administration, facility staff should immediately take the action specified in Sections 2 or 3 of this Policy 7.0, as applicable.

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F 755	Continued From page 16 2. If a medication shortage is discovered during normal pharmacy hours: 2.1 Facility nurse should call pharmacy to determine the status of the order. If the medication has not been ordered, the licensed facility nurse should place the order or reorder for the next scheduled delivery. 2.2 If the next available delivery causes delay or a missed dose in the resident's medication schedule, facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose. 2.3 If the medication is not available in the Emergency Medication Supply, facility staff should notify pharmacy and arrange for an emergency delivery. 3. If a medication shortage is discovered after normal pharmacy hours: 3.1 A licensed facility nurse should obtain the ordered medication from the Emergency Medication Supply. 3.2 If the ordered medication is not available in the Emergency Medication Supply, the licensed facility nurse shall call pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action. Action may include: 3.2.1 Emergency deliver; or 3.2.2 Use of an emergency (back-up) third party pharmacy. 4. If an emergency delivery is unavailable, facility nurse should contact the attending physician to obtain orders or directions." No further information was provided prior to the exit on 7/12/18.	F 755		
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)	F 758		8/10/18

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§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 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

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F 758	Continued From page 18 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 5 of 12 residents were free of an unnecessary medication (Resident #18, Resident #48, Resident #3, Resident #23, and Resident #29). The findings included: 1. The facility staff failed to provide behavior monitoring for the psychotropic medication Celexa for Resident #18. Resident #18 was admitted to the facility 4/5/16 with diagnoses that included but not limited to acute and chronic respiratory failure, non-ST myocardial infarction, chronic obstructive pulmonary disease, dysphagia, tracheostomy status, gastrostomy status, hypertension, anxiety disorder, major depressive disorder, hyperlipidemia, insomnia, chronic pain, and gastro-esophageal reflux disease. The OBRA minimum data set (MDS) with an assessment reference date (ARD) of 5/19/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15. No signs of delirium or psychosis. Mood was described as feeling down, depressed or hopeless and feels tired with little energy. Total severity score =3.	F 758	F758 1. Residents #18, #48, #3, & #29, is currently having behaviors monitored every shift. Resident #23 is currently not a resident in the center. 2. Current facility residents receiving psychotropic medications have potential to be affected. 3. Licensed nurses will be educated by the Director of Nursing/designee on initiating behavior/side effect monitoring at the time of admission if the resident is prescribed psychotropic medications. Education will also include ensuring behavior/side effect flow sheets are completed every shift. 4. Director of Nursing/designee to monitor behavior monitoring/side effects flow sheets 5 times weekly to ensure timely initiation and completeness. 5. The results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis.	

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F 758	Continued From page 19	F 758	CAO/DON will be responsible for implementation of the plan of correction.	

Resident #18's current comprehensive care plan initiated 4/6/16 for use of psychotropic medications and revised 3/15/2018 identified interventions to be evaluate effectiveness and side effects of medications for possible decrease/elimination of psychotropic drugs per pharmacy review. Observe for adverse effects related to psychotropic.

Resident #18 has orders for Celexa 20 mg (milligrams) every day. According to the Physician's Desk Reference, escitalopram is an antidepressant used for the treatment of depression.

The surveyor reviewed the behavior monitoring and side effects flow sheets for April 2018. The April 2018 side effect monthly flow sheet did not identify what side effect was being monitored.

The May 2018 Behavior Monthly Flow Sheet did not have evidence that the behavior for Resident #18 was monitored on the day shift 5/1/18 through 5/17/18 and on the following evening/night shift: 5/1/18 through 5/3/18, 5/6/18, 5/11/18, 5/14/18, 5/17/18, and 5/18/18. The May 2018 Side Effects Monthly Flow Sheet did not have evidence of monitoring on the day shift 5/1/18 through 5/31/18 and the evening/night shift 5/1/18 through 5/3/18, 5/6/18, 5/11/18, 5/13/18, and 5/17/18.

The surveyor was unable to locate the June 2018 Behavior Monthly Flow Sheet or the Side Effects Monthly Flow Sheet.

The surveyor informed the assistant director of nursing of the above concern on 7/12/18 at 9:06

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a.m. The ADON confirmed the incomplete monitoring for April 2018 and May 2018. The DON stated the facility was unable to locate the June 2018 Behavior Monthly Flow Sheets and the June Side Effects Flow Sheet.

