PRINTED: 10/31/2017

DEPAR	CIMENT OF HEALTH	AND HUMAN SERVICES			FORM APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDIN	NG	C
		495140	B. WING _		10/19/2017
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSE H	IILL HEALTH AND REF	IAB		110 CHALMERS COURT	
				BERRYVILLE, VA 22611	
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F 000	INITIAL COMMENT	TS .	F 00	00	
	survey was conduct 10/19/17. Three cor during the survey. ( compliance with 42	ledicare/Medicaid standard ed 10/17/17 through mplaints were investigated Corrections are required for CFR Part 483 Federal Long lents. The Life Safety code low.	plar agre the exe	paration, submission and implemen n of correction does not constitute a eement with the facts and conclusion survey report. Our plan of correction cuted as a means to continuously in eand to comply with applicable Stat	in admission or ins set forth on ins prepared and inprove quality of
F 157	95 at the time of the consisted of 17 curr (Residents #1 throu record reviews (Res		regu F 15	NOV 1	EIVED 4 2017 101.0

(g)(14) Notification of Changes.

- (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-
- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention:
- (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);
- (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or

F157

- 1. The physician was notified of the resident's dialysis schedule and Resident #10's medication times have been changed.
- 2. An audit of residents who are on dialysis will be done to ensure they are receiving their medications as ordered.
- 3. The Licensed Nursing staff will be re-educated on the notification policy.
- 4. The Director Of Nursing, or designee will review patients on dialysis and ensure these patients are receiving their medication as ordered daily for 2 weeks, then weekly for 3 months to ensure proper compliance. Findings will be reported to the monthly QAPI meeting.
- 5. November 27, 2017

A C C D A T C C C C C C C C C C C C C C C C C C		REPRESENTATIVE'S SIGNATURE
ARDRAIDRY HIRECHDES	THE RECOVERED AS INDUITED.	DEDDECEMBATIVES SIGNATURE

TITLE

(X6) DATE

Acholar, LNHA

ADMINISTRATOR

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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CLIVIL	10 I OK WEDICAKE	A MEDICAID SERVICES					MD MO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	í		ONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495140	B. WING				C 10/19/2017
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				BEK	RYVILLE, VA 22611		
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F 157	Continued From pa	ge 1	F 1	57			
	(D) A decision to tra resident from the fa §483.15(c)(1)(ii).	ansfer or discharge the cility as specified in					
	(14)(i) of this section all pertinent information	otification under paragraph (g) n, the facility must ensure that ition specified in §483.15(c)(2) vided upon request to the					
		also promptly notify the sident representative, if any,					
	(A) A change in room as specified in §483	m or roommate assignment 3.10(e)(6); or					:
		dent rights under Federal or ons as specified in paragraph in.					
	update the address phone number of the This REQUIREMEN by: Based on staff inter review, it was detern failed to notify the pl	t record and periodically (mailing and email) and e resident representative(s). IT is not met as evidenced view and clinical record mined that the facility staff hysician of a need to alter 22 residents in the survey 10.					
	Resident #10's phys received medication did not receive medi	ed to collaborate with ician to ensure the resident s as ordered. Resident #10 ications while out of the and the staff failed to notify					

the physician and discuss this matter with him.

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DOCE III	U U ULAITU AND DEI	JÁD		110	0 CHALMERS COURT		
RUSE HI	LL HEALTH AND RE	1AD		BE	ERRYVILLE, VA 22611		
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F 157	Continued From pa	ge 2	F·	157			
	The findings include	e:					
	6/17/15. Resident : stroke, chronic kidr swallowing. Reside (minimum data set) an ARD (assessme	admitted to the facility on #10's diagnoses included hey disease and difficulty ent #10's most recent MDS, an annual assessment with ent reference date) of 8/10/17, is cognition as moderately					
	a physician's order (every) Tuesday, Tl	#10's clinical record revealed that documented, "Dialysis Q nursday and Saturday. Family (9:30 a.m.) and transport."					
	the following medic -6/16/15: Furosemic mouth one time a d -6/16/15: Tamsulos time a day	de (2) 40 mg (milligrams) by					
	administration reco was at dialysis durin 10/7/17, 10/14/17 a tamsulosin and allo 9:00 a.m. on the MA 10/17/17 the nurses computerized code for those medication out of the facility). Of documented the co	"5= LOA (leave of absence)" ns (indicating the resident was On 10/7/17 the nurse					

documented by that nurse on 10/7/17.



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TO THE OT	THO TIDE! CONTROL TO SELECT				CHALMERS COURT		
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	CHAMPYCT	TEMENT OF DEFICIENCIES					
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F 157	Continued From pa	age 3	E 1	157			
	documented, "dialy		•	01			
	documented, diary	313.					
	on 7/29/15 docume Function evidenced hemodialysisInter medications as ord	ventions: Administer ered collaborating with narmacist for optimal					
	(including October in nurse's notes) failed notified the physicial	esident #10's clinical record 2017 physician's notes and d to reveal the facility staff an or collaborated with him to 0 received medications as					
	conducted with LPN LPN #3 was asked who go out for dialy as ordered. LPN #3 put in (the compute resident's dialysis s also depends on the should consult with wants the medication dialysis. LPN #3 st. their medications set this is evidenced by was asked if medication to dialysis. LPN #3 was shad 2017 MAR. LPN #3 resident was not comedications due to stated the physician	7 p.m. an interview was N (licensed practical nurse) #3. how nurses ensure residents ris receive their medications 3 stated the orders should be r system) to reflect the chedule. LPN #3 stated this e medications and nurses the physician to see how he ons scheduled in relation to ated some residents have ent with them to dialysis and ra physician's order. LPN #3 ations are sent with Resident N #3 stated she didn't believe own Resident #10's October 3 agreed that it appeared the insistently receiving his being at dialysis. LPN #3 in needed to be made aware schedule the medications at a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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	495140	B. WING		10/19/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
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ROSE HILL HEALTH AND KEI	100		BERRYVILLE, VA 22611	
	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
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TAG REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE

### F 157 Continued From page 4

On 10/18/17 at 6:24 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern. A policy regarding physician notification was requested.

On 10/19/17 at 7:46 a.m. an interview was conducted with LPN #1 (the nurse responsible for the 10/7/17 nurse's note). LPN #1 stated she usually works the night shift but will administer the morning medications when needed. LPN #1 was shown Resident #10's October 2017 MAR and asked if the resident was administered his 9:00 a.m. medications on the days he goes to dialysis. LPN #1 stated, "We keep them on the cart in case he needs them when he gets back. We hold them until he gets back." LPN #1 stated Resident #10 has a medication scheduled at 5:00 p.m. to "cover his hypertension (high blood pressure)." LPN #1 was asked if the medications are administered to Resident #10 when he returns from dialysis. LPN #1 stated she didn't know because she only covers the morning portion of the day shift when another nurse doesn't show up. LPN #1 was asked if Resident #10 was administered his 9:00 a.m. scheduled medications when he returned from dialysis on 10/7/17. LPN #1 stated she didn't administer the medications and she wasn't at the facility when the resident returned from dialysis. LPN #1 stated more often than not, the medications due at 9:00 a.m. are still in the medication cart when she reports to work at night. LPN #1 was asked if there was a physician's order to hold the resident's medications while at dialysis or if she was aware whether there had been a collaboration with the physician regarding this matter. LPN #1 stated, "No."

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F 157	Continued From pa	age 5	F ·	157			
		11 a.m. ASM #2 stated the a policy regarding physician					
	No further informat	ion was presented prior to exit.					
	your blood. They a your bones strong a your kidneys fail, yo the work your kidned have a kidney transtreatment called diatypes of dialysis. Bo your body of harmf water" This infortwebsite: https://vsearch.nlmmeta?v%3Aprojectmedlineplus-bundle						
	pressure and/or sw obtained from the v	used to treat high blood relling. This information was vebsite: .gov/druginfo/meds/a682858.h					
	enlarged prostate. from the website:	sed to treat symptoms on an This information was obtained .gov/druginfo/meds/a698012.h					
	acid in the body. T from the website:	ed to treat high levels of uric his information was obtained .gov/druginfo/meds/a682673.h					



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OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE COMPLETION
		F	167		
(g)(10) The residen	t has the right to-				
(i) Examine the res of the facility conducts surveyors and any prespect to the facility (g)(11) The facility notice of the facility notice of the facility.  (ii) Post in a place reand family members residents, the result the facility.  (iii) Have reports with certifications, and correspecting the facility years, and any plan respect to the facility to review upon requivation of the facility that accessible to the put (iv) The facility shall information about control of the put the facility staff failed to three preceding years post notice of the average of the average of the average of the facility staff failed to the preceding years post notice of the average of the facility of the facility of the facility of the average of the facility of the faci	ults of the most recent survey cted by Federal or State plan of correction in effect with y; and must readily accessible to residents, and legal representatives of sof the most recent survey of an respect to any surveys, emplaint investigations made y during the 3 preceding of correction in effect with y, available for any individual est; and e availability of such reports in that are prominent and blic.  not make available identifying emplainants or residents. T is not met as evidenced on and staff interview, the have survey reports for the res available for review and ailability of such reports.	F	1.	availability has been posted. An audit will be conducted of the to ensure there are three years or notice of availability is present. The Interdisciplinary team will be on the survey results policy. The Administrator, or designee, we survey binder to ensure it is in constate and federal guidelines for the	survey book f surveys and a re-educated vill review the mpliance with aree months.
The findings include	:				
	OF DEFICIENCIES F CORRECTION  PROVIDER OR SUPPLIER  LL HEALTH AND REF-  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS  483.10(g)(10)(i)(11) RESULTS - READII  (g)(10) The resident  (i) Examine the resident of the facility conducts of the facility conducts of the facility of the facility of the facility of the facility.  (ii) Post in a place residents, the result of the facility.  (iii) Have reports with certifications, and correspecting the facility of the fa	OF DEFICIENCIES F CORRECTION  (X1) PROVIDER/SUPPLIER/LIA IDENTIFICATION NUMBER:  495140  PROVIDER OR SUPPLIER  LL HEALTH AND REHAB  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  483.10(g)(10)(i)(11) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE  (g)(10) The resident has the right to-  (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and  (g)(11) The facility must  (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.  (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and  (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.  (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced	OF DEFICIENCIES FORRECTION  (X1) PROVIDER/SUPPLIER/CLIA A. BUILE 495140  ROVIDER OR SUPPLIER  LL HEALTH AND REHAB  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  483.10(g)(10)(i)(11) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE  (g)(10) The resident has the right to-  (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility, and  (g)(11) The facility must  (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.  (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and  (iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.  (iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:  Based on observation and staff interview, the facility staff failed to have survey reports for the three preceding years available for review and boost notice of the availability of such reports.	ABJUDING LANGE TO SURVEY RESULTS - READILTY ACCESSIBLE  (g)(10) The resident has the right to- (g)(11) The facility, and family members and legal representatives of residents, the results of the most recent survey of the facility.  (ii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility, available for any individual to review upon request; and  (iii) Post notice of the availability of such reports in areas of the facility shall not make available identifying information about complainants or residents.  (iv) The facility shall not make available for review and cost notice of the availability of such reports.	OF DEFICIENCIES A CONFECTION OF CONFECTION NUMBER.  495140  8. WING  STREET ADDRESS. CITY. STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611  SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION)  483.10(g)(10)(i)(11) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE  (g)(10) The resident has the right to- (ii) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility, and (g)(11) The facility must (ii) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.  (iii) Have reports with respect to any surveys, certifications, and complaint investigations made respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility will be reported to the metallot to review upon request; and  (iii) Post notice of the availability of such reports in areas of the facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:  Based on observation and staff interview, the facility shall not make available for review and bost notice of the availability of such reports.

Observation of the facility survey reports was

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	10/18/17 at 4:30 p.m. binder on a table by lobby. The front of "Annual Survey Regithe survey reports of completed on 10/22 completed on 10/22 completed on 11/12 focus survey completed on 10/18/17 at 6:24 conducted with ASM member) #1 (the experson responsible of the survey report nursing) ASM #1 was posting of the availa#1 stated the notice unobscured area the describes where the was asked the procavailable for review recent life safety regreports or special for year and the last stabe made available. ASM #2 were made On 10/19/17 at 10:11 facility did not have reports.	7/17 at 11:25 a.m. and m. The reports were in a vithe receptionist desk in the the binder documented, bort." The binder contained for a standard survey 2/15, a standard survey 2/16, a life safety code survey 3/16 and a minimum data set eted on 2/1/17. A sign in the "The Annual Survey is eption Desk."  4 p.m. an interview was of (administrative staff secutive director and the for the availability and posting s) and ASM #2 (the director of as asked the process for the ability of survey reports. ASM at is easily viewed and a reports are located. ASM #1 ess for making survey reports. ASM #1 stated the most boort, any complaint survey ocus survey reports for one andard survey report should At this time, ASM #1 and a aware of the above concern.  1 a.m. ASM #2 stated the a policy regarding the survey on was presented prior to exit.		167	
F 226 SS=D	483.12(b)(1)-(3), 48 DEVELOP/IMPLME	3.95(c)(1)-(3) NT ABUSE/NEGLECT, ETC	F	226	

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NAME OF F	PROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE	1071072017
ROSE HI	LL HEALTH AND REF	HAB		I10 CHALMERS COURT BERRYVILLE, VA 22611	
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F 226	Continued From pa	ge 8	F 226		
	483.12		F226		
		t develop and implement procedures that:	:	<ol> <li>The facility now has a copy of LP and CNA #8's license.</li> </ol>	N #9's license
		vent abuse, neglect, and ents and misappropriation of	2	<ol> <li>An audit of employees hired in the months will be done to ensure like their employee file.</li> </ol>	•
	(2) Establish policie investigate any sucl	s and procedures to n allegations, and	3	<ol> <li>The Human Resource Manager we educated on the Resident Abuse</li> </ol>	
	(3) Include training §483.95,	as required at paragraph	2	<ol> <li>The Administrator, or designee, whire employee files to ensure conthological for the Posidont Abuse Policy for the</li> </ol>	npliance with
	the freedom from all requirements in § 4	and exploitation. In addition to buse, neglect, and exploitation 83.12, facilities must also neir staff that at a minimum		the Resident Abuse Policy for thr Findings will be reported to the r meeting. 5. November 27, 2017	
		constitute abuse, neglect, sappropriation of resident at § 483.12.			
		or reporting incidents of abuse, , or the misappropriation of			
	prevention. This REQUIREMEN by: Based on staff inter review, it was deterr failed to implement	nagement and resident abuse IT is not met as evidenced view and facility document mined that the facility staff policies for abuse to screen employment for two of five			

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				<u>OMB NC</u>	D. 0938-0391
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				BERR	YVILLE, VA 22611		
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F 226	Continued From pa	ge 9	F 2	:26			
	employee records r						
	practical nurse) #9's						
	The findings include	e:					
	that the employee's facility on 8/1/17. Renursing license docurrification was obtained by the employee's work so employee had provide the control of the con	s employment file documented started employment at the eview of the employee's umented that the license ained on 9/8/17. Review of the chedule documented that the ided hands on care to its prior to the license					
	that the employee s facility on 8/8/17. The	s employment file documented tarted employment at the ne file did not evidence the CNA's license had been					
	a.m. with OSM (other human resources of the staff's licenses will like when they consume why the licenses we residents, OSM #8 and there's no pend work in the facility."	onducted on 10/18/17 at 9:05 er staff member) #8, the coordinator. When asked when were verified, OSM #8 stated, me in I pull it." When asked ere verified prior to caring for stated, "To make sure it's valid ling charges and she's able to A request was made for CNA and the work schedule.					
	On 10/18/17 at 9:15	a.m. OSM #8 returned and					

stated, "I just did the license lookup for (name of



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CENTE	12 LOK MEDICAKE	& MEDICAID SERVICES				DIVID INC	<u>. 0938-03</u> 91
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIER	100110	1		STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/19/2017
THE CITY	THO VIDENCE OF COURT ELECT			1	10 CHALMERS COURT		
ROSE HI	LL HEALTH AND RE	HAB		1	BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 226	Continued From pa	ae 10	F:	226			
	·-	ked if it had been done prior					
	that the employee h	s work schedule documented had provided hands on care to fts prior to the license					
	a.m. with ASM (adm the interim director staffs' licenses were residents, ASM #2 s have a valid license asked if staff were a	onducted on 10/18/17 at 9:20 ministrative staff member) #2, of nursing. When asked why everified prior to caring for stated, "To make sure they and it's not expired." When allowed to work before the erified, ASM #1 stated, No."					
	director and ASM #3	5 p.m. ASM #1, the executive 2, the interim director of aware of the findings.					
	Abuse" documented the nature and dign that he/she be affor including the right to mistreatment, and/o	y's policy titled, "Resident d, "POLICY: It is inherent in ity of each resident at Facility ded basic human rights, be free from abuse, neglect, or misappropriation of gement of the facility					

recognizes these rights and hereby established the following statement, policies, and procedures

to protect these rights and to establish a disciplinary policy, which results in the fair and timely treatment of occurrences of resident abuse. PROCEDURE: II. Screening. Persons applying for employment with Facility will be screened for a history of abuse, neglect or mistreating residents to include: ...E. Verify

license or registration prior to hire."

