

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

PRINTED: 08/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 495418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2016
NAME OF PROVIDER OR SUPPLIER PRINCESS ANNE HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F 000		
	<p>An unannounced Medicare/Medicaid standard survey was conducted 07/19/16 through 07/21/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. No complaints were investigated during the survey.</p> <p>The census in this 120 certified bed facility was 107 at the time of the survey. The survey sample consisted of 20 current Resident reviews (Residents #1 through #19 and #23) and 3 closed record reviews (Residents #20 through #22).</p>				
F 309 SS=E	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING		F 309		
	<p>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, in accordance with the comprehensive assessment and plan of care.</p> <p>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 provide care and services to promote the highest level of well being for 5 of 23 residents in the survey sample, Residents #5, 2, 1, 15 and 14.</p> <p>1. For Resident #5, the facility staff failed to ensure that non pharmacological measures were</p>				

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

TITLE

(X6) DATE

Chir Alon

Administrator

8/9/16

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions). Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 309	Continued From page 1 utilized prior to the use of as needed pain medications 2. For Resident #2, the facility staff failed to ensure that non pharmacological measures were utilized prior to the use of as needed pain medications. 3. For Resident #1, the facility staff failed to ensure that non pharmacological measures were utilized prior to the use of as needed pain medications. 4. For Resident #15, the facility staff failed to ensure a dialysis contract was completed prior to accepting dialysis residents. 5. For Resident #14, the facility staff failed to ensure a dialysis contract was completed prior to accepting dialysis residents. The findings included: 1. Resident #1 was readmitted to the facility on 7/11/16. Diagnoses for Resident #1 included but are not limited to bilateral Cellulitis (bacterial skin infection) of legs. The Annual MDS (Minimum Data Set - an assessment protocol) with an ARD (Assessment Reference Date) of 5/27/16 for Resident #1		F309	The pain management programs for Residents #15, 2, and 1 have been reviewed and revised to ensure that non-pharmacological interventions are implemented prior to the administration of as needed pain medications. Resident #15 was discharged from the facility on 8/2/16. Resident #14 is receiving dialysis services as ordered. Residents with as needed pain medication administration were reviewed to ensure that non-pharmacological interventions are attempted prior to the administration of the as needed pain medication. A contract has been sent to the dialysis center for signature. Charge Nurses were educated on: <ul style="list-style-type: none">Documentation of non-pharmacological interventions prior to administration of as needed pain medicationsExamples of non-pharmacological interventions to address pain	9/1/16

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F 309 Continued From page 2

coded Resident #1 as having a BIMS (Brief Interview for Mental Status) score of 15 of 15 indicating no cognitive impairment. In addition, the Annual MDS coded Resident #1 as having pain frequently and coded Resident #1's pain at a scale of 8 of 10. In addition, the MDS coded Resident #1 as requiring Extensive Assistance with two staff person assistance for Bed Mobility, Dressing and Toileting.

Resident #1's Physician Orders documented the following as needed pain medication:

Norco* Tablet 7.5-325 mg (milligrams) (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for pain (Prescribed 7/11/16)

*Medline Plus documents: Hydrocodone is used to relieve severe pain. Hydrocodone is only used to treat people who are expected to need medication to relieve severe pain around-the-clock for a long time and who cannot be treated with other medications or treatments.

Review of Resident #1's Medication Administration Record (MAR) for July 2016 documented eight as needed administrations of Hydrocodone/acetaminophen. The dates were as follows: 7/13/16 08:44 (8:44 a.m.) pain level 10, 7/13/16 21:19 (9:19 p.m.) pain level 8, 7/14/16 04:15 (4:15 a.m.) pain level 8, 7/14/16 12:15 (12:15 p.m.) pain level 8, 7/15/16 13:39 (1:39 p.m.) pain level 8, 7/16/16 13:29 (1:29 p.m.) pain level 5, 7/18/16 14:14 (2:14 p.m.) pain level 5, and 7/19/16 13:30 (1:30 p.m.) pain level 7. Review of the clinical records revealed only one documentation of the use of non-pharmacological

F 309

Random weekly monitoring of documentation of non-pharmacological interventions prior to administration of as needed pain medications will be completed by the Unit Manager or designee. Issues noted will be referred to the Quality Assurance Committee for review and recommendation.