The January 2018 medication regimen review was reviewed. On the note, the contracting pharmacist had documented Resident #18's behavior monitoring documentation appears not to be maintained completely; that is, it is missing the following items: 1. Behavior monitoring for December for Citalopram and Clonazepam.

The surveyor informed the administrator, the director of nursing, the assistant director of nursing and the rehab manager on 7/12/18 at 1:15 p.m.

No further information was provided prior to the exit conference on 7/12/18.

2. The facility staff failed to provide behavior monitoring for Resident #48's psychotropic medication Celexa and Clonazepam.

The clinical record of Resident #48 was reviewed 7/9/18 through 7/12/18. Resident #48 was admitted to the facility 5/15/18 and readmitted 6/13/18 with diagnoses that included but not limited to acute and chronic respiratory failure with hypercapnia, dependence on respirator, tracheostomy, chronic combined systolic and diastolic heart failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus with diabetic chronic kidney disease, diverticulosis, hypertensive heart disease, iron deficiency anemia, morbid obesity, hyperlipidemia, major depressive disorder, generalized anxiety,

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atherosclerotic heart disease, pneumonia, and gastro-esophageal reflux disease (GERD).

Resident #48's 14 day minimum data set (MDS) with an ARD (assessment reference date) of 6/27/18 assessed the resident with a BIMS (brief interview for mental status) of 15 out of 15. Resident #48 did not have any signs or symptoms of delirium or psychosis; the resident did reject care 4-6 days during the week. Mood interview identified feeling down, depressed or hopeless and feeling bad about yourself. Total severity score=6.

Resident #48's current comprehensive care plan initiated 6/1/18 identified the resident was at risk for adverse effects related to psychotropic medications secondary to dx (diagnosis) of anxiety.

Resident #48 had physician orders for Celexa 10 mg every day beginning 5/301/8 and Klonopin 0.5 mg tid (three times a day) for anxiety.

According to the Physician's Desk reference, Celexa (citalopram) is an antidepressant in a group of drugs called selective serotonin reuptake inhibitors (SSRIs).

According to the Physician's Desk Reference, Klonopin is an Oral long-acting benzodiazepine,noticeable efficacy in the treatment of absence, petit mal variant (Lennox-Gastaut syndrome), and akinetic and myoclonic seizures, but ineffective for tonic-clonic seizures. Also used for panic disorder and restless leg syndrome.

The surveyor reviewed the clinical record for the

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May 2018 Behavior Monitoring Flow Sheets and the Side Effects Flow Sheet. The surveyor was unable to locate any behavior monitoring for May 2018. The surveyor informed the medical records staff (MR#1) on 7/12/18 at 11:07 a.m. The surveyor reviewed the June 2018 Behavior Monitoring Flow Sheets and the Side Effects Flow Sheet. The Behavior Monitoring Flow Sheets and the Side Effects Flow Sheet had not been completed upon Resident #48's readmission to the facility 6/13/18. Medical records #1 stated he was unable to locate May or June 2018 behavior monitoring sheets.

The surveyor informed the administrator, the director of nursing, the assistant director of nursing and the rehab manager on 7/12/18 at 1:15 p.m.

No further information was provided prior to the exit conference on 7/12/18.

3. The facility staff failed to provide behavior monitoring for Resident #3's psychotropic medications Vistaril, Wellbutrin SR, and Ativan.

The clinical record of Resident #3 was reviewed 7/9/18 through 7/12/18. Resident #3 was admitted to the facility 7/27/15 with diagnoses that included but not limited to chronic respiratory failure, atherosclerotic heart disease, type 2 diabetes mellitus, pulmonary hypertension, obstructive sleep apnea, morbid obesity, and pain.

Resident #3's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 6/28/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out

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of 15. No signs or symptoms of delirium or psychosis. Mood interview revealed the resident was feeling down, depressed or hopeless, had trouble falling or staying asleep, and feeling tired or having little energy.

Current comprehensive care plan initiated 7/27/15 and reviewed 7/10/18 identified Resident #3 required use of psychotropic medications with potential for adverse reactions related to depression and anxiety. Resident #3 is on Ativan and Wellbutrin.