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MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
ge 11	F 226		
ii)	F 252		
ing furnishings, and clothing, nless to do so would infringe ealth and safety of other  ironment. The resident has a a, comfortable and homelike ing but not limited to receiving orts for daily living safely.  comfortable, and homelike ing the resident to use his or ings to the extent possible.  uring that the resident can revices safely and that the eracility maximizes resident loes not pose a safety risk.  exercise reasonable care for resident's property from loss  T is not met as evidenced on, staff interview, facility d clinical record review, it is the facility staff failed to	3 4	<ul> <li>An audit will be completed on print the building to ensure they are.</li> <li>The Housekeeping staff will be rethe privacy curtain maintenance.</li> <li>The Interdisciplinary Team Mem conduct care keeper assignment their assigned rooms to ensure pare clean. Findings will be report 3 months.</li> </ul>	rivacy curtains e clean. e-educated on policy. bers that as will review privacy curtains
	A95140  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  The second of t	A BUILDING  495140  B. WING  FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)  FOR 13 FORTABLE/HOMELIKE  Patain and use personal ing furnishings, and clothing, nless to do so would infringe ealth and safety of other  For daily living safely.  Formore the extent possible.  Formore the extent possible and homelike and	A BUILDING  495140  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611  FROMIT OF DEFICIENCIES MUST BE PRECEDED BY FULL GEORNATION)  TAG  PREFIX TAG  PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)  F 226  The provided prior to exit.  Tag  The provided prior to exit.  Tag  The provided prior to exit.  Tag  Tag  The provided prior to exit.  The provided prior to exit.  The privacy curtain has a circumstance of the privacy curtain has a circumstance of the privacy curtain maintenance of the pri

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NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
ROSE HI	LL HEALTH AND RE	HAB			0 CHALMERS COURT ERRYVILLE, VA 22611		
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F 252	Continued From pa	ge 12	F 2	252			
	Multiple stains were privacy curtain.	e observed on Resident #2's					
	The findings include	e:					
	5/21/09. Resident were not limited to: major depressive d Resident #2's most set), an annual ass (assessment refere resident as cognitiv Resident #2 as tota staff with transfers assistance of one slocomotion.	dmitted to the facility on #2's diagnoses included but paranoid schizophrenia (1), isorder and diabetes. recent MDS (minimum data essment with an ARD ence date) of 8/1/17 coded the rely intact. Section G coded ally dependent on two or more and as requiring extensive staff with bed mobility and					
	p.m. observation of was conducted. Ar one and a half inch	7 p.m. and 10/18/17 at 12:02 Resident #2's privacy curtain orange stain (approximately vertical by one inch tiple brown splattered stains					
	conducted with LPN LPN #3 was asked responsible for the LPN #3 stated, "No	7 p.m. an interview was N (licensed practical nurse) #3. if the nursing staff was cleanliness of privacy curtains. t typically. Of course if you ed you would let housekeeping					
		3 p.m. an interview was M (other staff member) #1 (the					

laundry and housekeeping manager). OSM #1 was asked the facility process for maintaining clean privacy curtains. OSM #1 stated, "We go

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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		495140	B. WING			10/19/2017
	PROVIDER OR SUPPLIER ILL HEALTH AND REI	HAB		STREET ADDRESS, ( 110 CHALMERS CO BERRYVILLE, VA		
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F 252	OSM #1 stated this cleaning. OSM #1 privacy curtain. OS notified. I'm going that and bring it back."  On 10/18/17 at 6:24 staff member) #1 (the director aware of the above)  The facility's contradocument titled, "(No DONE: CLEAN CU documented, "If curtimmediately"  No further information (1) "Schizophrenia in the clean in the	ich ones need to be changed." is completed during daily was shown Resident #2's is #1 stated, "I should be to take it down, get it washed  4 p.m. ASM (administrative he executive director) and or of nursing) were made concern.  cted housekeeping company's lame of company) JOB TO BE BICLE CURTAINS" tain is stained, remove  on was presented prior to exit. s a serious brain illness.	F	252		
F 254 SS=D	there. They may the hurt them. Someting when they talk. They them to keep a job. This information was https://vsearch.nlm.meta?v%3Aproject-medlineplus-bundle.42985063.350452777942321483.10(i)(3) CLEAN GOOD CONDITION (i)(3) Clean bed and condition;	may hear voices that aren't ink other people are trying to nes they don't make sense e disorder makes it hard for or take care of themselves." Is obtained from the website: nih.gov/vivisimo/cgi-bin/query=medlineplus&v%3Asources=&query=schizophrenia&_ga=279.1508851348-139120270.14  I BED/BATH LINENS IN	F	254		

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		433140	1			10/19/2017
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F 254	Continued From page	nge 14	F:	254		
	by:					
		tion, staff interview, facility				
		nd clinical record review, it	i	-254		
		at the facility staff failed to			8	
		ood condition for one of 22		1.	Resident #2's linen has been ch	
	residents in the sur	vey sample, Resident #2.			day it was brought to the facilit	y's attention.
				2.	An audit will be completed on I	inen in the
		imately two inches in			building to ensure linens are fre	
		erved in a facility bath blanket			holes.	te nom tom
	covering Resident	#2s bea.		2		
	The findings include	o:		3.	The housekeeping staff will be	
	The indings include	<b>5.</b>			the Linen Rag-out/Discard Polic	y and
	Resident #2 was a	dmitted to the facility on			Procedure.	
		#2's diagnoses included but		4.	The Interdisciplinary Team Mer	nhare that
		paranoid schizophrenia (1),		••		
		isorder and diabetes.			conduct care keeper assignmer	
		recent MDS (minimum data			their assigned rooms to ensure	
		essment with an ARD			from torn holes. Findings will be	e reported to
		ence date) of 8/1/17 coded the			QAPI for 3 months.	, - · · · · · · · · · · · · · · · · · ·
		rely intact. Section G coded		5.		
		ally dependent on two or more		٦.	November 27, 2017	
		and as requiring extensive				
		staff with bed mobility and				
	locomotion.	•				
	On 10/17/17 at 2:12					
		inches in diameter) was				
		blanket covering Resident #2's				
	bed. The resident	was out of the room.				
	On 10/17/17 of 2:0"	7 p.m. Resident #2 was				
		ed. The bath blanket with the				
		rved covering the resident.				
	TOTALIDIC WAS OBSE	Tod botoming the resident.				
		02 p.m. Resident #2 was out of				
	the room. The bath	blanket with the torn hole				

was observed covering the resident's bed.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MUL A. BUILD B. WING	ING	(X3) DATE SURVEY COMPLETED C 10/19/2017
NAME OF PROVIDER OR SUPPLIER ROSE HILL HEALTH AND REH	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	
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### F 254 Continued From page 15

On 10/18/17 at 1:47 p.m. an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 was asked if the nursing staff was responsible for ensuring linens were in good condition. LPN #3 stated, "If they get clean linen off the cart and it was torn they would let housekeeping and laundry know."

On 10/18/17 at 4:23 p.m. an interview was conducted with OSM (other staff member) #1 (the laundry and housekeeping manager). OSM #1 was asked the facility process for maintaining linens in good condition. OSM #1 stated, "We pick dirty linens up from the units every hour and inspect then wash and fold and store for the next shift." OSM #1 was asked what should be done with a blanket that contains a torn hole approximately two inches in diameter. OSM #1 stated the blanket should be discarded and put on the "rag out form" (a form that tracks discarded linen). OSM #1 was shown the blanket on Resident #2's bed. OSM #1 stated, "It's a bath blanket." OSM #1 confirmed the blanket should have been discarded.

On 10/18/17 at 6:24 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.

The facility's contracted housekeeping company's document titled, "LINEN RAG-OUT/DISCARD POLICY AND PROCEDURE" documented, "All Laundry staff is required to look for various defects, once linen is removed from the dryer and is placed in the folding area. General linens found to have defects or irremovable stains will be discarded or ragged-out per the employee's discretion..."

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			C	MB NO. 0938-0391
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ROSE HI	ILL HEALTH AND REF	AAB			CHALMERS COURT ERRYVILLE, VA 22611	
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F 254	Continued From pa	ge 16	F 2	54		
	No further informati	on was presented prior to exit.				
F 281 SS=D	People who have it there. They may the hurt them. Someting when they talk. They them to keep a job. This information was https://vsearch.nlm.meta?v%3Aprojectmedlineplus-bundle.42985063.350452777942321	s a serious brain illness. may hear voices that aren't ink other people are trying to nes they don't make sense e disorder makes it hard for or take care of themselves." s obtained from the website: nih.gov/vivisimo/cgi-bin/query- emedlineplus&v%3Asources= &query=schizophrenia&_ga=2 79.1508851348-139120270.14  AVICES PROVIDED MEET TANDARDS	F 2	81		
33-0	(b)(3) Comprehensi		F28	31		
	The services provid as outlined by the comust-	ed or arranged by the facility, omprehensive care plan,			Resident #11's iron supplement r dosage to be administered. An audit of new orders written in days will be done to ensure appli	the last 14
	This REQUIREMEN by: Based on staff inter and clinical record r the facility staff faile	al standards of quality.  IT is not met as evidenced rview, facility document review eview, it was determined that d to follow professional the for one of 22 residents in Resident #11.		<ol> <li>4.</li> </ol>	medication has a dosage included. The Licensed Nursing staff will be on Medication Administration Geoguidelines Policy.  The DON, or designee, will review the morning clinical meeting to eapplicable medications include a	d. re-educated eneral v new orders in nsure
	physicians order for	ed to clarify Resident #11's an iron supplement, with the the order included the		5	for three months. Findings will be QAPI	

dosage to be administered to the resident.

5. November 27, 2017

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F 281 Continued From page 17

The findings include:

Resident #11 was admitted to the facility on 9/29/14 with a readmission on 2/20/17 with diagnoses that included, but were not limited to: Parkinson's disease (slowly progressive neurological disorder characterized by resting tremor, shuffling gain, stooped posture, rolling motions of the fingers, drooling, and muscle weakness (1)), Bipolar disorder (a mental disorder characterized by episodes of mania and depression (2)), depression, COPD (chronic obstructive pulmonary disease - a general term for chronic nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (3)), gastroesophageal reflux disease, high blood pressure and anemia.

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 8/16/17, coded the resident as scoring a 14 on the BIMS (brief interview for mental status) score, indicating that she was cognitively intact to make daily decisions. Resident #11 was coded as requiring extensive assistance of one or more staff members for most of her activities of daily living.

The physician order dated, 2/20/17, documented, "FerrouSul Tablet (Ferrous Sulfate) (iron supplement given for anemia (4)); give 1 tablet by mouth one time a day for supplement."

The August, September and October 2017 MAR (medication administration record) documented, "FerrouSul Tablet (Ferrous Sulfate); give 1 tablet by mouth one time a day for supplement." All three MARs documented that the Ferrous Sulfate was administered every day.

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### F 281 Continued From page 18

Review of the comprehensive care plan dated, 4/30/15 and revised on 8/21/17, did not evidence documentation of anemia or the resident taking iron supplements.

An interview was conducted with LPN (licensed practical nurse) #6, the nurse who cares for Resident #11, on 10/18/17 at 10:48 a.m. The above order for Ferrous Sulfate was reviewed with LPN #6. When asked what is wrong with this order, LPN #6 stated, "It doesn't state a dose." The MARs were reviewed with LPN #6. When asked if she had signed the MAR indicating she gave this medication, LPN #6 stated, "Yes, Ma'am." When asked what she was administering when her initials were signed off as having given the medication, LPN #6 stated, "The stock iron supplement." When asked if she should have a dose for the medication, LPN #6 stated, "Yes, Ma'am."

An interview was conducted with LPN #3, the unit manager, on 10/18/17 at approximately 11:05 a.m. LPN #3 was asked to read Resident #11's physician order for the Ferrous Sulfate. When asked what was missing from the order, LPN #3 stated, "The dosage." When asked if there should be a dosage for the medication, LPN #3 stated, "Yes, Ma'am."

An interview was conducted with administrative staff member (ASM) #2, the interim director of nursing, on 10/18/17 at 2:32 p.m. ASM #2 was asked to review Resident #11's physician order for Ferrous Sulfate. After reviewing the order, ASM #2 was asked if anything was missing from the order, ASM #2 stated, "There's no dosage." When asked if there should be a dosage, ASM #2

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F 281	stated, "Yes, there when asked the fa	ge 19 should always be a dosage." cility standard of professional tated, "If it's not our policy then	F2	281			
	Medication Errors Adocumented in part Standards: Right D Right Route. Right Right Response. R documented titled, General Guidelines Rights - right reside	ent titled, "Preventing ABC's Quick Reference"  "Eight Recognized rug. Right Dose. Right Patient. Time. Right Dosage Form. ight Record." The facility "Medication Administration - " documented in part, "4. Five ent, right drug, right dose, right e, are applied for each dministered."					
		ctor and the interim director of aware of the above findings p.m.					
	No further informat	ion was provided prior to exit.					
	References: (1) Barron's Diction Non-Medical Reado Chapman; page 43	ary of Medical Terms for the er, 5th edition, Rothenberg and 6.					
		ary of Medical Terms for the er, 5th edition, Rothenberg and					
		ary of Medical Terms for the er, 5th edition, Rothenberg and 4.					
	(4) This information	was obtained from the					

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F 281 F 282 SS=E	gXsl.cfm?id=3759	lm.nih.gov/dailymed/fda/fdaDru 97. ERVICES BY QUALIFIED	F 281		
	as outlined by the must-  (ii) Be provided by accordance with accordance with accare.  This REQUIREMED by:  Based on observinterview, facility accourse of a complete determined that the the written plan of the survey sample and #21.  1. The facility staplan of care to implement the survey of the survey sample and #21.	asive Care Plans ided or arranged by the facility, comprehensive care plan, or qualified persons in each resident's written plan of each resident's written plan of each resident interview, staff document review and in the laint investigation, it was the facility staff failed to follow or care for five of 22 residents in each Residents #11, #1, #7, #10 aff failed to follow Resident #11's plement non-pharmacological administering narcotic pain	F282 1. 2. 3.	Care plans for Residents #11, #1, #21 were reviewed and updated An audit of residents' care plans of the Interdisciplinary team member interventions are being followed. The Licensed Nursing staff will be on the Care Plan Policy, as well as communication with physician are notification policy. The DON, or designee, will ensure Interdisciplinary Team members plans based on the 24 hour report reviewed during morning meeting compliance. Findings will be report for 3 months.  November 27, 2017.	as necessary.  will be done by ers to ensure  re-educated s and the e the review care rt being g to ensure
	plan of care to impain relief prior to medication.  3. The facility stafcare plan for evaluanti-psychotic me	f failed to follow Resident #1's plement non-pharmacological administering narcotic pain failed to follow Resident #7's uating the effectiveness of dication as evidenced by the targeted behavior monitoring for			

Event ID: G31Z11

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F 282	Continued From pa	ge 21	F	282		
	dialysis care plan fo	failed to follow Resident #10's or collaborating with the nistering medications.				
	dialysis care plan fo	failed to follow Resident #21's or collaborating with the nistering medications.				
	The findings include	e:				
	plan of care to imple	failed to follow Resident #11's ement non-pharmacological dministering narcotic pain				
	9/29/14 with a read diagnoses that include Parkinson's disease neurological disorder tremor, shuffling gamotions of the finge weakness (1)), Bipodisorder characterized depression (2)), deposstructive pulmonary	admitted to the facility on mission on 2/20/17 with uded, but were not limited to: e (slowly progressive er characterized by resting in, stooped posture, rolling ers, drooling, and muscle plar disorder (a mental zed by episodes of mania and pression, COPD (chronic ary disease - a general term rsible lung disease that is				

usually a combination of emphysema and chronic bronchitis (3)), gastroesophageal reflux disease,

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date (ARD) of 8/16/17, coded Resident #11 as scoring a 14 on the BIMS (brief interview for mental status) score, indicating that she was cognitively intact to make daily decisions. Resident #11 was coded as requiring

high blood pressure and anemia.

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### F 282 Continued From page 22

extensive assistance of one or more staff members for most of her activities of daily living.

The comprehensive care plan dated, 12/2/16 and revised on 8/21/17 documented in part, "Focus: Needs Pain management and monitoring related to: dx (diagnosis) generalized." The "Interventions" documented in part: "Administer pain medication as ordered. Coordinate with patient/Family/RP (responsible party) to identify patient's favorite items/activities that could serve to distract from pain. Implement the patient's preferred non-pharmacological pain relief strategies."

The physician orders dated, 2/23/17, documented, "Hydrocodone - Acetaminophen Tablet (used to treat moderate to moderately severe pain (4)) 5 - 325 MG (milligrams); Give 1 tablet by mouth every 6 hours as needed for pain 5 - 10."

Resident #11's August 2017 MAR was reviewed and revealed the resident had received Vicodin 47 times during this month.

Review of the nurse's progress notes and the August 2017 eMAR (electronic medication administration record) did not reveal any documentation of offering non-pharmacological interventions prior to the administration of Vicodin.

The September 2017 MAR was reviewed and revealed the resident had received Vicodin 54 times during this month.

Review of the nurse's progress notes and the September 2017 eMAR revealed on two

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F 282	1:51 p.m. the nurse not effective." Ther documentation of a interventions.	at 1:55 p.m. and 9/22/17 at documented, "Repositioning e was no further ny non-pharmacological	F 2	282			
		MAR was reviewed and nt had received Vicodin 37 onth.					
	October 2017 eMA 10/12/17 at 1:16 p.i the nurse documen effective." There wa	e's progress notes and the R revealed on two occasions, m. and 10/16/17 at 1:56 p.m. ated, "Repositioning not as no further documentation of logical interventions.					
	practical nurse) #6 regarding the steps complains of pain. [resident] to rate the pain is located. The medication is availa the medication app nothing ordered for When asked if the complain of pain, L time frame and in the if anything is offere mediation, LPN #6 non-pharmacologic note but I don't alway describe what a no is, LPN #6 stated, "	onducted with LPN (licensed on 10/18/17 at 10:48 a.m., a she takes when a resident LPN #6 stated, "I ask them eir pain, 0 -10. I ask where the en I go to the chart for what able for them and administer ropriately and if they have pain, I call the physician." resident gets a pain pill if they PN #6 stated, "Yes if it's in the ne parameters." When asked d before giving the pain stated, "Like the it is the pharmacological intervention Turn and repositioning or concern." LPN #6 stated,					

"Well, if it's not documented then it wasn't done." LPN #6's initials were verified on the October MAR, evidencing she had administered pain



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F 282 Continued From	n page 24	F 282		· · · · · · · · · · · · · · · · · · ·

medication to Resident #11 and no non-pharmacological interventions were documented at the times of administration.

An interview was conducted with ASM (administrative staff member) #2, the interim director of nursing, on 10/18/17 at 2:32 p.m. regarding the process staff follows when a resident complains of pain, ASM #2 stated, "First you have the resident to rate the pain on the pain scale. Ask them where the pain is. We notify the doctor. I would like to think they'd give them some kind of pain medication." When asked if staff do anything before administering pills, ASM #2 stated, "I've overheard some of the nurse's doing it (non-pharmacological interventions) but they aren't documenting it. I don't know if it's 100% of the time."

An interview was conducted with LPN #2 on 10/18/17 at 3:34 p.m. When asked the purpose of the care plan, LPN #2 stated, "It's the guidelines of what residents need. Whatever is set up for them, you make sure it's in place." When asked if the care plan should be followed, LPN #2 stated, "Yes "

An interview was conducted with LPN #3 on 10/18/17 at 3:39 p.m. When asked the purpose of the care plan, LPN #3 stated, "It's to make sure we are giving individualized care to each resident." When asked if the care plan should be followed, LPN #3 stated, "Yes."

The executive director, ASM #1 and the interim director of nursing, ASM #2, were made aware of the above findings on 10/18/17 at 6:16 p.m. A copy of the policy on following the care plan was

requested.

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An interview was conducted with Resident #11 on 10/19/17 at 8:22 a.m. When asked if staff offers to reposition her or massage the area that hurts, when she complains of pain, Resident #11 stated, "They couldn't rub the area that hurts because it's (the pain) is all over." When asked if the staff offers to reposition her to see if that relives the pain, Resident #11 stated, "No, they don't offer that."

The facility provided on 10/19/17 at 9:00 a.m. an excerpt from the RAI (resident assessment instrument) manual dated October 2016. The form documented in part, "Federal statute and regulations require nursing homes to conduct initial and periodic assessments for all their residents. The assessment information is used to develop, review and revise the resident's plans of care that will be used to provide services to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being."

According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient and is used to direct care...expect to review, revise and update the care plan regularly, when there are changes in condition, treatments, and with new orders."

