DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING __ COMPLETED 495038 B. WING NAME OF PROVIDER OR SUPPLIER 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE MANASSAS HEALTH AND REHAB CENTER 8575 RIXLEW LANE MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 000 INITIAL COMMENTS F 000 An unannounced Medicare/Medicaid standard survey was conducted 04/26/16 through 04/28/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. F252 The census in this 120 certified bed facility was 106 at the time of the survey. The survey sample consisted of 21 current Resident reviews 1. The privacy curtains in rooms 302, (Residents # 1 through # 19, # 25 and # 26) and 303, 304 and 315 were removed and five closed record reviews (Residents # 20 replaced with clean privacy curtains through # 24) F 252 483.15(h)(1) on 4/28/2016. The shower curtain in SS=E SAFE/CLEAN/COMFORTABLE/HOMELIKE F 252 the Magnolia Unit Shower room was ENVIRONMENT removed and replaced with a clean The facility must provide a safe, clean, shower curtain on 4/28/2016. comfortable and homelike environment, allowing the resident to use his or her personal belongings 2. Any resident has the potential to be to the extent possible. affected if the staff fails to maintain a clean environment. An audit was This REQUIREMENT is not met as evidenced completed of resident's rooms with attention to privacy curtains on Based on observation and staff interview, it was determined that the facility staff failed to maintain 5/13/2016. An audit of privacy a clean environment in four of 15 resident rooms curtains in the shower rooms within on the secured unit, (Resident rooms # 302, # 303, # 304 and # 315); and failed to maintain the the center was conducted on privacy shower curtains in a clean manner in one 05/13/2016. Corrective action was of two facility resident shower rooms, (Magnolia taken as appropriate related to the Unit shower room). findings.

privacy curtains on the secured unit in resident LABORATORY DIRECTOR'S OF PROMIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

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 aurvey 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

1. The facility staff failed to maintain clean

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

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	STATEMENT OF DEFICIENCIES				<u>OMB NO. 0938-039</u>
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1				THE RESERVE OF THE PARTY OF THE	

F 252 Continued From page 1 rooms # 302, # 303, # 304 and # 315.

2. The facility staff failed to maintain the privacy shower curtains in a clean manner in the resident shower room on the Magnolia Unit.

The findings include:

 Observations during the days of the survey revealed dirty and stained privacy curtains on the secured unit in resident rooms # 302, # 303, # 304 and # 315.

On 4/28/16 observations of the privacy curtains on the secured unit in resident rooms # 302, # 303, # 304 and # 315 was conducted with OSM (other staff member) # 9, director of environmental services. After observing the privacy curtains in resident rooms # 302, # 303, # 304 and # 315, OSM # 9 acknowledged that the curtains were dirty and needed to be cleaned. OSM # 9 further stated, "We'll take them down and clean them."

On 4/28/16 at approximately 1:00 p.m. an interview was conducted with OSM # 9. When asked about the procedure for cleaning the resident's privacy curtains, OSM # 9 stated, "The housekeepers check them every day when they are cleaning the rooms. If they are dirty they are taken down and cleaned."

The facility's policy "Environmental Services Schedule List / Check Sheet" documented, "Nine Step Cleaning Procedures 1 (one). 10. Check Privacy Curtains (cleanliness)."

On 4/28/16 at approximately 2:00 p.m. ASM (administrative staff member) # 1, the

F 252

- 3. The Environmental Services Director was re-educated on schedule for cleaning privacy curtains.

 Environmental Services staff were re-educated on the daily cleaning checklist to include privacy curtains.

 Administrative, department heads, and licensed staff responsible for daily room rounds were re-educated on the process to ensure care areas are maintained in a clean manner.
- 4. The environmental services director or designee will complete a random audit of 10 privacy curtains and shower room curtains for cleanliness daily 5x/week times 4 weeks and then monthly x 2 months. The results will be communicated at quarterly QA for review.
- 5. Allegation of compliance: 5/31/16

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F 252	Continued From pag	ge 2	F 29	T 4'9	
	Administrator, was n	nade aware of the findings.	r 20	24	
	No further information	on was provided prior to exit.			
	invested the blivacy	ing the days of the survey shower curtains in one of er rooms on the Magnolia Unit			
	OSM (other staff mer environmental service a brown to black disc appearance. After of privacy curtain in resi 9 acknowledged that	es. The shower curtains had oloration and were dirty in oserving the shower and dent's shower room OSM # the curtains were dirty and dent's shower stated.			
	asked about the proceshower and privacy of shower room OSM # ! housekeepers check !	ted with OSM#9, When edure for cleaning the urtains in the resident's			
5	Schedule List / Check	nvironmental Services Sheet" documented, "Nine ures 1 (one). 10. Check nliness)."			

On 4/28/16 at approximately 2:00 p.m. ASM (administrative staff member) # 1, the Administrator was made aware of the findings.