Resident #3 had physician orders for Ativan 0.5 ml (milliliter) at bedtime and Wellbutrin SR (sustained release) 150 mg every day. Wellbutrin (bupropion) is an antidepressant medication used to treat major depressive disorder and seasonal affective disorder. Ativan (lorazepam) belongs to a group of drugs called benzodiazepines . Lorazepam affects chemicals in the brain that may be unbalanced in people with anxiety. Ativan is used to treat anxiety disorders.

The surveyor reviewed the May 2018 behavior monthly flow sheet and found no monitoring completed on 5/15/18 evening/night shift for Ativan, Vistaril and Wellbutrin. The May 2018 Side Effects Flow Sheet did not specify the side effect staff were to monitor and failed to document on 5/15/18 evening/night shift.

The surveyor reviewed the June 2018 behavior monthly flow sheet and found no monitoring completed on 6/19/18 evening/night shift for Ativan and Wellbutrin.

The surveyor informed the assistant director of

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nursing on 7/12/18 at 11:31 a.m. After reviewing, the ADON stated, "it was a night shift nurse."

The surveyor informed the administrator, the director of nursing, the assistant director of nursing, and the rehab manager on 7/12/18 at 1:15 p.m.

No further information was provided prior to the exit conference on 7/12/18.

4. The facility staff failed to provide behavior monitoring for the psychotropic medication Zoloft for Resident #23.

The clinical record of Resident #23 was reviewed 7/9/18 through 7/12/18. Resident #23 was admitted to the facility 1/19/18. The resident has had multiple hospitalizations since admission the most recent re-admission being 6/25/18. Resident #23 diagnoses included but were not limited to acute and chronic respiratory failure, dependence on respirator, type 2 diabetes mellitus, hereditary spastic paraplegia, asthma, fibromyalgia, major depressive disorder, anxiety disorder, right wrist and right hand contracture, tracheostomy, chronic obstructive pulmonary disease, obstructive uropathy and functional quadriplegia.

Resident #23's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 5/24/18 assessed the resident with a BIMS (brief interview for mental status) of 12 out of 15. There were no signs or symptoms of delirium or psychosis. Mood interview revealed Resident #23 had feelings of being down, depressed or hopeless and feeling tired or having little energy.

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Resident #23's current comprehensive care plan initiated 1/31/18 and revised 3/5/18 read that the resident had behaviors of becoming easily agitated, crying, refusing showers or therapy and making negative statements. Resident #23 also was at risk for adverse consequences related to use of psychotropic medications secondary to diagnosis of anxiety and depression. Interventions included evaluate effectiveness and side effects of medications for possible decrease/elimination of psychotropic drugs per pharmacy recommendation. Monitor behaviors related to antipsychotic use.

Resident #23's physician's orders included Zoloft 100 mg (milligrams) and Klonopin 0.5 mg three times a day.

According to the Physician's Desk Reference, Zoloft is a medicine called a selective serotonin reuptake inhibitor (SSRI). It is used to treat major depressive disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, and social anxiety disorder.

According to the Physician's Desk Reference, Klonopin is an Oral long-acting benzodiazepine,noticeable efficacy in the treatment of absence, petit mal variant (Lennox-Gastaut syndrome), and akinetic and myoclonic seizures, but ineffective for tonic-clonic seizures. Also used for panic disorder and restless leg syndrome.

The surveyor reviewed the June 2018 Behavior Monitoring Flow Sheets and the June 2018 Side Effects Flow Sheets. The surveyor was unable to

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locate any June 2018 flow sheets for Zoloft and Klonopin after the resident was readmitted to the facility 6/25/18.

The surveyor informed the administrator, the director of nursing, the assistant director of nursing, and the rehab manager on 7/12/18 at 1:15 p.m.

No further information was provided prior to the exit conference on 7/12/18.

5. The facility staff failed to monitor a psychotropic medication, Zoloft, for Resident #29.

Resident #29 was readmitted to the facility on 3/15/16 with the following diagnoses of, but not limited to anemia, high blood pressure, heart failure, depression and Chronic Obstructive Pulmonary Disease. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 4/23/18 coded the resident 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 review of Resident #29's clinical record on 7/12/18. During this review, the surveyor noted a physician order for " ...Sertraline (Zoloft) ...100 mg (milligram) Give 1 tablet by mouth one time a day every Mon, Wed, Fri for depression and Sertraline 100 mg Give 1 tablet by mouth one time a day every Sun, Tue, Thu, Sat for depression ..." This order was given to the facility staff with a beginning date of 5/19/18.