FORM CMS-2567(02-99) Previous Versions Obsolete

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	No further informat	ion was provided prior to exit.					
	Non-Medical Reade Chapman; page 43 (2) Barron's Diction Non-Medical Reade Chapman; page 73 (3) Barron's Diction Non-Medical Reade Chapman; page 12 (4) This information following website: https://dailymed.nlmm?setid=b165dffd-6  2. The facility staff of plan of care to implipate relief prior to a medication.  Resident #1 was ac 2/19/15 and readm diagnoses that include the most recent Misignificant change as (assessment references ident as having: BIMS (brief interviee)	ary of Medical Terms for the er, 5th edition, Rothenberg and ary of Medical Terms for the er, 5th edition, Rothenberg and 4.  I was obtained from the manih.gov/dailymed/drugInfo.cf 1550-4d8d-a8ea-fe83512c34e  Failed to follow Resident #1's ement non-pharmacological dministering narcotic pain dmitted to the facility on itted on 7/29/17 with added but were not limited to: heartbeat, diabetes, heart disease.  DS (minimum data set), a eassessment, with an ARD ence date) of 8/7/17 coded the scored a 15 out of 15 on the wof mental status) indicating					
	diagnoses that include leukemia, irregular failure and kidney of the most recent Misignificant change a (assessment references as having a BIMS (brief interviet the resident was conducted by the conducted by the statement of the property	uded but were not limited to: heartbeat, diabetes, heart lisease.  DS (minimum data set), a assessment, with an ARD ence date) of 8/7/17 coded the scored a 15 out of 15 on the					

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F 282	Review of Resident 2/2/7/17 and revise "Focus. Needs Pair monitoringInterve patient's preferred relief strategies."  Review of the physic documented, "Norce (milligrams) (Hydro Give 2 tablet (sic) be needed for pain (leverage) (Hydrocodone-Acet by mouth every 4 he The Norco was documented or the reward of Review of Resident September 2017 diregarding the resident non-pharmacologic pain medication or pain.	as having an unstageable pot.  It #1's care plan initiated on d on 8/10/17 documented, management and entions. Implement the mon-pharmacological pain  Ician's orders for October 2017 to Tablet 5-325 MG codone-Acetaminophen (1)) by mouth every 4 hours as welly 8-10."  Tember 2017 MAR (medication and yellow) Give 2 tablet (sic) to cours as needed for pain 8-10."  Temmented as being given on and 9/14/17 at 9:35 a.m. mentation related to any all interventions being sident's pain level.  Temper 4 hours as the properties of the course of the pain serior of the treceiving all interventions prior to the the resident's reported level of		282			
	a.m. with LPN (licer	onducted on 10/18/17 at 10:45 nsed practical nurse) #6, the tered pain medication to					

Resident #1 on 9/14/17. When asked the process staff followed for pain management, LPN #6

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### F 282 Continued From page 28

stated, "If it's pain, ask what the pain level is on a scale of one to ten (ten being the worst possible pain) and where the pain is. Go to their chart to see what's available for them and give accordingly. If they have nothing (no pain medication) I'd call the physician." When restated that if the resident complained of pain the process would be to give the resident a pain pill, LPN #6 stated, "Yes if it's within the time frame and if it's within the parameters, yes ma'am." When asked if anything would be offered prior to medicating with the pain medication, LPN #6 stated she would attempt non-pharmacological interventions. When asked what those were, LPN #6 stated, "Turning, repositioning, rubbing the area of concern." When asked where this would be documented, LPN #6 stated, "Well, I should document it in the note but I don't always do that." When asked if Resident #1 had been offered non-pharmacological interventions, LPN #6 stated, "Yes I do. I don't document it and that means it's not done."

An interview was conducted on 10/18/17 at 2:35 p.m. with ASM (administrative staff member) #2, the interim director of nursing. When asked about the process followed by staff for pain management, ASM #2 stated, "If the resident complains of pain, find out first of all what it is on the pain scale and give some kind of pain medication management." When asked if staff should do anything prior to giving the pain medication, ASM #2 stated, "Non-pharmacological (interventions). I have overheard some of the nurses doing that but I don't think they're documenting it and taking credit for what they actually are doing." ASM #2 was asked to review Resident #1's Norco administration on 9/27/17 at 10:47 a.m. When

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 282	asked how staff wo non-pharmacologic attempted and what ASM #2 stated, "The You'd know if they case ASM #2 was made time.  An interview was coal.m. with LPN #4, the asked why resident stated, "Lots of reask know things to be rewished who ustated, "Really ever were expected to for	•	F	282	

On 10/18/17 at 6:45 p.m. ASM #1, the executive director and ASM #2, the interim director of nursing were made aware of the findings.

with falls, elopement, anything that pertains to the plan of care." When asked if there was a time staff did not follow the care plan, LPN #4 stated,

On 10/19/17 two attempts were made to interview Resident #1 regarding the staff offering non-pharmacological interventions. The resident was sleeping on each occasion.

Review of the facility's policy titled, "DOCUMENTATION" documented, "Documentation is the process of preparing a complete record of a patient's care and is a vital tool for communication among health care team members. Accurate, detailed charting shows the extent and quality of the care that nurses provide, the outcomes of that care, and treatment and

"No, not really."

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care plan for evaluating the effectiveness of anti-psychotic medication as evidenced by the

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	·	rgeted behavior monitoring for					
	Resident #7's diagnalimited to: demential Resident #7's most set), a quarterly asset (assessment referent the resident's cognistation N document anti-psychotic mediseven days.  Review of Resident physician's order days.	dmitted to the facility on 5/4/17. Hoses included but were not at diabetes and seizures. Trecent MDS (minimum data sessment with an ARD Ince date) of 10/4/17 coded tion as moderately impaired. Hed Resident #7 received cation seven out of the last atted 7/13/17 for Risperdal (1) by mouth two times a day for chological symptoms of					
	nurse practitioner o to evaluate the patie medications if need anxiety. HPI (histor History: Follow up, r alternates between and wandering unit into other resident's side effects noted Plan/Recommendar disorder"	tionsrisperdal for delusional					
	records) for August	s (medication administration 2017 through October 2017 nt received Risperdal 0.5 mg a day each day.					

Resident #7's behavior monthly flowsheets for

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August 2017 and September 2017 documented staff monitored for the targeted behavior symptom coded as "12" which according to the flowsheet key indicated the behavior of depressed/withdrawn. Resident #7's behavior monthly flowsheet for October documented staff monitored for the targeted behaviors coded as "12" depressed/withdrawn and "7" continuous crying. The behavior flowsheets failed to document monitoring for delusions.

Resident #7's comprehensive care plan initiated on 5/4/17 documented, "Potential for drug related complications associated with use of psychotropic medications related to: Anti-Anxiety medication, antipsychotics, antidepressants...Interventions: Provide Medications as ordered by physician and evaluate for effectiveness..."

On 10/18/17 at 1:47 p.m. an interview was conducted with LPN (licensed practical nurse) #3 regarding the facility process for behavior monitoring. LPN #3 stated the monthly behavior flowsheets are filled out each shift. Resident #7's September 2017 flowsheet was reviewed with LPN #3. LPN #3 stated the resident was monitored for "12- depressed/withdrawn." and each shift, staff documented if the resident experienced that symptom. LPN #3 was asked why Resident #7 was monitored for that behavior. LPN #3 stated, "For the medication she is on." LPN #3 stated the resident was receiving Risperdal and Remeron (2). LPN #3 stated staff decides what behaviors will be monitored according to the medication that is prescribed and "12 (depressed/withdrawn)" was the behavior Resident #7 was being monitored for. LPN #3 stated the former assistant director of nursing was responsible for deciding which targeted

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### F 282 Continued From page 33

behaviors would be monitored for on the flowsheets. LPN #3 was asked what Risperdal was prescribed for. LPN #3 reviewed a drug book and stated Risperdal was an anti-psychotic that was prescribed for schizophrenia or bipolar. LPN #3 was asked to describe the behaviors Resident #3 presents with. LPN #3 stated Resident #7 presented with behaviors prior to moving to a room on a different unit but now is tearful and occasionally yells. LPN #3 stated she thought the resident used to climb out of bed a lot. When asked the purpose of behavior monitoring, LPN #3 stated it was to make sure the medication residents are on address those issues and are therapeutic. LPN #3 was made aware of the above psychological nurse practitioner's note that documented Resident #7 was prescribed Risperdal for delusional disorder and asked what behaviors the resident should be monitored for. LPN #3 stated, "Delusional disorder." LPN #3 was asked how a resident can be monitored for the effective use of an anti-psychotic medication if the behaviors monitored are not the behaviors the resident is prescribed the medication for. LPN #3 confirmed the resident cannot.

On 10/18/17 at 3:34 p.m. an interview was conducted with LPN #2. LPN #2 was asked the purpose of a care plan. LPN #2 stated the care plan sets the guidelines for what residents need and their standards of care. When asked if the care plan should be followed, LPN #2 stated, "Yes. Whatever is set up for them, make sure the aides and nurses know and make sure it is being done."

On 10/18/17 at 6:24 p.m. ASM (administrative staff member) #1 (the executive director) and

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		493140	D. Wille	,	REET ADDRESS, CITY, STATE, ZIP CODE	1 10,	/19/2017
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	aware of the above	or of nursing) were made concern.					
	No further informat	ion was presented prior to exit.					
	(1) "Risperidone (R	isperdal) is used to treat the					
		ophrenia (a mental illness that					
		r unusual thinking, loss of					
		strong or inappropriate					
		and teenagers 13 years of					
	0	also used to treat episodes of					
		normally excited, or irritated					
		isodes (symptoms of mania thappen together) in adults					
		nd children 10 years of age					
		lar disorder (manic depressive					
		that causes episodes of					
		es of mania, and other					
		Risperidone is also used to					
		lems such as aggression,					
		den mood changes in					
		dren 5 to 16 years of age who					
		dition that causes repetitive					
		nteracting with others, and					
	a class of medication	munication). Risperidone is in					
	actions by medically	orks by changing the activity of					
		stances in the brain					
	IMPORTANT WAR						
		n that older adults with					
		lisorder that affects the ability					
	to remember, think	clearly, communicate, and					
		ties and that may cause					
	changes in mood a	nd personality) who take					
		dications for mental illness)					
		e have an increased risk of					
		nent. Older adults with					
	dementia may also	have a greater chance of					

having a stroke or ministroke during treatment.

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F 282	Tell your doctor and furosemide (Lasix). Risperidone is not a Drug Administration behavior problems Talk to the doctor wif you, a family men has dementia and is information, visit the http://www.fda.gov/loobtained from the whttps://medlineplus.tml  (2) Remeron is use information was obthttps://medlineplus.tml  4. The facility staff f dialysis (1) care pla physician and adminimum data set) an ARD (assessme coded the resident's impaired.  Review of Resident a physician's order (every) Tuesday, The stroke of the resident's impaired.	approved by the Food and (FDA) for the treatment of in older adults with dementia. The prescribed this medication ober, or someone you care for a taking risperidone. For more a FDA website: Drugs." This information was rebsite: gov/druginfo/meds/a694015.h  d to treat depression. This rained from the website: gov/druginfo/meds/a697009.h  failed to follow Resident #10's on for collaborating with the inistering medications.  admitted to the facility on #10's diagnoses included ey disease and difficulty on #10's most recent MDS, an annual assessment with ont reference date) of 8/10/17, a cognition as moderately  #10's clinical record revealed that documented, "Dialysis Qursday and Saturday. Family	F 2	282				
		(9:30 a.m.) and transport."						

the following medication orders:

Review of Resident #10's clinical record revealed

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F 282	mouth one time a d -6/16/15: Tamsulos time a day	de (2) 40 mg (milligrams) by	F	282			
	administration reco was at dialysis durin 10/7/17, 10/14/17 a tamsulosin and allo 9:00 a.m. on the Ma 10/17/17 the nurses computerized code for those medicatio out of the facility).	, "5= LOA (leave of absence)" ns (indicating the resident was On 10/7/17 the nurse mputerized code, e Notes." The nurse's notes t nurse on 10/7/17					
	Resident #10's comprehensive care plan initiated on 7/29/15 documented, "Alteration in Kidney Function evidenced by hemodialysisInterventions: Administer medications as ordered collaborating with Physician and/or pharmacist for optimal medication dose times"						
	conducted with LPN LPN #3 was asked who go out for dialy as ordered. LPN # put in (the compute resident's dialysis s	7 p.m. an interview was N (licensed practical nurse) #3. how nurses ensure residents visis receive their medications 3 stated the orders should be or system) to reflect the chedule. LPN #3 stated this e medications and nurses					

should consult with the physician to see how he

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	dialysis. LPN #3 stitheir medications set this is evidenced by was asked if medic. #10 to dialysis. LPI so. LPN #3 was sh 2017 MAR. LPN #3 resident was not comedications due to stated the physiciar and could possibly sidifferent time.  On 10/18/17 at 3:34 conducted with LPN purpose of a care plan sets the guidel and their standards care plan should be "Yes. Whatever is saides and nurses kn done."  On 10/18/17 at 6:24 staff member) #1 (the ASM #2 (the director aware of the above)  On 10/19/17 at 7:46 conducted with LPN the 10/7/17 nurse's usually works the nimorning medication shown Resident #10	ans scheduled in relation to ated some residents have ent with them to dialysis and a physician's order. LPN #3 ations are sent with Resident N #3 stated she didn't believe own Resident #10's October agreed that it appeared the insistently receiving his being at dialysis. LPN #3 in needed to be made aware schedule the medications at a p.m. an interview was I #2. LPN #2 was asked the lan. LPN #2 stated the care ines for what residents need of care. When asked if the followed, LPN #2 stated, set up for them, make sure the now and make sure it is being I p.m. ASM (administrative he executive director) and or of nursing) were made concern.  If a.m. an interview was I #1 (the nurse responsible for note). LPN #1 stated she ght shift but will administer the s when needed. LPN #1 was D's October 2017 MAR and	F2	282			
		t was administered his 9:00 n the days he goes to dialysis.					

LPN #1 stated, "We keep them on the cart in case he needs them when he gets back. We

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	FIPLE CONSTRUCTION	(X3) DATE	SURVEY
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F 282	Resident #10 has a p.m. to "cover his h pressure)." LPN # are administered to returns from dialysis know because she portion of the day s doesn't show up. L #10 was administed medications when 10/7/17. LPN #1 s medications and shaded the resident returns stated more often that 9:00 a.m. are still she reports to work there was a physic resident's medications and shaded to state the resident returns the reports to work the shaded the resident was a ware whether was a ware whether the resident was a ware whether was a more stated to shaded the resident was a ware whether was a ware was a ware whether was a ware whether was a ware wa	gets back." LPN #1 stated a medication scheduled at 5:00 hypertension (high blood 1 was asked if the medications of Resident #10 when he as. LPN #1 stated she didn't only covers the morning whift when another nurse LPN #1 was asked if Resident ared his 9:00 a.m. scheduled the returned from dialysis on tated she didn't administer the ne wasn't at the facility when another nurse LPN #1 han not, the medications due at night. LPN #1 was asked if ian's order to hold the ons while at dialysis or if she returned had been a he physician regarding this	F 2	82		
	No further informat	ion was presented prior to exit.				
	your blood. They a your bones strong your kidneys fail, you the work your kidney have a kidney transtreatment called ditypes of dialysis. B your body of harmf water" This inforwebsite: https://vsearch.nlm	neys are healthy, they clean also make hormones that keep and your blood healthy. When ou need treatment to replace eys used to do. Unless you splant, you will need a alysis. There are two main oth types filter your blood to rid ful wastes, extra salt, and mation was obtained from the inh.gov/vivisimo/cgi-bin/queryt=medlineplus&v%3Asources=				

medlineplus-bundle&query=dialysis

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F 282	Continued From pa	age 39	F2	282			:
	pressure and/or sw obtained from the v	used to treat high blood relling. This information was vebsite: .gov/druginfo/meds/a682858.h					
	(3) Tamsulosin is used to treat symptoms on an enlarged prostate. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698012.html						
† ( 2 † †	acid in the body. T from the website:	ed to treat high levels of uric his information was obtained .gov/druginfo/meds/a682673.h					
	dialysis (1) care pla	failed to follow Resident #21's an for collaborating with the inistering medications.					
	Resident #21 was admitted to the facility on 10/20/16. Resident #21's diagnoses included but were not limited to: stroke, end stage renal disease and difficulty swallowing. Resident #21's five day Medicare MDS (minimum data set) assessment with an ARD (assessment reference date) of 10/26/16 coded the resident's cognitive skills for daily decision making as modified independence- some difficulty in new situations only.						
	on 10/21/16 docum Function evidenced	nprehensive care plan initiated nented, "Alteration in Kidney d by rventions: Resident specific					

dialysis schedule. Notify physician and dialysis



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F 282	(name of dialysis or Wednesday friday (unless otherwise syfurther documented ordered collaborating pharmacist for optimal Review of Resident the following physicular ordered for optimal Pharmacist for optimal Review of Resident the following physicular ordered for 9:00 -10/26/16 at 8:12 a (milligrams) every of dialysis on Monday The mid-day dose of 10/26/16 at 5:07 a times a day. The modern of 10/26/16 at 5:13 a two times a day. The scheduled for 9:00 -10/26/16 at 8:13 a three times a day. Mondays, Wedness of the times and the times a day. Mondays, Wedness of the side of the following the first ordered and Level documented the coabsence)" indicating facility. For the 2:00 the first of the coabsence of the first of the side of the coabsence of	make appointment. Location: enter). Days: Monday (sic). Time: 0900 (9:00 a.m.) becified" The care pland, "Administer medications as any with Physician and/or mal medication dose times" #21's clinical record revealed sian's orders:  Sodium (2)- Inject 5,000 units be morning dose was a.m.  m.: Clonidine (2) 0.1 mg eight hours. Hold prior to s, Wednesdays and Fridays. Was scheduled for 2:00 p.m.  m.: Baclofen (3) 10 mg two horning dose was scheduled m.m Levetiracetam (5) 500 mg the morning dose was	F 282		

"5=LOA."

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F 282	Continued From pa	ge 41	F 2	282		

A nurse's note dated 10/26/16 at 10:37 a.m. documented, "Resident alert and oriented x (times) 1, does not voice needs and concerns, can be redirected, pleasant with staff, skin warm and dry to touch, all meds (medications) held prior to leaving for Dialysis this AM at 8 (8:00 a.m.) ... " Note: although there was a physician's order to hold blood pressure medications prior to dialysis there was no order to hold other medications before dialysis and there was no documentation (including nurse's notes or physician's notes) to evidence the facility staff had collaborated with the physician in regards as to how to ensure the resident received his scheduled 2:00 p.m. medications if he was still out of the facility at that time.

The nurse responsible for the above note was not available for interview.