An annual review of a contract for dialysis services will be completed by the Administrator or designee to ensure that a current contract for dialysis services is in place. Issues noted will be referred to the Quality Assurance Committee for review and recommendation.

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F 309	<p>Continued From page 3</p> <p>measures prior to the use of as needed pain medications.</p> <p>Resident #1's Current Care Plan with a documented 7/9/15 and 7/11/16 revision focus for Chronic Pain. Interventions documented include but are not limited to the following: Administer analgesia per order. Encourage to try different pain relieving methods: positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation, ultrasound. Monitor/record/report to Nurse as s/sx (signs/symptoms) of non-verbal pain.</p> <p>An observation with Resident #1 was made on 7/19/16 at approximately 11:05 a.m. Resident #1 was observed attempting to reposition in her bed. Resident #1, stated, "I do suffer with pain. I've asked to have this air mattress checked as the aides have to keep pulling me out of the holes that have developed in it."</p> <p>An observation with Resident #1 was made on 7/19/16 at approximately 2:30 p.m. Resident #1 stated, "I got a new mattress last night and when I got in bed, I slept straight through the night."</p> <p>An interview was conducted with the Director of Nursing (DON) and Corporate Registered Nurse on 7/19/16 at approximately 3:45 p.m. The DON stated, "We need to work on documentation of non-pharmacological measures. We use Mosby for guidance if we don't have a policy."</p> <p>The Policy and Procedure titled "Pain Management Assessments" with an effective date of 2/1/15 documented the following:</p>	F 309	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 309 Continued From page 4

F 309

Patient will be assessed for acute and chronic pain by licensed nurse and plan of care will be established.
Care plan specific interventions will be developed based on pain assessment and individual patient needs.

Mosby's Textbook for Long-Term Care Assistants Seventh Edition page 409 documented the following "Nursing Measures to Promote Comfort and Relieve Pain" (list is not all inclusive)
Position the person in good alignment
Handle the patient gently
Give a back massage
Use touch to provide comfort
Provide soft music to distract the patient

The facility administration was informed of the findings that non-pharmacological measures were not always implemented prior to the use of pain medications during a briefing on 7/20/16 at approximately 2:30 p.m. The facility did not present any further information about the findings.

2. Resident #2 was admitted to the facility on 11/23/15. Diagnoses included but were not limited to Fracture Right Humerus (arm).

Resident #2's Quarterly MDS (Minimum Data Set - an assessment protocol) with an ARD (assessment reference date) of 6/1/16 coded Resident #2 as having a BIMS (Brief Interview of Mental Status) score of 14 of 15 indicating no cognitive impairment. In addition, Resident #2 was coded as Frequently having pain and was coded as having an 8 of 10 pain scale. In addition, Resident #2 was coded as requiring supervision with the assistance of 1 staff person

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F 309	Continued From page 5 for dressing. Resident #2 was coded as extensive assistance with 1 staff person assistance for bathing. Review of Resident #2's MAR July 2016 (medication administration record) documented an order for Percocet* Tablet 7.5-325 mg (milligrams) (Oxycodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for pain (Prescribed by physician on 6/20/16) *Medline plus documents: Oxycodone is used to relieve moderate to severe pain. Oxycodone extended-release tablets and extended-release capsules are used to relieve severe pain in people who are expected to need pain medication around the clock for a long time and who cannot be treated with other medications. Review of Resident #2's July 2016 MAR documents that Resident #2 received as needed Percocet 13 times in July 2016. The dates/times were as follows: 7/1/16 0010 (12:10 a.m.), 7/2/16 0251 (2:51 a.m.), 7/5/16 0412 (4:12 a.m.), 7/6/16 0412 (4:58 a.m.), 7/7/16 0215 (2:15 a.m.), 7/8/16 0458 (4:58 a.m.), 7/9/16 0420 (4:20 a.m.), 7/10/16 0220 (2:20 a.m.), 7/11/16 0425 (4:25 a.m.), 7/12/16 0431 (4:31 a.m.), 7/14/16 0058 (12:28 a.m.), 7/16/16 0303 (3:03 a.m.) and 7/20/16 0330 (3:30 a.m.). Review of clinical records documented that non-pharmacological measures were implemented zero times in July 2016. Resident #2's Current Care Plan documented on 12/3/15 a Focus Pain. Interventions documented included but were not limited to the following: Encourage relaxation techniques and provide diversional activities. Medicate as ordered	F 309			