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F 758	Continued From page 27 The surveyor also reviewed the behavioral monitoring sheets for Resident #29. For the month of June 2018, the surveyor noted documentation for the dates of 6/1, 6/2, 6/3 and 6/4. The rest of the behavioral monitoring sheet for June was blank with no documentation noted. The surveyor notified the administrative team of the above documented findings on 7/12/18 at 1:14 pm in the conference room. No further information was provided to the surveyor prior to the exit conference on 7/12/18.	F 758		
F 770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) §483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to obtain a physician ordered laboratory test for 1 of 12 current residents in the survey sample (Resident #10). The findings included: Resident #10 was admitted to the facility on 4/21/17 with the following diagnoses of, but not limited to high blood pressure, diabetes, seizure disorder, anxiety disorder and Chronic	F 770	F770 1. Physician was immediately notified that culture/sensitivity was not obtained for Resident #10. No new orders obtained. 2. Current center residents have potential to be affected. 3. Licensed Nurses to be educated by the Director of Nursing/designee on proper transcription of lab orders onto lab requisitions to ensure ordered/obtained	8/10/18

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F 770	Continued From page 28 Obstructive Pulmonary Disease. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 5/4/18 coded the resident as having a BIMS (Brief Interview for Mental Status) of 14 out of a possible score of 15. Resident #10 was also coded as being totally dependent on 2 or more staff members for dressing, personal hygiene and bathing. The surveyor performed a review of Resident #10's clinical record on 7/10/18. During this review, the surveyor noted the following written in on a urinalysis report that was obtained on 6/25/18: " ...awaiting CX (culture) ..." The nurses' notes were also reviewed and there was documentation dated for 6/24/18 which read in part, " ... N.O. (new order) Obtain UA (urinalysis) C&S (culture and sensitivity in AM ..." The surveyor could not find the results of the urine C&S in the clinical record. The surveyor notified the administrative team of the above documented findings on 7/10/18 at 4:50 pm. On 7/11/18 at 2:15 pm, the director of nursing returned to the surveyor with a copy of the physician order, which was dated and timed for 6/24/18 at 18:10 (6:10 pm) for "UA C&S in am ..." The director of nursing stated, "We didn't get this." No further information was provided to the surveyor prior to the exit conference on 7/12/18.	F 770	labs are processed according to order. 4. Director of Nursing or Designee to audit lab requisitions 5 times weekly to ensure proper transcription of physician ordered labs. 5. The results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis. CAO/DON will be responsible for implementation of the plan of correction.	
F 801 SS=D	Qualified Dietary Staff CFR(s): 483.60(a)(1)(2) §483.60(a) Staffing	F 801		8/10/18

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The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e)

This includes:
§483.60(a)(1) A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional is one who-
(i) Holds a bachelor's or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics accredited by an appropriate national accreditation organization recognized for this purpose.
(ii) Has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional.
(iii) Is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed. In a State that does not provide for licensure or certification, the individual will be deemed to have met this requirement if he or she is recognized as a "registered dietitian" by the Commission on Dietetic Registration or its successor organization, or meets the requirements of paragraphs (a)(1)(i) and (ii) of this section.
(iv) For dietitians hired or contracted with prior to November 28, 2016, meets these requirements

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F 801	Continued From page 30 no later than 5 years after November 28, 2016 or as required by state law. §483.60(a)(2) If a qualified dietitian or other clinically qualified nutrition professional is not employed full-time, the facility must designate a person to serve as the director of food and nutrition services who- (i) For designations prior to November 28, 2016, meets the following requirements no later than 5 years after November 28, 2016, or no later than 1 year after November 28, 2016 for designations after November 28, 2016, is: (A) A certified dietary manager; or (B) A certified food service manager; or (C) Has similar national certification for food service management and safety from a national certifying body; or D) Has an associate's or higher degree in food service management or in hospitality, if the course study includes food service or restaurant management, from an accredited institution of higher learning; and (ii) In States that have established standards for food service managers or dietary managers, meets State requirements for food service managers or dietary managers, and (iii) Receives frequently scheduled consultations from a qualified dietitian or other clinically qualified nutrition professional. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to ensure 1 of 12 current residents (Resident #23) was assessed by the registered dietician (RD) for weight loss. Resident #23 had continuous tube feeding.	F 801	F801 1. Resident #23 is currently not a resident in the center. 2. A review of resident's receiving tube feedings in the center was conducted to ensure those with significant weight loss	

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The findings included:

The facility RD failed to assess Resident #23 when the resident had a significant weight change in 30 days of 6.14%, which is 9.6 pounds from 4/26/18 to 5/24/18. Resident #23's weight dropped from 166 to 156.4 pounds in 1 month. Resident #23 is NPO (nothing by mouth) and was fed by a PEG (percutaneous endoscopic gastrostomy) tube continuously.