On 10/18/17 at 1:47 p.m. an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 was asked how nurses ensure residents who go out for dialysis receive their medications as ordered. LPN #3 stated the orders should be put in (the computer system) to reflect the resident's dialysis schedule. LPN #3 stated this also depends on the medications and nurses should consult with the physician to see how he wants the medications scheduled in relation to dialysis. LPN #3 stated some residents have their medications sent with them to dialysis and this is evidenced by a physician's order. LPN #3 was shown Resident #21's October 2016 MAR. LPN #3 agreed Resident #21 did not receive his medications as ordered. LPN #3 stated the physician or nurse practitioner should have been

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F 282	Continued From pa	-	F 2	.82		
		cumentation should be in a nysician's progress note.				
	conducted with LPN purpose of a care pplan sets the guidel and their standards care plan should be "Yes. Whatever is aides and nurses k done."  On 10/18/17 at 6:24 staff member) #1 (the direct aware of the above the complete of the comple	ion was obtained prior to exit.				
	your blood. They a your bones strong a your kidneys fail, yo the work your kidned have a kidney transtreatment called dia types of dialysis. Boyour body of harmfu water" This inform website: https://vsearch.nlm	neys are healthy, they clean also make hormones that keep and your blood healthy. When but need treatment to replace by used to do. Unless you splant, you will need a alysis. There are two main both types filter your blood to ridul wastes, extra salt, and mation was obtained from the .nih.gov/vivisimo/cgi-bin/query=medlineplus&v%3Asources=e&query=dialysis				

Event ID: G31Z11

(2) Heparin is used to prevent blood clots. This information was obtained from the website:

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F 282	Continued From pa https://medlineplus. tml	ige 43 .gov/druginfo/meds/a682826.h	F2	282			
	This information wa	ed to treat high blood pressure. as obtained from the website: .gov/druginfo/meds/a682243.h					
	This information wa	d to treat muscle spasms. as obtained from the website: .gov/druginfo/meds/a682530.h					
	information was ob	s used to treat seizures. This tained from the website: .gov/druginfo/meds/a699059.h					
	This information wa	d to treat high blood pressure. as obtained from the website: .gov/druginfo/meds/a685034.h					
F 309 SS=D		) PROVIDE CARE/SERVICES ELL BEING	F	309			
	applies to all care a residents. Each residents. Each residents are sidents. Each residents are sidents. Each residents are sidents are sidents. Each resident provide services to attain or practicable physical well-being, consiste comprehensive assets 483.25 Quality of care is a	andamental principle that and services provided to facility sident must receive and the e the necessary care and r maintain the highest I, mental, and psychosocial ent with the resident's sessment and plan of care.					

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#### F 309 Continued From page 44

facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:

(k) Pain Management.

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

(I) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

This REQUIREMENT is not met as evidenced by

Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide the necessary treatment and services to maintain the resident's highest level of physical well-being for three of 22 residents in the survey sample, Resident #1, #11 and #10.

- 1. The facility staff failed to attempt non-pharmacological interventions prior to administering narcotic pain medication on 9/4/17 and 9/14/17 to Resident #1.
- 2. a. The facility staff failed to administer a pain medication per the physician order for Resident #11.

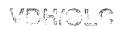
F 309 F309

- 1. The facility has documented not attempting non-pharmacological interventions prior to administering pain medication for Resident #1 and Resident #11. The physician has been notified and the facility has documented not administering a pain medication per the physician's order for Resident #11. The physician has been notified of Resident #10's dialysis schedule and their medication times have been changed to accommodate their schedule.
- 2. An audit will be done of pain medications distributed in the past 14 days to ensure non-pharmacological intervention have been used prior to administering pain medications. An audit of dialysis patients' medication times will be done to ensure medication times do not interfere with their dialysis schedule.
- 3. The Licensed Nursing staff will be re-educated on the Pain Management and the Medication Administration policy.
- 4. The DON, or designee, will review the Medication Administration Report each morning to ensure patients are offered a non-pharmacological interventions prior to pain medication administration and that their dialysis times do not interfere with their medication times.
- 5. November 27, 2017

Facility ID: VA0210

If continuation sheet Page 45 of 112





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CENTERS FOR MEDICARE	E & MEDICAID SERVICES			OMR M	<u>0. 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		ATE SURVEY OMPLETED
	495140	B. WING			C 0/19/2017
NAME OF PROVIDER OR SUPPLIER		-	STREET ADDRESS, CITY, STATE, ZIP COD	E	
ROSE HILL HEALTH AND REI	НАВ		110 CHALMERS COURT BERRYVILLE, VA 22611		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 309 Continued From pa	age 45	F3	09		

- 2. b. The facility staff failed to offer non-pharmacological interventions prior to administering pain medications for Resident #11.
- 3. The facility staff failed to ensure Resident #10 was administered physician ordered medications that were scheduled the same time the resident was out of the facility at dialysis.

The findings include:

1. Resident #1 was admitted to the facility on 2/19/15 and readmitted on 7/29/17 with diagnoses that included but were not limited to: leukemia, irregular heartbeat, diabetes, heart failure and kidney disease.

The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 8/7/17 coded the resident as having scored a 15 out of 15 on the BIMS (brief interview of mental status) indicating the resident was cognitively intact to make daily decisions. Resident #1 was coded as requiring assistance from staff for all activities of daily living except for eating which the resident could perform after the meal tray was prepared. The resident was coded as having an unstageable wound on the left foot.

Review of Resident #1's care plan initiated on 2/2/7/17 and revised on 8/10/17 documented, "Focus. Needs Pain management and monitoring...Interventions. Implement the patient's preferred non-pharmacological pain relief strategies."

Review of the physician's orders for October 2017

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ROSE HI	LL HEALTH AND RE	HAB			CHALMERS COURT RYVILLE, VA 22611		
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F 309		o Tablet 5-325 MG codone-Acetaminophen (1)) by mouth every 4 hours as	F	309			
	administration reco 5-325 MG (milligrar (Hydrocodone-Acet by mouth every 4 h The Norco was doo 9/4/17 at 9:26 a.m. There was no docu	aminophen) Give 2 tablet (sic) ours as needed for pain 8-10." cumented as being given on and 9/14/17 at 9:35 a.m. mentation related to any al interventions being					
	September 2017 di regarding the residenon-pharmacologic	#1's nurses' notes for d not evidence documentation ent receiving al interventions prior to the the resident's reported level of					
	a.m. with LPN (lice nurse who administ Resident #1 on 9/1 staff followed for pastated, "If it's pain, scale of one to ten pain) and where the see what's available accordingly. If they medication) I'd call that if the resident of process would be t LPN #6 stated, "Ye	onducted on 10/18/17 at 10:45 nsed practical nurse) #6, the tered pain medication to 4/17. When asked the process ain management, LPN #6 ask what the pain level is on a (ten being the worst possible e pain is. Go to their chart to e for them and give have nothing (no pain the physician." When restated complained of pain the o give the resident a pain pill, is if it's within the time frame parameters, yes ma'am."					

When asked if anything would be offered prior to

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OMR M	<u> J. 0938-0391</u>
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				110 CHAL	MERS COURT		
ROSE HI	LL HEALTH AND REF	HAB		BERRYV	/ILLE, VA 22611		
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F 309	medicating with the stated she would at interventions. When #6 stated, "Turning area of concern." When document it in the rowner with the rowner was different when asked if Resnon-pharmacologic stated, "Yes I do. I do means it's not done. An interview was cop.m. with ASM (adrithe interim director the process follower management, ASM complains of pain, the pain scale and medication manages should do anything medication, ASM #"Non-pharmacologic overheard some of don't think they're occredit for what they was asked to review administration on 9 asked how staff woon-pharmacologic attempted and what ASM #2 stated, "The You'd know if they would state they was intervent and what was the state of the state	e pain medication, LPN #6 ttempt non-pharmacological n asked what those were, LPN , repositioning, rubbing the When asked where this would PN #6 stated, "Well, I should note but I don't always do that." ident #1 had been offered cal interventions, LPN #6 don't document it and that e."  conducted on 10/18/17 at 2:35 ministrative staff member) #2, of nursing. When asked about ed by staff for pain 1 #2 stated, "If the resident find out first of all what it is on give some kind of pain ement." When asked if staff prior to giving the pain 2 stated, ical (interventions). I have the nurses doing that but I documenting it and taking actually are doing." ASM #2 w Resident #1's Norco 1/27/17 at 10:47 a.m. When	F	309			

On 10/18/17 at 6:45 p.m. ASM #1, the executive director and ASM #2, the interim director of

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
WAD I EWA O					C 10/19/2017		
	PROVIDER OR SUPPLIER	495140	B. WING	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/19	9/2017	
	LL HEALTH AND REF	HAB	1	10 CHALMERS COURT SERRYVILLE, VA 22611			
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F 309	•	age 48 aware of the findings. tempts were made to interview	F 309				
	Resident #1 regard	ing the staff offering all interventions. The resident		•			
	Review of the facility's policy titled, "Pain Assessment" documented, "POLICY: Residents will be assessed for pain upon admission, readmission, quarterly, annually, upon significant change, when a resident experiences a new onset of pain or experiencing uncontrolled pain. PROCEDURE: 4. A Pain Flow Record will be maintained with the resident's Medication Administration Record. This is to be completed when the resident has identified they have pain. Record the following: d. Intensity. f. Interventions non-med (medication) / medication."						
	MANAGEMENT" d used to manage pa emotional support, complementary and	ty's policy titled, "PAIN ocumented, "Interventions ain include analgesics, comfort measures, and d alternative therapies such as to distract the patient."					
	No further informat	ion was provided prior to exit.					
	and acetaminophe oral administration opioid analgesic ar fine, white crystals This information was https://dailymed.nlr.gxsl.cfm?setid=44	O® (Hydrocodone bitartrate n) is supplied in tablet form for hydrocodone bitartrate is an and antitussive and occurs as or as a crystalline powder. as obtained from: m.nih.gov/dailymed/fda/fdaDrub86290-2391-4b02-abd4-b1c0 o NORCO® (Hydrocodone					

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	STREET ADDRESS, CITY, STATE,	ZIP CODE	
	110 CHALMERS COURT BERRYVILLE, VA 22611	Zii OODL	
BY FULL PRE	REFIX (EACH CORRECTIVE ACTIVE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
E	BY FULL PF	BERRYVILLE, VA 22611  IES ID PROVIDER'S PLAN OF PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACCUMATION) TAG CROSS-REFERENCED TO	BERRYVILLE, VA 22611  IES ID PROVIDER'S PLAN OF CORRECTION BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE

#### F 309 Continued From page 49

bitartrate and acetaminophen) is supplied in tablet form for oral administration. Hydrocodone bitartrate is an opioid analgesic and antitussive and occurs as fine, white crystals or as a crystalline powder. This information was obtained from:

https://dailymed.nlm.nih.gov/dailymed/fda/fdaDru gXsl.cfm?setid=44b86290-2391-4b02-abd4-b1c0 c611891e

2. a. The facility staff failed to administer a pain medication per the physician order for Resident #11.

Resident #11 was admitted to the facility on 9/29/14 with a readmission on 2/20/17 with diagnoses that included, but were not limited to: Parkinson's disease (slowly progressive neurological disorder characterized by resting tremor, shuffling gain, stooped posture, rolling motions of the fingers, drooling, and muscle weakness (1)), Bipolar disorder (a mental disorder characterized by episodes of mania and depression (2)), depression, COPD (chronic obstructive pulmonary disease - a general term for chronic nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (3)), gastroesophageal reflux disease, high blood pressure and anemia.

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date (ARD) of 8/16/17, coded Resident #11 as scoring a 14 on the BIMS (brief interview for mental status) score, indicating that she was cognitively intact to make daily decisions. Resident #11 was coded as requiring extensive assistance of one or more staff members for most of her activities of daily living.

F 309

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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ROSE HI	LL HEALTH AND REI	TAD		BEF	RRYVILLE, VA 22611			
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F 309	Continued From pa	age 50	F3	.09				
. 000	The physician orde	*	, 0	30			1	
	documented, "Hydr	rocodone - Acetaminophen						
		at moderate to moderately						
		325 MG (milligrams); Give 1						
	5 - 10."	ery 6 hours as needed for pain						
		veen 0 and 10 represent all the						
		d have. Zero means no pain as bad as it could be. You						
		er between 0 and 10 to let me						
	know how much pa	ain you have right now."						
	Fundamentals of N Williams & Wilkins,	lursing, 5th edition, Lippincott, , page 1186.						
	Resident #11's Aug administration reco	just 2017 MAR (medication and addition)						
	"Hydrocodone - Ac	etaminophen Tablet (also 5 - 325 MG; Give 1 tablet by						
		rs as needed for pain 5 - 10."						
	The Vicodin was do	ocumented as administered for						
		8/16/17 at 1:33 p.m. The						
		nented as administered for a /8/17 at 1:31 p.m. The Vicodin						
		s administered for a pain level						
	of 4 on 8/19/17 at 1	1:08 p.m. and on 8/20/17 at						
	1:16 p.m.							
	Resident #11's Sep	otember 2017 MAR rocodone - Acetaminophen						
		Give 1 tablet by mouth every 6						
	hours as needed for	or pain 5 - 10." The Vicodin						
		s administered on 9/2/17 at						
	1:55 p.m. for a pair	n level of 4.						
		ober 2017 MAR documented, etaminophen Tablet 5 - 325						
	MG; Give 1 tablet b	by mouth every 6 hours as 10." The Vicodin was						

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		495140	B. WING	A149	C 10/19/2017
NAME OF PRO	VIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSE HILL	HEALTH AND RE	HAB		110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
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F 309 Continued From page 51

documented as administered on 10/1/17 at 4:37 a.m. for a pain level of 4.

The comprehensive care plan dated, 12/2/16 and revised on 8/21/17, documented in part, "Focus: Needs pain management and monitoring related to DX (diagnosis) generalized." The "Interventions" documented in part, "Administer pain medication as ordered."

An interview was conducted with LPN (licensed practical nurse) #6, the nurse who cares for Resident #11, on 10/18/17 at 10:48 a.m. The physician order above was reviewed with LPN #6. When asked if a nurse could administer the Vicodin if the residents pain level was less than 5, LPN #6 stated, "You shouldn't."

An interview was conducted with administrative staff member (ASM) #2, the director of nursing, on 10/18/17 at 2:32 p.m. When asked if the physician order for Vicodin states to give pain medication for a pain level of 5 - 10, can it be given for a pain level of 2, 3 or 4, ASM #2 stated, "No, not if the order is for 5 - 10."

The facility document titled, "Preventing Medication Errors ABC's Quick Reference" documented in part, "Eight Recognized Standards: Right Drug. Right Dose. Right Patient. Right Route. Right Time. Right Dosage Form. Right Response. Right Record."

The facility documented titled, "Medication Administration - General Guidelines" documented in part, "4. Five Rights - right resident, right drug, right dose, right route, and right time, are applied for each medication being administered."

F 309

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CENTER	19 LOL MEDICALE	& MEDICAID SETTICES			1 0000 0001		
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	PROVIDER OR SUPPLIER LL HEALTH AND REH	IAB		STREET ADDRESS, CITY, STATE, ZIP CODE  110 CHALMERS COURT  BERRYVILLE, VA 22611			
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F 309	Patricia A. Potter ar Inc.; Page 419. "The directing medical trobligated to follow public the orders are clients."  The executive direction of nursing, ASM #2 above findings on 10 No further informate.  References: (1) Barron's Diction Non-Medical Read Chapman; page 43 (2) Barron's Diction Non-Medical Read Chapman; page 73 (3) Barron's Diction Non-Medical Read Chapman; page 12 (4) This information following website: https://dailymed.nlr	of Nursing" 6th edition, 2005; and Anne Griffin Perry; Mosby, the physician is responsible for eatment. Nurses are oblysician's orders unless they are in error or would harm etor, ASM #1 and the director were made aware of the 10/18/17 at 6:16 p.m. ion was provided prior to exit. It is any of Medical Terms for the er, 5th edition, Rothenberg and is any of Medical Terms for the er, 5th edition, Rothenberg and is any of Medical Terms for the er, 5th edition, Rothenberg and is any of Medical Terms for the er, 5th edition, Rothenberg and is any of Medical Terms for the er, 5th edition, Rothenberg and is any of Medical Terms for the er, 5th edition, Rothenberg and is any of Medical Terms for the er, 5th edition, Rothenberg and	F 30	09			
	administering pain	cal interventions prior to medications for Resident #11.					
	(Vicodin) Tablet 5 -	rs dated, 2/23/17, rocodone - Acetaminophen 325 MG; Give 1 tablet by rs as needed for pain 5 - 10."					

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ROSE HILL HEALTH AND REI	IAB	В	ERRYVILLE, VA 22611		
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F 309 Continued From pa	ige 53	F 309			

Resident #11's August 2017 MAR was reviewed and revealed the resident had received Vicodin 47 times during this month.

Review of the nurse's progress notes and the August 2017 eMAR (electronic medication administration record) did not reveal any documentation of offering non-pharmacological interventions prior to the administration of Vicodin.

The September 2017 MAR was reviewed and revealed the resident had received Vicodin 54 times during this month.

Review of the nurse's progress notes and the September 2017 eMAR revealed on two occasions, 9/2/17 at 1:55 p.m. and 9/22/17 at 1:51 p.m. the nurse documented, "Repositioning not effective." There was no further documentation of any non-pharmacological interventions.

The October 2017 MAR was reviewed and revealed the resident had received Vicodin 37 times during this month.

Review of the nurse's progress notes and the October 2017 eMAR revealed on two occasions, 10/12/17 at 1:16 p.m. and 10/16/17 at 1:56 p.m. the nurse documented, "Repositioning not effective." There was no further documentation of any non-pharmacological interventions.

The comprehensive care plan dated, 12/2/16 and revised on 8/21/17 documented in part, "Focus: Needs Pain management and monitoring related to: dx (diagnosis) generalized." The

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CENTERS FOR MEDICAVE	A MEDICAID SERVICES			IVID IVO. 0330-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	495140	B. WING		10/19/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611	
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		BE COMPLETION

#### F 309 Continued From page 54

"Interventions" documented in part, "Administer pain medication as ordered. Coordinate with patient/Family/RP (responsible party) to identify patient's favorite items/activities that could serve to distract from pain. Implement the patient's preferred non-pharmacological pain relief strategies."

An interview was conducted with LPN (licensed practical nurse) #6 on 10/18/17 at 10:48 a.m., regarding the steps she takes when a resident complains of pain. LPN #6 stated, "I ask them [resident] to rate their pain, 0 -10. I ask where the pain is located. Then I go to the chart for what medication is available for them and administer the medication appropriately and if they have nothing ordered for pain, I call the physician." When asked if the resident gets a pain pill if they complain of pain, LPN #6 stated, "Yes if it's in the time frame and in the parameters." When asked if anything is offered before giving the pain mediation, LPN #6 stated, "Like non-pharmacologic, it should be documented in a note but I don't always do that." When asked to describe what a non-pharmacological intervention is, LPN #6 stated, "Turn and repositioning or rubbing the area of concern." LPN #6 stated, "Well, if it's not documented then it wasn't done." LPN #6's initials were verified on the October MAR, evidencing she had administered pain medication to Resident #11 and no non-pharmacological interventions were documented at the times of administration.

An interview was conducted with LPN #3 on 10/18/17 at approximately 11:05 a.m., regarding the process staff follow for resident complaints of pain. LPN #3 stated, "You ask where the pain is.