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F 309	Continued From page 6 Position resident for comfort. Premedicate in anticipation of painful procedures. An interview was conducted with Resident #2 on 7/19/16 at approximately 10:25 a.m. was conducted. Resident #2 stated, "I have pain in my shoulder often and get pain medication for pain." An observation with Resident #2 was completed on 7/20/16 at approximately 12:00 p.m. Resident #2 was sitting at the dining room table with lunch. An interview was conducted with the Director of Nursing (DON) and Corporate Registered Nurse on 7/19/16 at approximately 3:45 p.m. The DON stated, "We need to work on documentation of non-pharmacological measures. We use Mosby for guidance if we don't have a policy." The Policy and Procedure titled "Pain Management Assessments" with an effective date of 2/1/15 documented the following: Patient will be assessed for acute and chronic pain by licensed nurse a plan of care will be established. Care plan specific interventions will be developed based on pain assessment and individual patient needs. Mosby's Textbook for Long-Term Care Assistants Seventh Edition page 409 documented the following: "Nursing Measures to Promote Comfort and Relieve Pain" (list is not all inclusive) Position the person in good alignment Handle the patient gently Give a back massage Use touch to provide comfort Provide soft music to distract the patient	F 309			

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F 309 Continued From page 7

F 309

The facility administration was informed of the findings that non-pharmacological measures were not always implemented prior to the use of pain medications during a briefing on 7/20/16 at approximately 2:30 p.m. The facility did not present any further information about the findings.

3. Resident #5 was admitted to the facility on 7/10/16. Diagnoses included but are not limited to osteoarthritis (degenerative joint disease).

Resident #5's Quarterly MDS (Minimum Data Set- an assessment protocol) with an ARD (Assessment Reference Date) of 6/2/16 coded Resident #5 as having a BIMS (Brief Interview of Mental Status) score of 15 of 15 indicating no cognitive impairment. In addition, the Quarterly MDS coded Resident #5 as requiring supervision with one staff person assistance for dressing. Resident #5 was coded as requiring set up only for bathing.

Resident #5's Physician order documented Norco Tablet 5-325 gm (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for pain (prescribed 6/20/16).

Resident #5's MAR (Medication Administration Record) for July 2016 documented Resident #5 received as needed Norco 4 times. The dates/times were as follows: 7/4/16 2030 (8:30 p.m.), 7/7/16 1400 (2:00 p.m.), 7/8/16 1809 (6:09 p.m.), and 7/13/16 1451 (2:51 p.m.). Review of Resident #5's clinical records documented use of non-pharmacological measure use twice on July 9 and July 15, 2016.

Review of Resident #5's current Care Plan Focus

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F 309	<p>Continued From page 8</p> <p>of 6/20/16 Acute/chronic pain related to arthritis, dental pain, and sciatica documented the following interventions: Administer analgesia per order. Encourage to try different pain relieving methods: positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation, ultrasound.</p> <p>An interview was conducted with Resident #5 on 7/19/16 at approximately 4:12 p.m. Resident #5 stated, "Legs cause pain as does arthritis. Pain medicine helps." Resident was observed lying in bed, with a trapeze bar.</p> <p>An interview was conducted with the Director of Nursing (DON) and Corporate Registered Nurse on 7/19/16 at approximately 3:45 p.m. The DON stated, "We need to work on documentation of non-pharmacological measures. We use Mosby for guidance if we don't have a policy."</p> <p>The Policy and Procedure titled "Pain Management Assessments" with an effective date of 2/1/15 documented the following: Patient will be assessed for acute and chronic pain by licensed nurse a plan of care will be established. Care plan specific interventions will be developed based on pain assessment and individual patient needs.</p> <p>Mosby's Textbook for Long-Term Care Assistants Seventh Edition page 409 documented the following: "Nursing Measures to Promote Comfort and Relieve Pain" (list is not all inclusive) Position the person in good alignment Handle the patient gently Give a back massage</p>	F 309		

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F 309 Continued From page 9

F 309

Use touch to provide comfort
Provide soft music to distract the patient

The facility administration was informed of the findings that non-pharmacological measures were not always implemented prior to the use of pain medications during a briefing on 7/20/16 at approximately 2:30 p.m. The facility did not present any further information about the findings.