The clinical record of Resident #23 was reviewed 7/9/18 through 7/12/18. Resident #23 was admitted to the facility 1/19/18. The resident has had multiple hospitalizations since admission the most recent re-admission being 6/25/18. Resident #23 diagnoses included but were not limited to acute and chronic respiratory failure, dependence on respirator, type 2 diabetes mellitus, hereditary spastic paraplegia, asthma, fibromyalgia, major depressive disorder, anxiety disorder, right wrist and right hand contracture, tracheostomy, chronic obstructive pulmonary disease, obstructive uropathy and functional quadriplegia.

Resident #23's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 5/24/18 assessed the resident with a BIMS (brief interview for mental status) of 12 out of 15. Section K. Swallowing/Nutritional Status and specifically Section K0510 Nutritional Approaches was marked for Feeding Tube only. K0710. Percent Taken by Artificial Route was marked that Resident #23 received 51% or more of total calories through parenteral or tube feeding during the 7 day look back period and 501 cc(cubic centimeters) day or more of fluid intake per day

for the last 60 days had a RD consult completed timely.
3. Chief Administrative Officer/designee will educate the Registered Dietitian on the importance of timely aasessment of residents receiving tube feeding experiencing significant weight loss. In addition, CDM will maintain Registered Dietitian referral log to ensure all referrals are followed up with timely.
4. Director of Nursing/designee will monitor RD visits weekly to ensure RD consults for residents with tube feedings experiencing significant weight loss have been completed timely.
5. The results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis.

CAO/DON will be responsible for implementation of the plan of correction.

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by IV or tube feeding.

Current comprehensive care plan dated 3/5/18 identified the resident was peg tube dependent and interventions included NPO status and RD (registered dietician) review.

The surveyor observed Resident #23 on 7/9/18 at 5:15 p.m. The resident was in bed with the head of the bed elevated and receiving Glucerna 1.2 at 55 cc/hr via pump.

The surveyor reviewed Resident #23's weights since admission.
1/20/18=160
2/11/18=166.1
2/13/18=162.6
2/22/18=166.4
3/1/18=161.2
3/5/18=161.8
3/22/18=165
3/29/18=168
4/5/18=166
4/26/18=166
5/24/18=156.4
6/19/18=151.2
6/26/18=153
7/5/18=150.6
7/10/18=150.8

The dietary note dated 5/24/18 4:37 p.m. read "Quarterly note: Resident #23 continues vent/trach dependent. She is NPO. She receives her nutrition and hydration via PEG tube. Her current weight (2-13-18) is 156.4 lbs. (pounds), ht (height) 65 inches, IBWR (ideal body weight range) is 113-137 lbs., BMI (body mass index) is 25.96. She has had a significant weight change in 30 days of 6.14% which is 9.6 lbs. Referring

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her to the RD due to weight loss. Her skin is intact. She is receiving diuretic therapy. She receives supplements of lactobacillus, potassium chloride, and a multivitamin."

The surveyor informed the assistant director of nursing of the weight loss concerns, the RD recommendation by the dietary manager, and the inability to locate the RD recommendations in the clinical record on 7/12/18 at 11:00 a.m.

The assistant director of nursing informed the surveyor 7/12/18 at 12:12 p.m. that an RD consult was not completed.

The surveyor was unable to locate the RD assessment and recommendations in the clinical record and interviewed the director of culinary services on 7/12/18 at 1:00 p.m. The surveyor asked the director of culinary services the process for informing the RD of a concern. The DCS stated the RD came to the facility 2x/week. The DCS stated she writes up her findings and gives the RD the information and texts the RD to tell her that there is information for the RD to review.

The surveyor informed the administrator, the director of nursing, the assistant director of nursing, and the rehab manager of the above concern in the end of the survey meeting on 7/12/18 at 1:15 p.m.

No further information was provided prior to the exit conference on 7/12/18.