F 309

Event ID: G31Z11 Facility ID: VA0210



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#### F 309 Continued From page 55

When it started. You ask the level of the pain and see what may alleviate it, repositioning then if that doesn't work you go to the MAR and see if they have anything prescribed for pain. If they don't you call the doctor." When asked if repositioning was attempted prior to the administration of medication, is this documented, LPN #6 stated, "Yes, in a note."

An interview was conducted with ASM (administrative staff member) #2, the interim director of nursing, on 10/18/17 at 2:32 p.m. regarding the process staff follows when a resident complains of pain, ASM #2 stated, "First you have the resident to rate the pain on the pain scale. Ask them where the pain is. We notify the doctor. I would like to think they'd give them some kind of pain medication." When asked if staff do anything before administering pills, ASM #2 stated, "I've overheard some of the nurse's doing it (non-pharmacological interventions) but they aren't documenting it. I don't know if it's 100% of the time."

An interview was conducted with Resident #11 on 10/19/17 at 8:22 a.m. When asked if staff offers to reposition her or massage the area that hurts, when she complains of pain, Resident #11 stated, "They couldn't rub the area that hurts because it's (the pain) is all over." When asked if the staff offers to reposition her to see if that relives the pain, Resident #11 stated, "No, they don't offer that."

The executive director, ASM #1 and the interim director of nursing, ASM #2 were made aware of the above findings on 10/18/17 at 6:16 p.m.

No further information was provided prior to exit.

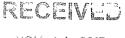
F 309

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: G31Z11

Facility ID: VA0210

If continuation sheet Page 56 of 112



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CENTERS FOR MEDICARE & MEDICAID SERVICES		·		TIVID IVO.	. 0330-0331			
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F 309	Continued From pa	age 56	F:	309				
	•	failed to ensure Resident #10	- '					
		physician ordered medications						
		d the same time the resident						
	was out of the facili							
		admitted to the facility on						
		#10's diagnoses included ney disease and difficulty						
	•	ent #10's most recent MDS						
	Ü	), an annual assessment with						
		ent reference date) of 8/10/17,						
		s cognition as moderately						
	impaired.	- · ·						
		( WAOL   D. )						
		t #10's clinical record revealed						
	a physician's order	that documented, "Dialysis Q hursday and Saturday. Family						
		(9:30 a.m.) and transport."						
	will plot up at 0900	(0.00 a.m.) and transport.						
	Review of Resident	t #10's clinical record revealed						
	the following medic							
		de (2) 40 mg (milligrams) by						
	mouth one time a c							
		in (3) 0.4 mg by mouth one						
	time a day	ol (4) 100 mg by mouth two						
	times a day	or (4) Too mg by mount two						
	umos a day							
		ober 2017 MAR (medication						
	administration reco	rd) documented the resident						
		ng the day shift on 10/3/17,						
		and 10/17/17. The furosemide,						
		purinol were scheduled at						
	9:00 a.m. on the M. 10/17/17 the nurse:	AR. On 10/3/17, 10/14/17 and						
		s documented the , "5= LOA (leave of absence)"						
		ns (indicating the resident was						
		On 10/7/17 the nurse						
	documented the co							

Event ID: G31Z11

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	13 I OIL MEDIONILE	& MEDICAID SERVICES					AID 140	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		COV	E SURVEY IPLETED
		495140	B. WING				1	C / <b>19/2017</b>
NAME OF F	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE	E, ZIP CODE		
ROSE HI	LL HEALTH AND REF	IAB			CHALMERS COURT RRYVILLE, VA 22611			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICIE	ACTION SHOULD TO THE APPROP	BE	(X5) COMPLETION DATE
F 309	Continued From pa	ge 57 e Notes." The nurse's notes	F	309				
	documented by that documented, "dialyst							
	on 7/29/15 docume Function evidenced hemodialysisInter medications as order	ventions: Administer ered collaborating with parmacist for optimal						
	conducted with LPN LPN #3 was asked who go out for dialy as ordered. LPN #3 put in (the compute resident's dialysis s also depends on the should consult with wants the medication dialysis. LPN #3 statheir medications set this is evidenced by was asked if medications of LPN #3 was shad 2017 MAR. LPN #3 resident was not comedications due to stated the physiciar	7 p.m. an interview was I (licensed practical nurse) #3. how nurses ensure residents is receive their medications is stated the orders should be resystem) to reflect the chedule. LPN #3 stated this emedications and nurses the physician to see how he can be scheduled in relation to ated some residents have ent with them to dialysis and ations are sent with Resident N #3 stated she didn't believe own Resident #10's October agreed that it appeared the insistently receiving his being at dialysis. LPN #3 in needed to be made aware schedule the medications at a						

Event ID: G31Z11

On 10/18/17 at 6:24 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern. A policy regarding

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	B. WING		10/19/2017
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSE HILL HEALTH AND RE	HAB		110 CHALMERS COURT BERRYVILLE, VA 22611	
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F 309 Continued From page 58

following physician's orders was requested.

On 10/19/17 at 7:46 a.m. an interview was conducted with LPN #1 (the nurse responsible for the 10/7/17 nurse's note). LPN #1 stated she usually works the night shift but will administer the morning medications when needed. LPN #1 was shown Resident #10's October 2017 MAR and asked if the resident was administered his 9:00 a.m. medications on the days he goes to dialysis. LPN #1 stated. "We keep them on the cart in case he needs them when he gets back. We hold them until he gets back." LPN #1 stated Resident #10 has a medication scheduled at 5:00 p.m. to "cover his hypertension (high blood pressure)." LPN #1 was asked if the medications are administered to Resident #10 when he returns from dialysis. LPN #1 stated she didn't know because she only covers the morning portion of the day shift when another nurse doesn't show up. LPN #1 was asked if Resident #10 was administered his 9:00 a.m. scheduled medications when he returned from dialysis on 10/7/17. LPN #1 stated she didn't administer the medications and she wasn't at the facility when the resident returned from dialysis. LPN #1 stated more often than not, the medications due at 9:00 a.m. are still in the medication cart when she reports to work at night. LPN #1 was asked if there was a physician's order to hold the resident's medications while at dialysis or if she was aware whether there had been a collaboration with the physician regarding this matter. LPN #1 stated, "No."

On 10/19/17 at 10:11 a.m. ASM #2 stated the facility did not have a policy regarding following physician's orders.

F 309

Facility ID: VA0210

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER	НАВ		110 C	ET ADDRESS, CITY, STATE, ZIP CODE HALMERS COURT RYVILLE, VA 22611			
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F 309	(1) "When your kidney your blood. They a your bones strong a your kidneys fail, yo the work your kidney have a kidney transtreatment called diatypes of dialysis. Bo your body of harmfu water" This inform website: https://wsearch.nlmmeta?v%3Aprojectmedlineplus-bundle (2) Furosemide is upressure and/or swobtained from the whitps://medlineplus.tml  (3) Tamsulosin is usenlarged prostate. from the website: https://medlineplus.tml  (4) Allopurinol is usacid in the body. The from the website: https://medlineplus.tml	ion was presented prior to exit.  neys are healthy, they clean also make hormones that keep and your blood healthy. When ou need treatment to replace eys used to do. Unless you splant, you will need a alysis. There are two main out types filter your blood to rid ul wastes, extra salt, and mation was obtained from the .nih.gov/vivisimo/cgi-bin/query=medlineplus&v%3Asources=e&query=dialysis used to treat high blood relling. This information was website: .gov/druginfo/meds/a682858.h  sed to treat symptoms on an This information was obtained .gov/druginfo/meds/a698012.h  sed to treat high levels of uric his information was obtained .gov/druginfo/meds/a682673.h	F3					
F 314 SS=D	483.25(b)(1) TREA PREVENT/HEAL P		F	314				
	(b) Skin Integrity -							

Event ID: G31Z11

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/31/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			0	MB NO. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CODE	
ROSE HI	LL HEALTH AND REF	IAB			CHALMERS COURT RRYVILLE, VA 22611	
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F 314	Continued From pa	ge 60	F3	314		
	(1) Pressure ulcers comprehensive ass facility must ensure (i) A resident receiv professional standa pressure ulcers and ulcers unless the indemonstrates that the (ii) A resident with professional standary treatment professional standary treatment professional standary treatment professional standary treatment from developing. This REQUIREMENT by:  Based on observation document review and was determined factory treatment healing, and prevent for one of 22 resides Resident #1.  The facility staff LP failed to use proper during wound care prevent infection of wounds on 10/17/11	Based on the design of a resident, the sthat-  es care, consistent with ands of practice, to prevent didoes not develop pressure dividual's clinical condition they were unavoidable; and pressure ulcers receives and and services, consistent with ands of practice, to promote ection and prevent new ulcers.  Note in the services of the provide the services to promote the services of the provide the services to promote the services of the provide the services of the provide the services of		314 1. 2.	The facility has documented that wash their hands prior to putting on.  An audit of wound treatments we ensure wound care compliance.  The Licensed Nursing staff will be on the Wound Care policy, speci Disposable Non-Sterile Gloves Por The DON, or designee, will reviet treatments daily for 2 weeks, the months to ensure compliance. For reported to QAPI.  November 27, 2017	g clean gloves  will be done to  e re-education  fically the  plicy.  w wound  en weekly for 2
,	The findings include					
	Resident #1 was ac	Imitted to the facility on				

failure and kidney disease.

2/19/15 and readmitted on 7/29/17 with

diagnoses that included but were not limited to: leukemia, irregular heartbeat, diabetes, heart

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED
495140	B. WING		10/19/2017
		STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	
Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION
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#### F 314 Continued From page 61

The most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 8/7/17 coded the resident as having a 15 out of 15 on the brief interview for mental status exam indicating that the resident was cognitively intact to make daily decisions. The resident was coded as requiring staff assistance for all activities of daily living except for eating which the resident could perform after the meal tray was prepared. The resident was coded as having an unhealed Stage 3 or 4 pressure ulcer on the left foot measuring

Review of the October 2017 physician's orders documented, "Cleanse left lateral foot with normal saline, pat dry, apply calcium alginate (1), santyl (2) to wound bed and cover with dry dressing, change daily. Start Date. 9/20/2017. Cleanse area to right knee with wound cleanser, pat dry, apply silver alginate (3) and foam dressing. Change daily and PRN (as needed) Start Date. 9/9/2017."

3.5 cm (centimeters) by 4.0 cm.

Review of the October 2017 treatment administration record documented, "Cleanse left lateral foot with normal saline, pat dry, apply calcium alginate, santyl to wound bed and cover with dry dressing. change daily. Cleanse area to right knee with wound cleanser, pat dry, apply silver alginate and foam dressing. Change daily and PRN."

An observation of Resident #1's wound care was conducted on 10/17/17 at 4:35 p.m. with LPN (licensed practical nurse) #7. LPN #7 gathered the wound care supplies and entered the room. LPN #7 washed her hands and put on a pair of

F 314

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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
ROSE HILL HEALTH AND REHAB				110 CHALMERS COURT BERRYVILLE, VA 22611	
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F 314	•	ge 62 noved the right knee dressing.	F3	14	

#7 removed her gloves and reached into her pocket and retrieved another pair of gloves and applied them. LPN #7 did not wash her hands after removing the gloves. LPN #7 cleansed the wound and patted it dry. LPN #7 put her gloved hand into her pocket and retrieved a marking pen and labeled the dressing with the date. LPN #7 then applied the calcium alginate to the wound and the dressing. LPN #7 then removed the gloves, washed her hands and applied gloves. She removed the foam boot from the resident's left foot and removed the dressing. There were two small clean pressure wounds on the side of the resident's foot. LPN #7 cleansed the two pressure wounds, dried them and removed her gloves. She then put on another pair of gloves and put the calcium alginate on one of the pressure wounds and applied santyl to the other pressure wound. The dressing was applied and the foam boot was reapplied. LPN #7 collected the trash and removed it from the room. She then removed the gloves and washed her hands.

An interview was conducted on 10/18/17 at 10:40 a.m. with LPN #7. When asked when staff washed their hands, LPN #7 stated, "Before and after care." When asked what staff were to do after removing gloves, LPN #7 stated, "You're supposed to wash." When the wound care observation was discussed, LPN #7 stated, "So between there (changing gloves) I should have washed my hands." When asked why staff washed their hands, LPN #7 stated, "Of course to stop the bacteria from crossing over, be it ourselves, the resident or other residents."

An interview was conducted on 10/18/17 at 11:20

		AND HUMAN SERVICES  & MEDICAID SERVICES				RINTED: 10/31/2017 FORM APPROVED MB NO. 0938-0391
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	PROVIDER OR SUPPLIER		I	1	STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	10/19/2017
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F 314	the interim director staff were to wash to "In between every put to clean." When as gloves were remove their hands."  On 10/18/17 at 6:45 director and ASM # made aware of the Review of the facility Non-Sterile Gloves' Personnel will wear when a barrier between the staff was to washing to be the staff with the staff washing as the staff washing to washing the staff washing to washing the staff washing to washing the staff washing the staff washing to washing the staff washing	of nursing. When asked when their hands, ASM #2 stated, patient and if they go from dirty ked what staff should do when ed, ASM #2 stated, "Wash 5 p.m. ASM #1, the executive 2, the director of nursing were	F	314		

According to the CDC website on hand hygiene, page 34, "Decontaminate hands after removing gloves. This information was obtained from: https://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf

transmission of blood and bodily fluids or when

PROCEDURE: 5. Remove gloves and dispose of.

handling soiled articles or equipment.

- (1) Calcium Alginate Hydrocolloid and calcium alginate are used to treat cutaneous injuries and many health professionals do not know about its cicatrization effects. This information was obtained from:
- https://www.ncbi.nlm.nih.gov/pubmed/24217762
- (2) Santyl -- Collagenase Santyl® Ointment is a sterile enzymatic debriding ointment which contains 250 collagenase units per gram of white petrolatum USP. The enzyme collagenase is derived from the fermentation by Clostridium

6. Wash hands."

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY		
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F 314	Continued From pa	ge 64	F	314					
histolyticum. It possesses the unique abili digest collagen in necrotic tissue. This information was obtained from: https://dailymed.nlm.nih.gov/dailymed/drum?setid=a7bf0341-49ff-4338-a339-679a3		ecrotic tissue. This tained from: n.nih.gov/dailymed/drugInfo.cf							
	(3) Silver Alginate - Antimicrobials, in particular silver, are incorporated into wound dressings, including alginates, for use in the treatment of "at risk" or infected chronic wounds. Silver is used to both reduce the dressing and wound microbial bioburden. This information was obtained from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC44 86446/								
F 322 SS=G	483.25(g)(4)(5) NG RESTORE EATING	TREATMENT/SERVICES - S SKILLS	F	322					
	both percutaneous percutaneous endo enteral fluids). Bas	tric and gastrostomy tubes, endoscopic gastrostomy and escopic jejunostomy, and sed on a resident's sessment, the facility must							
	alone or with assist methods unless the demonstrates that	has been able to eat enough cance is not fed by enteral e resident's clinical condition enteral feeding was clinically ented to by the resident; and							
	receives the appropriate to restore, if possible prevent complication but not limited to as	is fed by enteral means priate treatment and services le, oral eating skills and to ons of enteral feeding including spiration pneumonia, diarrhea, on, metabolic abnormalities, eal ulcers.							

Facility ID: VA0210

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/31/2017 FORM APPROVED OMB NO. 0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	OMB NO. 093				
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY IPLETED
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	LL HEALTH AND REF	IAB		l	10 CHALMERS COURT BERRYVILLE, VA 22611		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
	by: Based on observat document review, or course of complaint determined that the care and services for residents in the surfice and services for residents in the surfice and services for residents in the surfice and the resident feeding tube on 10/1 to clean the resident resident's stay until was transferred to the sepsis due to an information of the	ion, staff interview, facility dinical record review and in the trinvestigation, it was a facility staff failed to provide or a feeding tube for one of 22 vey sample, Resident #21.  Indicate to the facility with a 20/16. The facility staff failed at seeding tube site during the 10/26/16 when the resident the hospital and admitted with fection of the feeding tube site,	F	322			
	documented Resident Review of Resident health status assess documentation rega	ent #21 had a feeding tube (1).  #21's admission clinical asment failed to reveal arding a feeding tube. The ote documented, "Resident					

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CENTERS FOR MEDICARE & MEDICAID SERVICES						MB NO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION		E SURVEY IPLETED
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ROSE HI	LL HEALTH AND REF	IAB			110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 322	Resident receives r hours via tube. Res	ge 66 of feeding tube) in place. nepro (nutrition) q (every) 8 sident received 150 cc (cubic rater flushes x (times) 4 a	F3	322			
	Resident #21's clini assessments.						
	on 10/20/16 failed t	nprehensive care plan initiated o reveal documentation ing of the resident's feeding					
	during the resident'	:#21's physician's orders s stay revealed orders for tube s but failed to reveal orders ding tube site.					
	administration reco administration reco for tube feedings ar	ober 2016 MAR (medication rd)/TAR (treatment rd) revealed physician's orders nd flushes but failed to reveal the feeding tube site.	ı				
	revealed document patency, flushes an documentation rega	ng Resident #21's stay that to regarding feeding tube and feedings but failed to reveal that arding the cleaning of the sube site until 10/26/16 when that to the hospital.					
	"Situation: Elevated (blood pressure) witube) drainageAs	d 10/26/16 documented, I Temp (temperature) and B/P th PEG tube (type of feeding sessment: Upon assessment riented x (times) 2, lethargic,					

able to voice needs and concerns, easily redirected, pleasant with staff, denied SOB

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	OVIDER OR SUPPLIER _ HEALTH AND REI			STREET ADDRESS, CITY, STATE, ZIP CO 110 CHALMERS COURT BERRYVILLE, VA 22611	DE
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#### F 322 Continued From page 67

(shortness of breath), total assist with ADL's (activities of daily living) and transfers, PEG tube has brown drainage around site, site cleansed and adherent dressing applied, Elevated B/P 160/84 with increased Temp of 100.4, c/o (complained of) slight discomfort to ABD (abdomen) where PEG located, resident receives Glucerna (nutrition) 1.5 mL (milliliters) runs at 84ml/Hr (hour) 6a-6p and continues with Dialysis (2), resident emesis (vomit) x 1 this shift, breath sounds with crackles in upper lobes, active bowel sounds x4 quads (quadrants), pupils PERRLA (pupils equal, round, reactive to light and accommodation). Response: MD (medical doctor) aware and notified with new orders for CBC (complete blood count) (3), UA (urinalysis) C&S (Culture and sensitivity) (4), Omeprazole (5) 40 mg (milligrams) Q (every) Day, wound nurse to eval (evaluate) PEG site, order for dressing changes, and CXR (chest x-ray) 2 views to assess the ABD wall around site to check for ABD abscess, Family aware of condition and requested to be sent 911, MD called back and notified of request, care plan revised and reviewed."

A nursing home to hospital transfer form that documented a telephone report was called into the hospital on 10/26/16, and also documented, "Reason(s) for transfer: Other- PEG tube site infected with increased temp and elevated blood pressure..."