4. Resident #15 was admitted to the facility on 7/14/16. Diagnoses included but are not limited to end stage renal disease.

Resident #15's Admission MDS (Minimum Data Set- an assessment protocol) was not completed. Resident #15's Nursing Assessment documented Resident #15 was alert and orient to person, place and time.

Resident #15 was out of building on 7/19/16 at dialysis.

Resident #15 Clinical Record and Facility Records did not reveal a contract for dialysis services.

In an interview conducted on 7/20/16 at approximately 10:00 a.m. the Corporate Registered Nurse stated, "We can't find a Dialysis Contract."

An interview conducted on 7/20/16 at approximately 2:30 p.m. with the Administrator was conducted. He stated, "Corporate was working on this."

An email copy was presented by the facility on 7/21/16 from the facility Legal Assistant. It

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F 309	Continued From page 10 documented the following: To Administrator 7/20/16 This will confirm that we have been working for several months to get dialysis services agreements in place with (Dialysis Center) at multiple of our facilities. We have been communicating with members of (Dialysis) legal team regarding proposed contract revisions and to negotiate mutually agreeable terms. The administrator states, "We've been open about a year." The facility administration was informed of the findings that a completed dialysis contract was not in place prior to facility residents receiving dialysis services during a briefing on 7/20/16 at approximately 2:30 p.m. The facility did not present any further information about the findings. 5. Resident #14 was a new admission to the facility with an entrance date of 7/18/16. Resident #14's diagnoses included end stage renal disease (ESRD) requiring dialysis, obesity, congestive heart failure, diabetes, anxiety and depression. The resident's Minimum Data Set was not yet due to be completed. The surveyor interviewed the resident at 11:55 a.m. on 7/21/16. Resident #14 was in a wheelchair in her room unpacking and organizing her clothing and belongings. The resident was able to answer the surveyor's questions appropriately and stated she was admitted on Monday and did go out to the dialysis center on Wednesday (7/20/16). The resident continued that her regular days for dialysis would be Monday, Wednesday and Fridays. Following the interview with the resident the 200	F 309	

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F 309 Continued From page 11

Unit Manager was interviewed and confirmed the resident had gone to dialysis on Wednesday.

The survey team met with the facility Administrator, Director of Nurses and Corporate Registered Nurse on 7/21/16 at approximately 2:30 p.m. The Administrator stated that they did not have a contract with the dialysis center for that had treated Resident #14 on Wednesday (7/20/16).

F 322 483.25(g)(2) NG TREATMENT/SERVICES -
SS=D RESTORE EATING SKILLS

Based on the comprehensive assessment of a resident, the facility must ensure that -

(1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident's clinical condition demonstrates that use of a naso gastric tube was unavoidable, and

(2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills.

This REQUIREMENT is not met as evidenced by
Based on observation, resident interview, staff

F 309

F 322

Resident #23 is receiving medication and feeding by gastrostomy tube per professional standards.

Residents receiving medication and feeding by gastrostomy tube were reviewed to ensure that professional standards are met.

Charge Nurses were educated on:

- Professional standards for administration of medications by gastrostomy tube
- Professional standards for administration of feeding by gastrostomy tube

9/1/16

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

PRINTED: 08/01/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 495418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/21/2016
NAME OF PROVIDER OR SUPPLIER PRINCESS ANNE HEALTH & REHABILITATION CENTER			STREET ADDRESS CITY STATE ZIP CODE 1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 322	Continued From page 12 interview, facility documentation review, and clinical record review the facility staff failed for (1) one Resident (Resident #23) of 23 Residents in the survey sample to ensure that professional standards were utilized for Gastrostomy Tube (G Tube) medication administration and G Tube bolus feeding. The findings included: Resident #23 was admitted to the facility on 7/14/16. Diagnoses included but are not limited to dysphagia (difficulty swallowing) and Parkinson's Disease (a movement disorder). In addition, Resident #23's 14 day admission MDS (Minimum Data Set - an assessment protocol) was incomplete. The 7/14/16 admission nursing assessment documented Resident #23 was oriented to person, time and situation. Resident #23 was not oriented to place. The admission nursing assessment documented Resident #23's cognition to be intact. Review of Resident #23's clinical record documented that Resident #23 has a Gastrostomy Tube (tube inserted through the abdomen into the stomach for feeding). Resident #23's Physician order documented: 7/14/16 Enteral Feed Order five times a day via PEG Tube- Enteral Nutrition via Bolus: Jevity 1.5 (8 ounce-237 milliliters) five times per day via bolus per PEG tube at 0600 (6 a.m.), 1000 (10 a.m.), 1400 (2 p.m.), 1800 (6 p.m.), 2200 (10 p.m.)	F 322	Random weekly observations of medication administration and administration of feeding by gastrostomy tube will be completed to ensure that professional standards are maintained. Issues noted will be referred to the Quality Assurance Committee for review and recommendation.		