An emergency department physician's note dated 10/26/16 documented, "(Name of Resident #21) is a 50 y.o. (year old) male who presents with a feeding tube problem. Family states he had this placed 2 weeks ago. He is currently residing at (name of facility). Family is very concerned about

F 322

Facility ID: VA0210

If continuation sheet Page 68 of 112



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED
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	495140	B. WING		10/19/2017
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#### F 322 Continued From page 68

the care he is receiving there. His feeding tube was not cleaned until today. They report swelling around the insertion site as well as drainage. They also report abdominal pain, nausea, vomiting, and a fever...Physical Exam: Abdominal: Feeding tube in place. There is a 3x3 area of swelling around the tube. There is mild drainage coming from the insertion site...The patient presents to the Emergency Department with abdominal pain. Treatment has been initiated in the ER (emergency room), but the patient has not had significant improvement in symptoms, appears ill enough and/or has illness/findings/co-morbidities that make admission for IV (intravenous) medications, possible surgical consult, and further management the most appropriate disposition..."

The hospital history and physical dated 10/27/16 documented IV antibiotic medications were initiated in the ED and continued. The history and physical further documented, "Assessment and Plan: 1 Sepsis with leukocytosis (6) with fever and tachycardia (7) with nausea due to PEG site infection/infectious myositis (8) ..."

On 10/18/17 at 10:52 a.m. an interview was conducted with LPN (licensed practical nurse) #1 regarding the care that should be provided to residents with feeding tubes. LPN #1 stated the tube should be checked for placement, should be flushed in between each medication and observed for signs/symptoms of infection. LPN #1 was asked if the feeding tube site should be cleaned. LPN #1 stated, "That should be done every shift and as needed." LPN #1 was asked if the cleaning of the feeding tube site should be documented. LPN #1 stated there usually is documentation such as verification of feeding

F 322

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STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING

(X3) DATE SURVEY COMPLETED

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495140

B. WING

10/19/2017

NAME OF PROVIDER OR SUPPLIER

#### ROSE HILL HEALTH AND REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT

BERRYVILLE, VA 22611

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5) COMPLETION DATE

#### F 322 Continued From page 69

tube placement and documentation that the site was cleaned on the TAR and nurses have to sign off the completion of those tasks.

On 10/18/17 at 1:47 p.m. an interview was conducted with LPN #3 regarding the care that should be provided to residents with feeding tubes. LPN #3 stated usually the physician will write specific treatment orders. When asked if the feeding tube site should be cleaned, LPN #3 stated the area is usually cleaned with soap and water then patted dry. LPN #3 stated a majority of residents with feeding tubes have a drain sponge on the site that will be changed every shift or twice a day depending on what the physician requests. LPN #3 was asked if the cleaning of feeding tube sites is physician ordered or if it is just done as a nursing intervention. LPN #3 stated, "No. There should be an order to clean the site." When asked what should be done if there isn't an order, LPN #3 stated, "Talk to the nurse practitioner or physician." LPN #3 was asked where evidence of the cleaning of a resident's feeding tube site should be documented and stated, "In the TAR." LPN #3 was asked if this process was in place in October 2016 and stated, "Yeah." LPN #3 stated there was no quarantee that nurses were cleaning residents' feeding tube sites if there was no order and if this was not documented on the TAR or in the nurse's notes. LPN #3 stated CNAs (certified nursing assistants) were not allowed to clean feeding tube sites.

On 10/18/17 at 4:01 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above findings and the concern for harm. ASM #1 confirmed Resident #21 resided

F 322

Facility ID: VA0210

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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previous company ownership of the fa and ASM #2 were care of feeding tub referenced Lipping care of feeding tub Procedures sixth edaily, clean the perand water or povid skin air-dry for 20 irritation" ASM #	the facility was owned by the A new company took acility on 12/16/16. ASM #1 asked for a policy regarding the es. The new company ott's Nursing Procedures for es. Lippincott's Nursing dition documented, "Once ristomal skin with mild soap one-iodine solution, and let the minutes to avoid skin 1 was asked when the new tive and stated they were	F 3	22	

current medical director is affiliated with the local hospital and reviews/evaluates all re-hospitalizations. ASM #1 stated because of this process, the medical director would identify any concerns related to residents with feeding tubes. A "Inservice Education" document dated

administration and staff use on 5/30/17. On 10/18/17 at 4:35 p.m. ASM #1 presented a tube feeding audit that was completed/reviewed by facility staff on 8/14/17. Also, ASM #1 stated the

covered: Tube feeding Care- See Attached. Monitor peg site for any signs and symptoms of infection and report any to MD (medical doctor). Reaction from Participants: Understanding. Summary and Conclusions: Will monitor tube feeding for compliance." The "Inservice Education" sheet further documented the

6/22/17 documented the following: "Subject

signatures of staff and attached was a policy and procedure addressing "Tube Feedings". Two residents with feeding tubes resided at the facility during the survey. Both residents' feeding tube sites were observed. The residents' clinical records were also reviewed and contained

documentation that the feeding tube sites were FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: G31Z11

Facility ID: VA0210

If continuation sheet Page 71 of 112



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F 322	care of current resididentified.  No further information of the complete stomach that delives the complete stomach that can diagnose of the complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete stomach and complete stomach are complete stomach and complete	No deficiencies regarding the dents with feeding tubes were dents with feeding tubes were on was presented prior to exit.  CIENCY  LIANCE  Is a plastic tube placed into the rs nutrition and medication. It is obtained from the website: gov/ency/patientinstructions/0  In the place of the plac	F 322		

(4) A UA C&S (urinalysis with culture and

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 322	check for infection, diabetes. This information	ge 72 e test that is completed to kidney problems and mation was obtained from the dlineplus.gov/urinalysis.html	F	322		
F 323 SS=D	other medications to reflux disease (GEF backward flow of acheartburn and poss (the tube between to This information was https://medlineplus.tml	neprazole is used alone or with or treat gastroesophageal RD), a condition in which cid from the stomach causes ible injury of the esophagus he throat and stomach)" as obtained from the website: gov/druginfo/meds/a693050.h	F	323		
	(d) Accidents. The facility must en	sure that -				
		vironment remains as free rds as is possible; and				
		eceives adequate supervision ices to prevent accidents.				
	appropriate alternal bed rail. If a bed or must ensure correct	e facility must attempt to use tives prior to installing a side or side rail is used, the facility transtallation, use, and drails, including but not limited ments.				
	(1) Assess the residence from bed rails prior	dent for risk of entrapment to installation.	,			
		s and benefits of bed rails with dent representative and obtain				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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F 323 Continued From page 73 informed consent prior to installation.

(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by:

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide adequite supervision to prevent accidents and ensure a safe enviorment for one of 22 residents in the survey sample, Resident #18.

The facility staff failed to supervise Resident #18's activities on 5/24/17 at approximately 11:00 p.m. when the resident went through the alarmed dining room door into the enclosed courtyard and fell out of his wheelchair into the bushes. The resident was found when an aide who went outside to discard trash heard the resident chanting and the chair belt alarm sounding from the courtyard.

The findings include:

Resident #18 no longer resided at the facility. The closed record was reviewed.

Resident #18 was admitted to the facility on 5/4/17 and readmitted on 7/28/17 with diagnoses that included but were not limited to: cognitive communication deficit, Parkinson's disease (1), diabetes, dementia and heart failure.

The most recent minimum data set (MDS), a 30 day assessment, with an assessment reference date (ARD) of 8/24/17 coded the resident as having scored a four out of 15 on the brief interview for mental status indicating the resident

F 323

#### F323

- 1. The facility documented that Resident #18 had a fall on 5/24/17. It is noted that Resident #18 was no longer in facility during the time of inspection.
- 2. Residents with documented exit seeking behavior in the past 30 days will be reviewed by the Interdisciplinary Team. An audit of residents with falls in the past 14 days will be done to ensure they were screened by therapy. Care plans will be updated to reflect the interventions.
- 3. The Licensed nursing staff will be re-educated on the fall prevention program.
- 4. The DON, or designee, will review falls daily in the clinical start up meeting, and then weekly in the falls committee meeting. Findings will be reported to QAPI.
- 5. November 27, 2017

Facility ID: VA0210

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E 222 Continued From r	200 74	<u> </u>		

F 323 Continued From page 74

was severely impaired cognitively. Resident #18 was coded as requiring assistance from staff for all activities of daily living.

Review of the care plan initiated on 5/23/17 and updated on 7/28/17 documented, "Focus. At risk for falls related to: New environment, history of falls, d/t (due to) meds (medications) and decreased safety awareness. Interventions. Velcro seatbelt alarm Resident able to release seatbelt on command (not restraining)."

Review of the clinical record for May 2017 did not evidence documentation regarding the resident's elopement risk.

Review of the nurse's notes dated 5/24/17 at 5:37 p.m. documented, Resident out of bed for meals. use (sic) of Velcro belt alarm on w/c (wheelchair) cont (continues) to need close supervision due to unsteadiness and confusion. needs (sic) frequent reminding to ask for assistance....will continue to monitor."

Review of the nurse's notes for 5/24/17 at 11:50 p.m. documented, "Resident outside on patio sitting on ground. Wheelchair several feet away from him. Resident had seatbelt alarm on. Resident noted to have scraped area to lower back, bilateral knee bruising with multiple scratches. Resident covered in leaves and dirt. Shower given and areas cleaned. VSS (vital signs stable). No c/o (complaints of) pain. NP (nurse practitioner) called and made aware. Family made aware...Tylenol given and resident in bed."

Review of the 5/25/17 incident report documented, "3. What is the resident's cognition? Confused/disoriented. 12. What was resident

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F 323	13. Is bed check/ch staff verify it was we in bed or chair? (Ye (Yes) X. SUPERVIS sustain injury (line was the injury and to back & bilateral s Further investigatio falls been Care Pla Review / Recomme observation checks Assist resident to h nurses station + ac	n w/c (wheelchair) in hallway. Pair alarm used? (Yes) X. Did porking before resident placed as) X. Did it function properly? SOR REPORT. 1. Did resident was left blank). 2. If so, what how was it treated? Abrasion scraped knees - bruises. 3. In of fall required? No. 4. Have ned? Yes. Fall Committee andations: Frequent. Wanderguard placement. Igh visibility area such (sic)	F	323				
	the executive direct to the courtyard had "Just in case we he someone's out ther needed to know if a #1 stated, "Because fall like (name of Realarm this month." Valarm before the recourtyard on 5/24/1 work properly. It did wouldn't lock. We pon it." When asked stated, "A day after for the investigation requested at that tir An interview was cop.m. with OSM (oth	or. When asked why the door dan alarm, ASM #1 stated, ar anyone go out we can hear e." When asked why staff a resident was outside, ASM e they could get out there and esident #1) did. We added the When asked if the door had an sident got out into the 7, ASM #1 stated, "It didn't that alarm and sometimes it ut a temporary magnetic lock when that occurred, ASM #1 (the resident's fall)." A request completed on 5/24/17 was						

dining room door leading to the courtyard was secured, OSM #6 stated, "That door was always

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### F 323 Continued From page 76

key pad alarmed. It never had a lock." When asked if there was a time when the door would not alarm, OSM #6 stated, "No." OSM #6 showed this writer the maintenance log that the door's alarm had been checked and found to be working correctly everyday for May 2017. When asked if he was aware of Resident #1's fall in the courtyard on 5/24/17, OSM #6 stated, "Yes. We checked the door the very next day and the alarm was working." When asked where the alarm sounded, OSM #6 stated, "It goes off at that door." When asked where the alarm could be heard, OSM #6 stated, "It's pretty loud you can hear it down the hall."

On 10/18/17 at 12:40 p.m. ASM #1 stated, "I misspoke, it did alarm it just wasn't locked." When asked how they were verifying that the alarms were working and staff were responding to them, ASM #1 stated, "We would do an observation. We would press on the door and just time it (for staff response). Our guideline is five minutes. That's our benchmark. We didn't necessarily document it." A request for a policy on alarms was made. ASM #1 stated they did not have one. ASM #1 gave this writer the facility's incident report and one witness statement. When asked if there were other witness statements taken, ASM #1 stated, "This is the only one I could find."

An interview was conducted on 10/18/17 at 4:30 p.m. with CNA (certified nursing assistant) #5, an aide who had worked with the resident. When asked how often residents were checked, CNA #5 stated, "Every two hours and when answering call bells." When asked when the resident checks started, CNA #5 stated, "As soon as you walk through the door." When asked if she

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#### F 323 Continued From page 77

remembered Resident #18, CNA #5 stated, "Yes. He was a one assist. He liked to set off his alarm a lot and we would go running." When asked if the resident would go anywhere in particular in his wheelchair, CNA #5 stated, "No, he'd just go wherever." When asked what staff did if they heard an alarm at 11:00 p.m., CNA #5 stated, "Run." When asked how the resident could have gotten out of the alarmed dining room door and into the courtyard, CNA #5 stated, "If it was change of shift and they (staff) were doing walking rounds they might have thought the other person got it."

An interview was conducted on 10/18/17 at 4:35 p.m. with CNA #6, an aide who had worked with the resident. When asked how often residents were checked, CNA #6 stated, "At least every two hours but it's more than that." When asked if she remembered Resident #18, CNA #6 stated, "Yes." When asked if she was aware of the resident's fall in the courtyard on 5/24/17, CNA #6 stated she was not. When asked what the resident's routine was, CNA #6 stated, "He was pretty mobile when he wanted to be. He wandered a lot. He didn't go anywhere specific." When asked about the alarm on the dining room door, CNA #6 stated. "It was a fast alarm. It kept going for about 30 seconds after it (the door) was opened (and then it turned off)." When asked what staff would do if the alarm went off at 11:00 p.m., CNA #6 stated, "If it's that late at night there was no one going out there except one resident who had the code but she doesn't have it anymore. Nobody should be out there that late at night. Someone should have checked."

On 10/18/17 at 6:45 p.m. ASM #1, the executive director and ASM #2 the director of nursing were

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Facility ID: VA0210

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F 323 Continued From page 78 made aware of the findings.

> An interview was conducted on 10/19/17 at 7:15 a.m. with LPN (licensed practical nurse) #4, the nursing supervisor on 5/24/17 at 11:00 p.m. When asked what she remembered about that

night. LPN #4 stated, "He was rolling around in the wheelchair. (Name of CNA #4) went down the service hallway and heard the alarm. It was pouring down with rain. We had to shower him when we brought him in he was covered with leaves and mud. We actually had to clean him up and wrapped them (the scratches) because they were on his legs." When asked how the resident seemed, LPN #4 stated, "Confused. His norm (normal)." When asked how long the resident had

been missing before he was found, LPN #4 stated, "I would say roughly 15 to 20 minutes. He was at the nurses' station most of the evening." When asked what staff did when an alarm

sounded, LPN #4 stated, "We would go check the alarm to see."

An interview was conducted on 10/19/17 at 7:20 a.m. with CNA #4, the CNA who cared for the resident on 5/24/17. When asked what she remembered about that night, CNA #4 stated, "He was very confused. I can't remember if I had him." When asked how often she would check on residents, CNA #4 stated, "Usually every hour and a half to two hours." When asked what Resident #18 did the evening of 5/24/17, CNA #4 stated, "He was in the hallway all that night. I remember I was outside taking the trash out and I heard his chair alarm from outside. He was chanting because he was a band director. I ran inside through the dining room and I opened the door and called for help. The alarm doesn't stop the door from opening so after 15 seconds the

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F 329	wouldn't respond to stated, "I think they was allowed to smot asked the last time prior to finding him stated, "I know I did out the trash. He waround 10:45 (p.m. No further informat (1) Parkinson's dise (PD) is a type of movement of a brain of Sometimes it is get seem to run in fam obtained from: https://medlineplus 483.45(d)(e)(1)-(2) FROM UNNECESS 483.45(d) Unnecessary drugs drug when used(1) In excessive do therapy); or (2) For excessive of (3) Without adequated (4) Without adequated (4) Without adequated (5) was allowed to state of the st	elf off." When asked why staff of the door alarm, CNA #4 thought it was somebody who oke unsupervised." When she had seen the resident in the courtyard, CNA #4 If tell them I was going to take as there when I left. Probably to 10:50 p.m."  It ion was provided prior to exit.  Bease Parkinson's disease ovement disorder. It happens the brain don't produce chemical called dopamine. In the case of the county of the case of the produce chemical called dopamine. The standard called dopamine of the county of the case of t		329		

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F 329	which indicate the discontinued; or  (6) Any combination	dose should be reduced or as of the reasons stated in	F 3	29	s now conducting be	havior
	483.45(e) Psychotr Based on a compre resident, the facility (1) Residents who drugs are not given medication is neces	opic Drugs. chensive assessment of a must ensure that have not used psychotropic these drugs unless the ssary to treat a specific osed and documented in the		monitoring of 2. An audit will have received last 30 days the resident 3. The Licensed the Centers guidelines for 4. The DON, or	on Resident #7's Risp I be completed on resed anti-psychotic med to ensure the facility	erdal. sidents who dications in the is monitoring e educated on edicaid Services
	(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; This REQUIREMENT is not met as evidenced by:  Based on staff interview and clinical record review, it was determined that the facility staff failed to ensure a resident was free from unnecessary medication for one of 22 residents in the survey sample, Resident #7.  The facility staff failed to provide adequate behavior monitoring for the use of Resident #7's anti-psychotic medication from August 2017 through October 2017.			for 4 weeks, ensure the fa	then monthly for 2 nacility is monitoring to receive anti-psychoted to QAPI.	nonths to he behavior of
	The findings include:  Resident #7 was admitted to the facility on 5/4/17.  Resident #7's diagnoses included but were not					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/31/2017 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARI	E & MEDICAID SEKVICES			ONID 140. 0000-000
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
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	495140	B. WING		10/19/2017
NAME OF PROVIDER OR SUPPLIER  ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT	
NOSE THEE HEALTH AND NE			BERRYVILLE, VA 22611	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		OULD BE COMPLETION
F 329 Continued From p	age 81	F;	329	

limited to: dementia, diabetes and seizures. Resident #7's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 10/4/17 coded the resident's cognition as moderately impaired. Section N documented Resident #7 received anti-psychotic medication seven out of the last seven days.

Review of Resident #7's clinical record revealed a physician's order dated 7/13/17 for Risperdal 0.5 mg (milligrams) by mouth two times a day for behavioral and psychological symptoms of dementia.

A progress note signed by the psychological nurse practitioner on 8/1/17 documented, "Asked to evaluate the patient's mental status and adjust medications if needed. Assess confusion and anxiety. HPI (history of present illness)/Interval History: Follow up, medication review. Patient alternates between sleeping to periods of anxiety and wandering unit via w/c (wheelchair), going into other resident's rooms. No extrapyramidal side effects noted...Treatment Plan/Recommendations...risperdal (1) for delusional disorder..."

Resident #7's MARs (medication administration records) for August 2017 through October 2017 revealed the resident received Risperdal 0.5 mg by mouth two times a day each day.

Resident #7's behavior monthly flowsheets for August 2017 and September 2017 documented staff monitored for the targeted behavior symptom coded as "12" which according to the flowsheet key indicated the behavior of depressed/withdrawn. Resident #7's behavior

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F 329	Continued From pa	ne 82	E:	329	
	monitored for the ta "12" depressed/with crying. The behavior document monitoring Resident #7's compon 5/4/17 document complications asso- medications related antipsychotics, antic	orehensive care plan initiated ted, "Potential for drug related ciated with use of psychotropic to: Anti-Anxiety medication, depressantsInterventions:			
	on 10/18/17 at 1:47 conducted with LPN regarding the facility monitoring. LPN #3 flowsheets are filled September 2017 flo LPN #3. LPN #3 st	s as ordered by physician and veness"  7 p.m. an interview was N (licensed practical nurse) #3 y process for behavior 3 stated the monthly behavior dout each shift. Resident #7's pwsheet was reviewed with ated the resident was depressed/withdrawn."			

monitored for "12- depressed/withdrawn." and each shift, staff documented if the resident experienced that symptom. LPN #3 was asked why Resident #7 was monitored for that behavior. LPN #3 stated, "For the medication she is on." LPN #3 stated the resident was receiving Risperdal and Remeron (2). LPN #3 stated staff decides what behaviors will be monitored according to the medication that is prescribed and "12 (depressed/withdrawn)" was the behavior Resident #7 was being monitored for. LPN #3 stated the former assistant director of nursing was responsible for deciding which targeted behaviors would be monitored for on the flowsheets. LPN #3 was asked what Risperdal was prescribed for. LPN #3 reviewed a drug book and stated Risperdal was an anti-psychotic that was prescribed for schizophrenia or bipolar.

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F 329	Continued From pa	ae 83	F 3:	29	
1 020		to describe the behaviors	, 0,		
		ats with. LPN #3 stated			
		ited with behaviors prior to			
		n a different unit but now is			
		nally yells. LPN #3 stated she tused to climb out of bed a			
		e purpose of behavior			
	monitoring, LPN #3	stated it was to make sure			
		dents are on address those			
		apeutic. LPN #3 was made			
		psychological nurse hat documented Resident #7			
		perdal for delusional disorder			
		haviors the resident should be			
		I #3 stated, "Delusional			
		was asked how a resident can			
		e effective use of an cation if the behaviors			
		he behaviors the resident is			
		lication for. LPN #3 confirmed			
	the resident cannot				
		4 p.m. ASM (administrative			
		he executive director) and			
		or of nursing) were made			
		concern. A policy regarding g for the use of anti-psychotic			
		ents with dementia was			

On 10/19/17 at 10:11 a.m. ASM #2 stated the facility did not have the requested policy. ASM #2 stated the facility staff follows CMS (Centers for Medicare and Medicaid Services) guidelines and

No further information was presented prior to exit.

residents are followed by psych services.

requested.

FORM CMS-2567(02-99) Previous Versions Obsolete

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSE HILL HEALTH AND REHAB			110 CHALMERS COURT BERRYVILLE, VA 22611		
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#### F 329 Continued From page 84

symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions) in adults and teenagers 13 years of age and older. It is also used to treat episodes of mania (frenzied, abnormally excited, or irritated mood) or mixed episodes (symptoms of mania and depression that happen together) in adults and in teenagers and children 10 years of age and older with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). Risperidone is also used to treat behavior problems such as aggression, self-injury, and sudden mood changes in teenagers and children 5 to 16 years of age who have autism (a condition that causes repetitive behavior, difficulty interacting with others, and problems with communication). Risperidone is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain...

#### **IMPORTANT WARNING:**

Studies have shown that older adults with dementia (a brain disorder that affects the ability to remember, think clearly, communicate, and perform daily activities and that may cause changes in mood and personality) who take antipsychotics (medications for mental illness) such as risperidone have an increased risk of death during treatment. Older adults with dementia may also have a greater chance of having a stroke or ministroke during treatment. Tell your doctor and pharmacist if you are taking furosemide (Lasix).

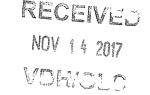
Risperidone is not approved by the Food and Drug Administration (FDA) for the treatment of behavior problems in older adults with dementia. Talk to the doctor who prescribed this medication F 329

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: G31Z11

Facility ID: VA0210

If continuation sheet Page 85 of 112



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F 329	Continued From pa	age 85	F:	329			
1 329	if you, a family men has dementia and i information, visit the http://www.fda.gov/ obtained from the v	nber, or someone you care for s taking risperidone. For more e FDA website: Drugs." This information was		<i>529</i>			
	information was ob	ed to treat depression. This tained from the website: .gov/druginfo/meds/a697009.h					
	white blood cells ar infection. This info website:	an increase in the number of nd often occurs during an rmation was obtained from the gov/understanding-hiv-aids/glo osis					
	information was ob http://www.heart.or	a fast heart rate. This tained from the website: g/HEARTORG/Conditions/Arrh hmia/Tachycardia_UCM_3020 9EWdKotKY					
F 425 SS=D	that you use to movinformation was obhttps://medlineplus	ARMACEUTICAL SVC -	F	425			
	pharmaceutical ser that assure the acc dispensing, and ad	facility must provide rvices (including procedures curate acquiring, receiving, ministering of all drugs and the needs of each resident.					

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MI	OMB NO. 0938-0391				
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F 425 Continued From page 86			F	425	

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

(1) Provides consultation on all aspects of the provision of pharmacy services in the facility; This REQUIREMENT is not met as evidenced

Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide pharmaceutical services for one of 22 residents in the survey sample, Resident #10.

The facility staff failed to acquire Resident #10's 9:00 a.m. dose of physician prescribed metoprolol (1) from the pharmacy Alixa machine (a machine in the facility that dispenses medications) on 10/9/17.

The findings include:

Resident #10 was admitted to the facility on 6/17/15. Resident #10's diagnoses included stroke, chronic kidney disease and difficulty swallowing. Resident #10's most recent MDS (minimum data set) an annual assessment with an ARD (assessment reference date) of 8/10/17 coded the resident's cognition as moderately impaired.

Review of Resident #10's clinical record revealed a physician's order dated 12/13/15 for metoprolol succinate extended release- 25 mg (milligrams) by mouth two times a day every Sunday, Monday, Wednesday and Friday.

Resident #10's October 2017 MAR (medication

- 1. The facility has noted that Resident #10 did not receive his medication on 10/9/17.
- 2. An audit will be completed of current residents for missed medication in the past 14 days to validate medication availability and identified concerns will be addressed as indicated.
- 3. Licensed nurses will be re-educated regarding the process for obtaining medications from the ADU and the process for obtaining medications that are not available in the ADU.
- 4. Orders will be reviewed daily during clinical meeting by the DON, or designee, to ensure medication is being administered per physician order. Missed physician ordered medication will have appropriate follow up by the Unit Manager, or designee. The results of the audit will be reviewed by the QAPI committee monthly for 3 months.
- 5. November 27, 2017

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#### F 425 Continued From page 87

administration record) documented, "Metoprolol Succinate ER (extended release) Tablet Extended Release 24 Hour 25 MG. Give 25 mg by mouth two times a day every Sun, Mon, Wed, Fri..." On 10/9/17 at 9:00 a.m. the nurse documented, "7=Other/See Nurse Note."

A nurse's note dated 10/9/17 documented, "Medication was not in Alixa and did not dispense out, pharmacy notified."

Resident #10's comprehensive care plan initiated on 7/29/15 documented, "Impaired neurological status related to: Cerebrovascular accident (stroke), cognitive loss...Interventions: Medication as ordered by physician..."

On 10/18/17 at 3:34 p.m. an interview was conducted with LPN (licensed practical nurse) #2 (the nurse who documented the above note). LPN #2 stated Resident #10's daytime dose of metoprolol didn't dispense out of Alixa and she attempted to re-dispense the medication but the machine said the container was empty. LPN #2 stated Alixa was "jammed" and the pharmacy thought they would have to send someone to the facility but another nurse was able to "un-jam" the machine with instructions over the phone from someone at the pharmacy. LPN #2 stated by the time the machine was fixed, it was too late to give Resident #2 the metoprolol because of the time the next dose was due (note-the morning dose was due at 9:00 a.m. and the next dose was not due until 9:00 p.m.).

On 10/18/17 at 6:24 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above findings.

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F 425	Continued From pa	ige 88	F 4	25		
	Receiving Non-Cor Dispensing Pharma information regardi	cy policy titled, "Ordering and ntrolled Medications From the acy" failed to document ng the above concern. ion was presented prior to exit.				
F 428 SS=D	with other medication pressure. It also is pain) and to improve Metoprolol also is undications to treat information was obhttps://medlineplustml	sed alone or in combination ons to treat high blood used to prevent angina (chest we survival after a heart attack. used in combination with other it heart failure." This tained from the website: .gov/druginfo/meds/a682864.h  DRUG REGIMEN REVIEW, LAR, ACT ON	F۷	128		
	c) Drug Regimen F	Review	F4	28		
	(1) The drug regim reviewed at least o pharmacist.	Drug Regimen Review ) The drug regimen of each resident must be eviewed at least once a month by a licensed narmacist.			Resident #5 pharmacist's recomn been completed. An audit of the most current phar recommendations will be comple	rmacist's
	(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:			3.	The Licensed Nursing staff will be on the communication of Consult	re-educated
	<ul><li>(i) Anti-psychotic;</li><li>(ii) Anti-depressant;</li><li>(iii) Anti-anxiety; and</li><li>(iv) Hypnotic.</li></ul>			4.	Pharmacist Recommendations Po The DON, or designee, will review pharmacist's recommendation sh ensure recommendations have be for 3 months. Findings will be rep-	the eet monthly to een addressed
	(4) The pharmacist to the attending ph	must report any irregularities ysician and the		5.	November 27, 2017	orted to QAPI.

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E 428	Continued From pa	nae 89	F 4	128			
1 420	·	=	1 4	.20			
	3	rector and director of nursing, nust be acted upon.					
	(i) Irregularities incl	ude, but are not limited to, any					
		criteria set forth in paragraph					
	(d) of this section for	or an unnecessary drug.					
		s noted by the pharmacist					
		nust be documented on a port that is sent to the					
		and the facility's medical					
		or of nursing and lists, at a					
		ent's name, the relevant drug,					
	and the irregularity	the pharmacist identified.					
		hysician must document in the					
		record that the identified					
		n reviewed and what, if any, sen to address it. If there is to					
		e medication, the attending					
		ocument his or her rationale in					
	the resident's medi-						
	(5) The facility mus	t develop and maintain policies	;				
		the monthly drug regimen					
	review that include,	but are not limited to, time					
	frames for the differ	rent steps in the process and					
	steps the pharmaci	st must take when he or she					
		arity that requires urgent action	1 -				
		ent. NT is not met as evidenced					
	by:	ruiour facility decument review	,				
,		rview, facility document review	•				
		review, it was determined that ed to follow a pharmacy					
		or one of 22 residents in the					
	survey sample.						

The facility staff failed to change the milk of

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 428	recommendation or	order per the pharmacist's n 2/10/17 for Resident #5.	F	428					
	The findings include	e:							
	1/12/15 with diagnoral limited to: chest pain high blood pressure.  The most recent Minguarterly assessment reference date) of 7 having scored a 13 indicating the resident make daily decision.	dmitted to the facility on oses that included but were not in, dementia, depression and e.  DS (minimum data set), a ent, with an ARD (assessment 7/26/17 coded the resident as out of 15 on the BIMS ent was cognitively intact to as. The resident was coded as e from staff for all activities of							
	documentation regardant pharmacy medication was made on 10/18 the director of nursion 10/18/17 at 1:05	cal record did not evidence arding the February 2017 on regimen review. A request 8/17 at 8:30 a.m. to ASM #2, ing for a copy of the review.  5 p.m. ASM #1, the executive e just got this from the							
	pharmacy documer and Physician Reco ORDERS: Residen magnesium which v software) as the Mo concentrated. The	ment received from the nted, "Summary of Nursing ommendations. CURRENT t has an order for Milk of was entered into (name of OM (milk of magnesium) facility stocks the 1200 mg nilliliter) not the concentrate.							

RECOMMENDATION: Please update the MOM order in (name of software) and use the product

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES			OMB NO. 0938-0391					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 428	review) 2/10/2017." Review of the phys 2017 documented, Concentrate Suspe every 24 hours as r Date. 1/16/2015." Review of the Februadministration recommon Magnesia Concentry Hydroxide) Give 30 as needed for cons 01/15/2015. D/C (d 04/11/2017." There the medication order	ml. MRR (monthly regimen ician's orders dated February "Milk of Magnesia nsion Give 30 ml by mouth needed for constipation. Order uary 2017 MAR (medication rd) documented, "Milk of rate Suspension (Magnesium ml by mouth every 24 hours tipation. Order Date	F	428				
	documented, "Milk Suspension (Magne by mouth every 24 constipation. Order (discontinue) Date documentation that been corrected as a pharmacy. The meadministered.  An interview was cop.m. with ASM (admitted interim director process staff follow)	ch 2017 and April 2017 MARs of Magnesia Concentrate esium Hydroxide) Give 30 ml hours as needed for Date 01/15/2015. D/C - 04/11/2017." There was not the medication order had recommended by the dication had not been conducted on 10/18/17 at 2:35 ministrative staff member) #2, of nursing. When asked the ed for pharmacy ASM #2 stated, "The						

recommendation out to the unit manager. The unit manager sends it to the doctors or if it's a

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#### F 428 Continued From page 92

nursing recommendation they take care of those and they put them on the chart."

An interview was conducted on 10/18/17 at 2:45 p.m. with LPN (licensed practical nurse) #3, the unit manager. When asked the process staff follow for a pharmacy recommendation, LPN #3 stated, "My understanding is that they email them out and then we print them out. We distribute them to the nurses on the unit or we just take care of it. I think the DON (director of nursing) and the ADON (assistant director of nursing) were doing it but they left and it may not have been done (printed and acted on)." When asked to review the 2/10/17 pharmacy recommendation for Resident #5's MOM, LPN #3 stated, "No. That wasn't completed."

An interview was conducted on 10/18/17 at 3:45 p.m. OSM (other staff member) #2, the pharmacist. When asked the process for completing the monthly regimen review, OSM #2 stated, "If there's no note it's more than unusual. It's very rare but I know I saw her because I had a nursing recommendation (for the milk of magnesia) for her."

Review of the facility's policy titled, "DOCUMENTATION AND COMMUNICATION OF CONSULTANT PHARMACIST RECOMMENDATIONS" documented, "Policy. The consultant pharmacist works with the facility to establish a system whereby the consultant pharmacist observations and recommendations regarding resident's medication therapies are communicated to those with authority and/or responsibility to implement the recommendations, and are responded to in an appropriate and timely fashion. Procedures. This should include: C.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 441	documented by the prescriber.  No further informat	are acted upon and facility staff and/or the fon was provided prior to exit.	F 428 F 441			
	(a) Infection prevent The facility must est and control program a minimum, the foll (1) A system for preinvestigating, and communicable disevolunteers, visitors, providing services arrangement based conducted accordinaccepted national simplementation is F (2) Written standarfor the program, whimited to:  (i) A system of survices the program of survices they can spread in the program of survives the prog	tablish an infection prevention (IPCP) that must include, at owing elements: eventing, identifying, reporting, ontrolling infections and cases for all residents, staff, and other individuals under a contractual dupon the facility assessmenting to §483.70(e) and following standards (facility assessment	<ol> <li>3.</li> <li>4.</li> <li>5.</li> </ol>	ensure wound care compliance. The Licensed Nursing staff will be on the Wound Care policy, specifi Disposable Non-Sterile Gloves Po Hand Washing Policy.	clean gloves  Il be done to  re-education ically the licy and the v wound n weekly for 2	

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F 441	Continued From pa	age 94	F،	441			
	to be followed to pr	event spread of infections;					
	(iv) When and how resident; including	isolation should be used for a but not limited to:					
	(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.						
	must prohibit emplo	ces under which the facility byees with a communicable skin lesions from direct or their food, if direct the disease; and					
		ene procedures to be followed direct resident contact.					
		cording incidents identified IPCP and the corrective e facility.					
	(e) Linens. Person process, and transpread of infection.	nel must handle, store, port linens so as to prevent the					
	annual review of its program, as neces This REQUIREMED by: Based on observa document review, if facility staff failed to	The facility will conduct an si IPCP and update their sary.  NT is not met as evidenced tion, staff interview and facility t was determined that the of follow infection control band care for one of 22					

residents in the survey sample, Resident #1.

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 441	Continued From pa	ge 95	FZ	141			
	washing in the prev	ed to provide proper hand ent of infection in a pressure dent #1's wound care on					
	The findings include	e:					
	2/19/15 and readmidiagnoses that include	Imitted to the facility on telegraph telegraph (ited on 7/29/17 with uded but were not limited to: heartbeat, diabetes, heart isease.					
	significant change a (assessment refere resident as having a (brief interview of m resident was cognit decisions. The resi assistance from sta except for eating what perform after the m	DS (minimum data set), a assessment, with an ARD nce date) of 8/7/17 coded the a 15 out of 15 on the BIMS nental status) indicating the ively intact to make daily dent was coded as requiring off for all activities of daily living nich the resident could eal tray was prepared. The as having an unstageable pot.					
	2/6/17 and revised	#1's care plan initiated on on 8/11/17 did not specifically tion control practices when re.					
	documented, "Clea saline, pat dry, appl (2) to wound bed ar change daily. Start area to right knee w	ber 2017 physician's orders nse left lateral foot with normal y calcium alginate (1), santyl nd cover with dry dressing, Date. 9/20/2017. Cleanse vith wound cleanser, pat dry, e (3) and foam dressing.					

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### F 441 Continued From page 96

Change daily and PRN (as needed) Start Date. 9//9/2017 "

Review of the October 2017 treatment administration record documented, "Cleanse left lateral foot with normal saline, pat dry, apply calcium alginate, santyl to wound bed and cover with dry dressing. change daily. Cleanse area to right knee with wound cleanser, pad dry, apply silver alginate and foam dressing. Change daily and PRN "

An observation of Resident #1's wound care was conducted on 10/17/17 at 4:35 p.m. with LPN #7. LPN #7 gathered the wound care supplies and entered the room. LPN #7 washed her hands and put on a pair of gloves. LPN #7 removed the right knee dressing. The wound was clean and without drainage. LPN #7 removed her gloves and reached into her pocket and retrieved another pair of gloves and applied them. LPN #7 did not wash her hands after removing the gloves. LPN #7 cleansed the wound and patted it dry. LPN #7 put her gloved hand into her pocket and retrieved a marking pen and labeled the dressing with the date. LPN #7 then applied the calcium alginate to the wound and the dressing. LPN #7 then removed the gloves, washed her hands and applied gloves. She removed the foam boot from the resident's left foot and removed the dressing. There were two small clean wounds on the side of the resident's foot. LPN #7 cleansed the two wounds, dried them and removed her gloves. She then put on another pair of gloves and put the calcium alginate on one of the wounds and applied santyl to the other wound with her gloved finger. The dressing was applied and the foam boot was reapplied. LPN #7 collected the trash and removed it from the room. She then removed

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F 441 Continued From page 97

the gloves and washed her hands.