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	<p>F 322 Continued From page 13</p> <p>An observation was made on 7/19/16 at approximately 9:55 a.m. of a medication pass for Resident #23. Licensed Practical Nurse (LPN) #1 was observed to crush the following medications then mix all of the following medications in approximately 30 milliliters of water:</p> <p>Aspirin 81 mg (milligram) 1 tablet Medline Plus documents the following: Aspirin is in a group of medications called salicylates. It works by stopping the production of certain natural substances that cause fever, pain, swelling, and blood clots.</p> <p>Carbidopa Levodopa 25-100 mg 1 tablet Medline Plus documents the following: The combination of levodopa and carbidopa is used to treat the symptoms of Parkinson's disease and Parkinson's-like symptoms...</p> <p>Carvedilol 6.25 mg 1 tablet Medline Plus documents the following: Carvedilol is used to treat heart failure (condition in which the heart cannot pump enough blood to all parts of the body) and high blood pressure. It also is used to treat people who have had a heart attack.</p> <p>Floranex three tablets Drugs.com documents the following: Lactobacillus is a bacteria that exists naturally in the body, primarily in the intestines and the vagina. Lactobacillus helps maintain an acidic environment in the body, which can prevent the growth of harmful bacteria. Lactobacillus has been used as a probiotic, or "friendly bacteria."</p> <p>Furosemide 20 mg Medline Plus documents the following: Furosemide is used alone or in combination with</p>	F 322	

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER PRINCESS ANNE HEALTH & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456
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F 322 Continued From page 14

F 322

other medications to treat high blood pressure. Furosemide is used to treat edema (fluid retention, excess fluid held in body tissues) caused by various medical problems, including heart, kidney, and liver disease. Furosemide is in a class of medications called diuretics ('water pills'). It works by causing the kidneys to get rid of unneeded water and salt from the body into the urine.

Loratadine 10 mg

Medline Plus documents the following:

Loratadine is used to temporarily relieve the symptoms of hay fever (allergy to pollen, dust, or other substances in the air) and other allergies. These symptoms include sneezing, runny nose, and itchy eyes, nose, or throat.

LPN #1 was observed to mix all of the following medications in approximately 20-30 milliliters of water.

LPN #1 was observed to mix Miralax (polyethylene glycol) 1 pack into 5 ounces of water.

LPN #1 was observed after identifying Resident #23 to check the Gastrostomy tube's placement, then check for Gastrostomy residual. After finding zero residual, LPN #1 proceeded to flush the Gastrostomy Tube with 30-40 milliliters of water, then administered all of the above mentioned medications mixed in 20-30 milliliters of water. After all the medications were administered, LPN #1 administered the Miralax mixed in 5 ounces of water. LPN #1 then poured some water from a container to flush the Gastrostomy tube. When asked how much water

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 322 Continued From page 15

F 322

was used, LPN #1 stated, "Oh, I don't know, I pour some as long as I get 200 milliliters of water total."

LPN #1 was then observed to pour the Jevity 1.5 one can (8 ounces) into a cup. LPN #1 was observed to withdraw a large syringe full of Jevity 1.5 feeding and then push the feeding into Resident #23's feeding tube. This was repeated three times until all of the Jevity had been pushed into Resident #23's feeding tube.

The facility provided the surveyor with an email from their consultant pharmacist from 7/20/16 that documented the following: "Meds (medications) look ok—no harm if given together...the polyethylene glycol and flonox might be questionable but I could not find a definite reason to not give together other than the polyethylene need 4 to 8 ounces of fluid to mix... meds seem to be given at varying times, not sure which ones given together. But doesn't look like any would have decreased effectiveness other than possible tube clogging..."

The Director of Nursing stated on 7/20/16 at approximately 1:30 p.m., "Medications should be given separately and not together."

LPN #1 stated on 7/20/16 at approximately 12 p.m., "I have been told to give the medications separately when giving in a G Tube."

The Facility's policy and procedure titled, "Care of the Patient with a Feeding Tube" with an effective

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 322	Continued From page 16 date of 2/1/15 documented the following: "Bolus Feeding Remove bulb or plunger from syringe. Insert syringe tip into feeding tube. Fill with 30 cc (milliliters) water and allow to flow in by gravity. Fill syringe with formula and allow to flow in by gravity. The rate of flow is regulated by the height of the syringe. DO NOT APPLY FORCE. Stop the procedure if the individual becomes cyanotic or has respiratory difficulty ... Medication Administration Pour one medication at a time into the syringe and instill into feeding tube; follow with 15 cc water flush, or as prescribed by physician." The facility administration was informed of the findings that professional standards were not followed for the administration of Gastrostomy Tube medications and Gastrostomy Tube bolus feeding during a briefing on 7/20/16 at approximately 2:30 p.m. The facility did not present any further information about the findings.	F 322			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371			

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

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FORM APPROVED
OMB NO. 0938-0391

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			(X5) COMPLETION DATE

F 371 Continued From page 17

F 371

This REQUIREMENT is not met as evidenced by:

Based on observations, staff interviews and facility documentation reviews the facility staff failed to ensure food was prepared, stored and served under sanitary conditions.

The findings included:

The initial Kitchen Tour was conducted on 07/19/16 at approximately 6:45 a.m. The DM (Dietary Manager) escorted the surveyor and the following was observed by both:

1. The Dry Storage Area- Observations were made of debris being on the tile floor. Several scraps of paper, two serving size sweetener packets and one serving size sugar packet. There was also a dried light brown stain the color of cola or coffee about six (6) inches by four (4) on the floor of the Dry Storage floor. When the debris and dried spill were brought to the DM's attention he stated: "We got our weekly supply delivery yesterday. We do a deep cleaner of the area on Tuesdays. We will do it tonight at the end of the shift." He further stated: "The kitchen is locked up every night at 7:00 p.m."

2. The Walk In Refrigerator- Observations noted paper debris was on the floor. No response from the DM when brought to his attention.

3. The Walk In Freezer- Observations revealed paper debris was on the floor. No internal thermometer could be located by the DM. He obtained a new thermometer and placed it in the walk in freezer. When asked what check system

The dry storage area is free of debris and clean. The walk in refrigerator is free of debris. The walk in freezer is free of debris and temperatures are monitored. The three compartment sink is free of debris. The can opener has been replaced and is maintained in a sanitary condition. The juice machines are now stored in the kitchen and maintained in a sanitary manner. The bus carts are stored in the serving kitchens when unattended between meal services.

Facility staff ensure that food is prepared, stored and served under sanitary conditions.

Dietary staff have been educated on:

- Cleaning of dietary areas and equipment
- Storage of the juice machines and bus carts

The Dietary Manager or designee will complete random weekly rounds in the kitchen to ensure that food is being stored, prepared, and served in sanitary conditions. Issues noted will be referred to the Quality Assurance Committee for review and recommendation.

9/1/16

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F 371	Continued From page 18 was used for temperature control he stated: "The temperatures are checked by both shifts. The readings are obtained from the external thermometers." 4. Three compartment sink- Observations were made of the empty three sinks. The DM was then asked when the three compartment sink was used. He stated: "We don't use it much. Only for washing pans, large pans." He was then asked if it had been used during the preparation of the morning meal. The DM stated: "No. The dishes are washed at the end of the day and most of them go through the dish machine." It was observed that there was a moderate of drying debris in and around the drain of the first sink. This was brought to the attention of the DM and he stated: "Oh." 5. Can Opener- The DM was asked to remove the cutting blade apparatus from the stationary can opener secured to the end of a metal counter. When the cutting blade was inspected it had a large amount of dark, sticky debris almost to the tip. The DM tried to remove the debris with his finger nail and removed some of the debris. He was then asked if the can opener had been used for the morning meal and he stated: "No." 6. Counter top- On one of the counter tops a black plastic container with an opened lid was observed. When asked what the container was used for the DM stated: "It is a collection tray that fits on the bottom of one of the juice machines in one of our four satellite kitchens, one on each unit." The collection tray contained about 1 1/2 inches of fluid with heavy sediment in the base of the collection tray.	F 371			