An interview was conducted on 10/18/17 at 10:40 a.m. with LPN #7. When asked when staff washed their hands, LPN #7 stated, "Before and after care." When asked what staff were to do after removing gloves, LPN #7 stated, "You're supposed to wash." When the wound care observation was discussed, LPN #7 stated, "So between there (changing gloves) I should have washed my hands." When asked why staff washed their hands, LPN #7 stated, "Of course to stop the bacteria from crossing over, be it ourselves, the resident or other residents."

An interview was conducted on 10/18/17 at 11:20 a.m. with ASM (administrative staff member) #2, the interim director of nursing. When asked when staff were to wash their hands, ASM #2 stated, "In between every patient and if they go from dirty to clean." When asked what staff should do when gloves were removed, ASM #2 stated, "Wash their hands."

On 10/18/17 at 6:45 p.m. ASM #1, the executive director and ASM #2, the director of nursing were made aware of the findings.

Review of the facility's policy titled, "Disposable Non-Sterile Gloves" documented, POLICY: Personnel will wear disposable non-sterile gloves when a barrier between the resident and health care provider is necessary to prevent the transmission of blood and bodily fluids or when handling soiled articles or equipment. PROCEDURE: 5. Remove gloves and dispose of. 6. Wash hands."

According to the CDC website on hand hygiene,

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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E 441	Continued From no	an 00	F	4.4.4			
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	gloves. This inform	minate hands after removing ation was obtained from: v/mmwr/PDF/rr/rr5116.pdf					
	(1) Coloium Alginat	e - Hydrocolloid and calcium					
		treat cutaneous injuries and					
		sionals do not know about its					
		. This information was					
	obtained from:						
	https://www.ncbi.nli	m.nih.gov/pubmed/24217762					
	sterile enzymatic de contains 250 collag petrolatum USP. The derived from the fer histolyticum. It possedigest collagen in ninformation was observed.						
	silver, are incorpora including alginates, risk" or infected chr both reduce the dre bioburden. This info	Antimicrobials, in particular ated into wound dressings, for use in the treatment of "at conic wounds. Silver is used to essing and wound microbial ormation was obtained from: m.nih.gov/pmc/articles/PMC44				RE6	d con
F 503 SS=D	483.50(a)(i)-(iv) LAI REFERRED, AGRE	B SVCS - FAC PROVIDED, EEMENT	F	503	·	NOV	EIVED
	(a) Laboratory Serv	ices				DHI	EIVED 14 2017 OLC
		rides its own laboratory es must meet the applicable				- 44	orc.

requirements for laboratories specified in part 493

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F 503	of this chapter.  (ii) If the facility provotransfusion services requirements for late of this chapter.  (iii) If the laboratory for testing to another laboratory must be specialties and sub accordance with the this chapter.  (iv) If the facility does services on site, it robtain these services meets the applicabilithis chapter.  This REQUIREMENT by:  Based on observate determined that the expired laboratory smedication rooms, room.  Facility staff failed to laboratory blood tub medication room.  The findings include An observation of the was made on 10/19 (licensed practical refere was a red based on the services of the services of the services on site, it robtain these services meets the applicability of the services on site, it robtain these services on site, it robtain these services meets the applicability of the services on site, it robtain these services on site, it robtain the service	vides blood bank and s, it must meet the applicable poratories specified in part 493 chooses to refer specimens er laboratory, the referral certified in the appropriate specialties of services in erequirements of part 493 of es not provide laboratory must have an agreement to es from a laboratory that erequirements of part 493 of NT is not met as evidenced ion and staff interview, it was facility staff failed to discard supplies in one of two the North unit medication of discard nine expired pes in the North unit	F 5	3. 4. 5.	The facility has disposed of the exequipment.  An audit of the medication rooms completed to ensure lab equipment condition and not expired.  The Licensed Nursing staff will be checking the lab equipment and profexpired lab equipment.  The Unit Managers, or designee, with medication rooms monthly, for 3 ensure lab equipment is up to date will be reported to QAPI.  November 27, 2017	will be ent is in good educated on proper disposal will check the months to
		seven blue top tubes that had				

an expiration date of 12/2016, one red top tube

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED
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F 503	An interview was co #8. When asked wh basket, LPN #8 sta blood." When asked expired laboratory s rooms, LPN #8 stat responsible for che When asked why th laboratory supplies, once you put the blo be accurate."	age 100 late of 5/2017 and one purple piration date of 5/2017.  Inducted at that time with LPN no used the supplies in the red ted, "We sometimes draw d the process for checking for supplies in the medication ted, "The night shift is cking on anything expired." In the process of the complete of the state of the tube it's not going to the staff member) #2, the interim	F	503			
F 514 SS=E	director of nursing f expired laboratory s On 10/19/17 at 10:3 don't have a policy was made aware of No further informati 483.70(i)(1)(5) RES RECORDS-COMPL LE  (i) Medical records. (1) In accordance w standards and prace	for a policy on discarding supplies.  30 a.m. ASM #2, stated, "We on expired supplies." ASM #2 f the findings at that time.  sion was provided prior to exit.  LETE/ACCURATE/ACCESSIB  with accepted professional stices, the facility must ecords on each resident that	F	514		REC NOV	EIVED 14 2017 /OLG

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
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F 514	Continued From pa	ge 101	F	514		
	(iii) Readily accessi	ble; and	F!	514		
	(iv) Systematically of	organized		1.	The facility has included the February	
	(5) The medical rec	ord must contain-			pharmacy medication regimen in clinical record. The facility has inc	
	(i) Sufficient informa	ation to identify the resident;			2017 pharmacy regimen in Reside clinical record. The facility has do	nt's #11
	(ii) A record of the r	esident's assessments;			Resident #3's urine output is unav	ailable. The
	(iii) The comprehen provided;	sive plan of care and services			facility has included that the phys notified when Resident #10 did no medication on 10/9/17.	
	(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;			2. ●	An audit will be completed to vali- residents who have a pharmacy mare improvement, in the last 30 days, are in	nedication
	(v) Physician's, nurs professional's progr	se's, and other licensed ress notes; and		•	their chart Patients in the last 30 days who re	
	services reports as This REQUIREMEN by: Based on staff into	iology and other diagnostic required under §483.50. NT is not met as evidenced rview, facility document review		<b>6</b> 3.	output documentation is included and any missed Medication Admir the last 30 days, includes Physicia The Medical Records Clerk will be	nistration, in n notification re-educated
	the facility staff faile accurate clinical red	review, it was determined that ed to maintain a complete and cord for four of 22 residents in Residents, #5, #11, #3 and			on maintaining accurate and complicensed Nurses will be re-educate accuracy of documentation and planotification.	ed on nysician
	February 2017 phar review in the clinica			4.	The DON, or designee, will review documentation and physician ordemorning meeting. The results of the reviewed in QAPI.	ers daily in
		failed to file Resident #11's on Regimen Review in the		5.	November 27, 2017	

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### F 514 Continued From page 102

F 514

- 3. The facility staff failed to document Resident #3's urinary output as ordered by the physician.
- 4. The facility staff failed to document Resident #10's physician was notified on 10/9/17 when the resident was not administered a medication.

The findings include:

1. For Resident #5 facility staff failed to document the February 2017 pharmacy monthly medication review in the clinical record.

Resident #5 was admitted to the facility on 1/12/15 with diagnoses that included but were not limited to: chest pain, dementia, depression and high blood pressure.

The most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment reference date) of 7/26/17 coded the resident as having scored a 13 out of 15 on the BIMS indicating the resident was cognitively intact to make daily decisions. The resident was coded as requiring assistance from staff for all activities of daily living.

Review of the medical record did not evidence documentation regarding the February 2017 pharmacy medication regimen review. A request was made on 10/18/17 at 8:30 a.m. to ASM #2, the director of nursing for a copy of the review.

On 10/18/17 at 1:05 p.m. ASM #1, the executive director stated, "We just got this from the pharmacy."



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F 514 Continued From pa	ge 103	F :	514	

Review of the document received from the pharmacy documented, "Summary of Nursing and Physician Recommendations. CURRENT ORDERS: Resident has an order for Milk of magnesium which was entered into (name of software) as the MOM (milk of magnesium) concentrated. The facility stocks the 1200 mg (milligram)/15 ml (milliliter) not the concentrate. RECOMMENDATION: Please update the MOM order in (name of software) and use the product MOM 1200 mg/15 ml. MRR (monthly regimen review) 2/10/2017."

An interview was conducted on 10/18/17 at 3:45 p.m. with OSM (other staff member) #2, the pharmacist. OSM #2 stated, "I know I saw her because I had a nursing recommendation (for the milk of magnesium). If there's not a note it's more than unusual. It's very rare, but I know I saw her."

A repeated request was made on 10/18/17 at 4:40 p.m. of ASM #2, the interim director of nursing for a copy of the February 2017 pharmacy monthly medication review. No review was received.

Review of the facility's policy titled,
"DOCUMENTATION AND COMMUNICATION OF
CONSULTANT PHARMACIST
RECOMMENDATIONS" documented, "Policy.
The consultant pharmacist works with the facility
to establish a system whereby the consultant
pharmacist observations and recommendations
regarding resident's medication therapies are
communicated to those with authority and/or
responsibility to implement the recommendations,
and are responded to in an appropriate and timely
fashion. Procedures. A. A record of the consultant
pharmacist's observations and recommendations

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

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F 514	Continued From pais made available in nurses, prescribers This should include appropriate form of regimen review is c findings in the medisite."  No further informati 2. The facility staff f July 2017 Medication clinical record.  Resident #11 was a 9/29/14 with a reading diagnoses that inclue Parkinson's disease neurological disorder tremor, shuffling gamotions of the finge weakness (1)), Bipodisorder characteriz depression (2)), depostructive pulmona for chronic nonreveusually a combination.	ge 104 In an easily retrievable form to an easily retrievable form to and the care planning team. I) Documentation on the the date each medication ompleted and notation of the ical record or other designated on was provided prior to exit. Failed to file Resident #11's on Regimen Review in the identification on 2/20/17 with ided, but were not limited to: expected by resting in, stooped posture, rolling in, stooped postu		514		RIATE STILL
	The most recent MI	OS (minimum data set)				

assessment, a quarterly assessment, with an assessment reference date (ARD) of 8/16/17, coded Resident #11 as scoring a 14 on the BIMS (brief interview for mental status) score, indicating that she was cognitively intact to make daily decisions. Resident #11 was coded as requiring

extensive assistance of one or more staff members for most of her activities of daily living.

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	records, were revie	both electronic and paper wed. The July 2017 MRR eview) report could not be			
	(administrative staff presented a form, " to Director of Nursin	5 p.m. the executive director f member - ASM) #1, Consultant Pharmacist reporting" dated, 7/1/17 - 7/19/17. He was not the only resident's			
	the record, we just of from the pharmacy. recommendation or Review of the clinic	ASM #1 stated, "It wasn't in called and had it sent over "There was a n the paper for Resident #11. al record revealed that the as completed on 8/7/17.			
	An interview was co staff member (ASM nursing, on 10/18/1 the process for the pharmacist comes is sends them to the u managers deliver that nursing recommend. Then they are filed completed. I think it	onducted with administrative (1) #2, the interim director of 7 at 2:32 p.m. When asked MRR, ASM #2 stated, "The in and does her review. She unit managers. The unit nem to the physician's or if a dation, they take care of it. in the record after they were medical records files them. My at they (the reports) are			

An interview was conducted with LPN (licensed practical nurse) #3, the unit manager, on 10/18/17 at 3:12 p.m. When asked about the process followed for the MRR reports from the pharmacist, LPN #3 stated, "Either the ADON (assistant director of nursing) or DON (director of nursing) has them emailed from the pharmacist and they distributed them to me and the other unit manager. There are three things that come in

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	physician recomme report." When aske record, LPN #3 stat it's a physician reco the previous DON t them." LPN #3 stat with the changes in of nursing) and DO	ang recommendations, and a summary and who filed them in the clinical ted, "The nurses on the unit. If an ammendation, we were told by hat we didn't have to save ted, "If we got them (MRR), the ADON (assistant director N resigning, staff may not ney were supposed to be				
	member (OSM) #2, 10/18/17 at 3:53 p.r report was not in th her other reports we the August report, Obeen a couple of tir system) was not av that I did it but I sign toggle between two	onducted with other staff the consultant pharmacist, on m. When asked why this e electronic record as most of ere before the July and after DSM #2 stated, "There have mes when (name of computer railable to me. It is possible med it in the paper chart. I do computers and two systems. med that I didn't put it in both				
		ctor and the interim director of aware of the above findings				

(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 436.

No further information was provided prior to exit.

- (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 73.
- (3) Barron's Dictionary of Medical Terms for the

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Non-Medical Reader, 5th edition, Rothenberg and Chapman; page 124.

3. The facility staff failed to document Resident #3's urinary output as ordered by the physician.

Resident # 3 was admitted to the facility on 3/30/17 and most recently on 5/10/17 with diagnoses that included but were not limited to: colon cancer, hypothyroidism, arthritis, deep venous thrombosis, anxiety, depression, hydronephrosis (1) with renal and ureteral calculous obstruction.

Resident # 3's most recent MDS (minimum data set) assessment, a significant change assessment, with an ARD (assessment reference date) of 9/1/17 coded Resident # 3 as understood by others and as able to understand others. Resident # 3 was coded as being cognitively impaired for making daily decisions, scoring 3 out of 15 on the BIMS (brief interview for mental status).

Review of the clinical record documented the following physician order: "Monitor Nephrostomy (2) output every shift" original order date 5/10/17 with the order most recently signed by the physician on 10/1/17.

Review of the October 2017 TAR (Treatment Administration Record) lacked documentation of the Nephrostomy tube output on 10/8/17 for the 7-3 shift and the 11-7 shift and on 10/11/17 for the 7-3 shift.

During an observation on 10/18/17 at 1:45 p.m. CNA (Certified Nurse's Assistant) # 1 emptied Resident # 3's Nephrostomy collection bag. When CNA#1 was asked where she

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F 514	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 108 documented the output, CNA # 1 stated that it was documented on the CNAs' Assignment Sheet. CNA # 1 further stated that the CNAs' assignment sheet is never thrown out. When CNA # 1 was asked about the CNAs' Assignment Sheet and where it was kept. CNA # 1, joined by CNA # 2, presented the book with the CNAs' Assignment Sheet located in the clean utility room. With the help of both CNAs, Resident # 3's missing outputs were located. Both CNAs # 1 and # 2 stated that the information was documented on the Assignment Sheets and that the nurses were verbally told the outputs.  During an interview on 10/18/17 at 2:45 p.m. with LPN (Licensed Practical Nurse) # 2 and LPN # 7 the blanks in Resident # 3's TAR were discussed. Both LPN # 2 and LPN # 7 acknowledged that the CNAs would verbally tell them but that they knew that the outputs were on the CNA's Assignment Sheets. Both acknowledged that the nurse is the person to document on the TAR. During this interview RN (Registered Nurse) # 2, the Unit Manager, joined the group and was made aware of the missing documentation.  During the end of day interview on 10/18/17 at approximately 6:15 p.m. the ASM (Administrative staff member) # 1, the Executive Director, and ASM # 2, the interim Director of Nurses, were made aware of the missing documentation.		F	514			

"Documentation is the process of preparing a completed record of a patient's care and is a vital tool for communication among health care team members. Accurate, detailed charting shows the extent and quality of the care that nurses provide, the outcomes of that care, and treatment and

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#### F 514 Continued From page 109

education that the patient still needs. Through, accurate documentation decreases the potential for miscommunication and errors."

"Recording fluid intake and output Accurate intake and output records help evaluate a patient's fluid and electrolyte balance, suggest various diagnoses, and influence the choice of fluid therapy."

No further information was provided prior to exit.

#### References:

1. Hydronephrosis: Abnormal enlargement or swelling of a KIDNEY due to dilation of the KIDNEY CALICES and the KIDNEY PELVIS. It is often associated with obstruction of the URETER or chronic kidney diseases that prevents normal drainage e of urine into the URINARY BLADDER. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/medgen/42531

2.nephrostomy involves a small tube inserted through the skin directly into a kidney. The nephrostomy tube drains urine from the kidney into an external drainage pouch. Nephrostomy tubes are often used for less than a week after a percutaneous nephrolithotomy-a surgical procedure to break up and remove a kidney stone. This information was obtained from the website:

https://www.niddk.nih.gov/health-information/urologic-diseases/urinary-diversion

4. The facility staff failed to document Resident #10's physician was notified on 10/9/17 when the resident was not administered a medication.



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### F 514 Continued From page 110

Resident #10 was admitted to the facility on 6/17/15. Resident #10's diagnoses included stroke, chronic kidney disease and difficulty swallowing. Resident #10's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 8/10/17, coded the resident's cognition as moderately impaired.

Review of Resident #10's clinical record revealed a physician's order dated 12/13/15 for metoprolol succinate (1) extended release- 25 mg (milligrams) by mouth two times a day every Sunday, Monday, Wednesday and Friday.

Resident #10's October 2017 MAR (medication administration record) documented, "Metoprolol Succinate ER (extended release) Tablet Extended Release 24 Hour 25 MG. Give 25 mg by mouth two times a day every Sun, Mon, Wed, Fri..." On 10/9/17 at 9:00 a.m. the nurse documented, "7=Other/See Nurse Note."

A nurse's note dated 10/9/17 documented, "Medication was not in Alixa (a machine in the facility that dispenses medications) and did not dispense out, pharmacy notified." The note failed to document the physician was notified.

Resident #10's comprehensive care plan initiated on 7/29/15 documented, "Impaired neurological status related to: Cerebrovascular accident (stroke), cognitive loss...Interventions: Medication as ordered by physician..."

On 10/18/17 at 3:34 p.m. an interview was conducted with LPN (licensed practical nurse) #2 (the nurse who documented the above note). LPN #2 stated Resident #10's daytime dose of

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### F 514 Continued From page 111

metoprolol didn't dispense out of Alixa and she attempted to re-dispense the medication but the machine said the container was empty. LPN #2 stated Alixa was "jammed" and the pharmacy thought they would have to send someone to the facility but another nurse was able to "un-jam" the machine with instructions over the phone from someone at the pharmacy. LPN #2 stated by the time the machine was fixed, it was too late to give Resident #2 the metoprolol because of the time the next dose was due (note- the morning dose was due at 9:00 a.m. and the next dose was not due until 9:00 p.m.). LPN #2 was asked if she notified the nurse practitioner or physician. LPN #2 stated she was pretty sure she did. LPN #2 was asked if the notification should have been documented. LPN #2 stated she should have documented in the progress note.

On 10/18/17 at 6:24 p.m. ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above findings.

No further information was presented prior to exit.

(1) "Metoprolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and to improve survival after a heart attack. Metoprolol also is used in combination with other medications to treat heart failure." This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682864.html

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