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

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F 371	Continued From page 19 The DM was thanked for his assistance. An inspection of all four unit satellite kitchens were observed on 07/19/16 at approximately 7:00 a.m. through 7:15 a.m. On all units the juice machines had spatters of dried juice on the front of the machines and also the surrounding counter area. Three collection trays were observed and moderate amounts of an orange/pink colored fluid were in the base and also congealed sediment. The kitchen crew were observed to be in the kitchen area preparing to set up the morning meal on the steam tables ready to be served and were asked if the juice machines had been used and all answered: No. They are taken care of by the CNAs (certified nursing assistant) when they find out what kind of juice the resident wants with breakfast. Also noted on all four nursing dining areas a service cart with two heavy black totes with soiled dishes and silverware. An interview was conducted on 07/19/16 at approximately 8:15 a.m. with the DM. When asked about the totes with the soiled dishes and silverware he stated: "Those are dishes that had been used the night before that didn't make it to the kitchen. The kitchen is locked up at 7:00 p.m., each night and they have no place to put them so we leave them in the dining units and the day crew will bring them into the kitchen for cleaning after breakfast is finished." The DM was then asked for his daily cleaning sheets and he stated he would get them and give to the surveyor later. An interview was conducted on 07/21/16 at approximately 10:45 a.m., with the Administrator.	F 371			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 371	Continued From page 20 The aforementioned information was discussed. The Administrator stated that the DM had informed him of all of the concerns already. The Administrator was asked for the kitchen task sheet that was used for the staff to know who and when daily tasks were to be completed. Administration which consisted of the Administrator, Director of Nursing, and the Corporate RN (registered nurse) Nursing Services Director were informed of the findings at a briefing on 07/21/16 at approximately 2:05 p.m. The Administrator stated: "I checked with the DM and they do not have a daily assignment for the kitchen tasks." No additional information was submitted for review.	F 371	
F 431	483 60(b), (d), (e) DRUG RECORDS, SS=D LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature	F 431	The Emergency Stat Box was replaced on 7/19/16. Drugs are properly stored in the Emergency Stat Boxes located in medication rooms. Charge Nurses were educated on: <ul style="list-style-type: none">Monitoring expiration date on Emergency Stat BoxRequesting replacement of Emergency Stat Box as indicated

9/1/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 431	Continued From page 21 controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by Based on observation, staff interview and facility documentation review the facility staff failed to ensure drugs were properly stored in the Emergency Stat Box on Unit 3 The findings included: A Tour of Unit 3 Medication room was done on 7/19/16 at approximately 4:20 p.m. An observation of Unit 3's Emergency Stat Box revealed the following expired medications: Vitamin K* 10 mg/ml (milligrams/milliliter) injectable with an expiration date of 5/2016 *Medline Plus documents: Treating and preventing bleeding problems in people with low levels of the blood clotting protein prothrombin. Taking vitamin K1 by mouth or as an injection into			F 431	The Unit Manager or designee will check the Emergency Stat Box on a random weekly basis to ensure that there are no expired medications. Issues noted will be referred to the Quality Assurance Committee for review and recommendation.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 431	Continued From page 22 the vein can prevent and treat bleeding problems in people with low levels of prothrombin due to using certain medications. Norepinephrine 4 mg/ml injectable with an expiration date of 5/2016 *Federal Drug Administration documents: Treating and preventing bleeding problems in people with low levels of the blood clotting protein prothrombin. RN (Registered Nurse #1 on 7/19/16 stated, "The medications should not be expired." RN #1 stated on 7/21/16 at approximately 11:00 a.m., "Pharmacy is responsible for checking the expiration dates of the Emergency Room Stat Box Medications." The DON on 7/19/16 at approximately 5:00 p.m. stated, "The RN has called Pharmacy and requested that the expired drugs be replaced." The DON on 7/25/16 per phone call stated at approximately 11:00 a.m., "I don't believe we have any policy related to expiration dates." The facility administration was informed of the findings that two medications in the Emergency STAT Box were expired during a briefing on 7/20/16 at approximately 2:30 p.m. The facility did not present any further information about the findings.	F 431			