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The facility maintenance sanitary. This REC by: Based or determine resident recorns on 302, # 30 The facility in good recorns # 3 and # 314 The findin Observation revealed the resident recorns on the D (cc 308 and # 308; resident recorns and unrepart the D (cc 308 and # 308; reside	er information (2) HOUSI:NANCE SE INANCE SE Illy must proper ance service orderly, and conderly, and conderly, and conderly and conderl	ion was provided prior to exit. SEKEEPING & ERVICES povide housekeeping and set necessary to maintain a aid comfortable interior. IT is not met as evidenced ion and staff interview, it was facility staff failed to maintain and repair in six of 15 resident and unit, (Resident rooms # 309, # 313 and # 314). In the determinant of the maintain resident rooms are secured unit in resident rooms are secured unit in resident # 303, # 308, # 309, # 313	F 25	:53	F253 1. The wall mounted to in rooms 302 and 32 on 4/28/2016. The blinds in rooms 303 replaced on 05/13/20 wall mounted towel 303 and 309 were repos/13/2016. The watthe beds in rooms 30 were repaired on 04/2. Any resident has the affected by the facilit rooms in good repair, resident rooms was considentify items in need 05/13/2016. Areas idening corrected, replaced	coilet paper 14 were rep broken wind 308 we 016. The bracks in rocepaired on all damage 13, 308 and 28/2016. potential to the potential to complete to on pleted to entified are	paired dow ere roken oms behind 313 be taining of

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director of maintenance. After observing the wall mounted toilet paper holder in resident rooms # 302 and 314; the broken window blinds in resident rooms # 303 and # 308; the broken wall mounted towel racks in resident rooms #303 and # 308 and the damaged and unrepaired walls behind the head of the beds on the D-side of resident rooms # 303, # 308 and # 313, OSM # 5 stated that the resident's rooms were in need of repair. On 4/28/16 at approximately 1:30 p.m. an interview was conducted with OSM # 5. When asked about the procedure for being notified of repairs, OSM # 5 stated, "Information for a repair is put into a computer application. The application is reviewed constantly throughout the day and the work is prioritized based on safety and quality of life." OSM # 5 further stated that he was not aware of the needed repairs in the resident rooms on the secured unit. The facility's policy "Maintenance Service" documented, "The maintenance department is responsible for maintaining the buildings and grounds in a safe, clean, comfortable and home-like environment." On 4/28/16 at approximately 2:00 p.m. ASM (administrative staff member) # 1, the Administrator, was made aware of the findings. No further information was provided prior to exit. F 278 483.20(g) - (j) ASSESSMENT SS=E ACCURACY/COORDINATION/CERTIFIED	uding ng, along lucated esident and the report nce nitoring ck orders eduled sues. vill cepair daily en alts will QA for

resident's status.

The assessment must accurately reflect the

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F 278	A registered nurse reach assessment we participation of healt	nust conduct or coordinate rith the appropriate th professionals.	F 27	8	F278 Accuracy of Assess	sment
	A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.			1.	Resident #11, #12, #6, ar inaccurate entries related	nd #7's MDS
					pneumococcal vaccine ac (O0300) were modified p instruction of the RAI ma	dministration per the
	false statement in a subject to a civil mor	Medicaid, an individual who ly certifies a material and resident assessment is ney penalty of not more than essment; or an individual who		2.	4/28/2016. Any resident has the pote affected if the facility fail	ential to be

Clinical disagreement does not constitute a material and false statement.

willfully and knowingly causes another individual

resident assessment is subject to a civil money penalty of not more than \$5,000 for each

to certify a material and false statement in a

This REQUIREMENT is not met as evidenced by:

Based on staff interview, clinical record review and facility document review, it was determined that facility staff failed to complete an accurate MDS (Minimum Data Set) assessment for four of 26 residents in the survey sample; Residents #11, #12, #6, and #7,

1. The facility Staff failed to properly code section O0300 (Pneumococcal Vaccine) of Resident #11's quarterly MDS (Minimum Data Set) assessment, with an ARD (Assessment

- affected if the facility fails to complete an accurate MDS assessment. A review of the current resident's will be conducted to ensure accurate coding of Section O0300 (pneumococcal vaccine) with corrective actions taken as indicated by the findings.
- 3. The interdisciplinary team responsible for coding Section O0300 (pneumococcal vaccine) will be educated regarding accurate coding of the MDS per the RAI manual.

assessment.

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	#12's quarterly MDS ARD (Assessment F and Resident #12's : 4/8/2015. 3. The facility staff fa Resident #6's quarte assessments with th dates of 2/12/16, 11/ pneumococcal vacci 4. The facility staff fa Resident #7's 9/14/1 3/8/16 MDS (minimu the pneumococcal vac The findings include: 1. The facility Staff fa 00300 (Pneumococcal 4. The facility staff fa Resident #7's 9/14/1 3/8/16 MDS (minimu the pneumococcal vac The findings include: 1. The facility Staff fa 00300 (Pneumococcal 4. The facility staff fa 00300 (Pn	3/9/16. ailed to properly code section scal Vaccine) of Resident (Minimum Data Set) with an Reference Date) of 1/7/16; annual MDS with an ARD of ailed to accurately code strly MDS (minimum data set) e assessment reference 12/15, and 8/13/15 for the ne administration. iled to accurately code 5, 10/19/15, 1/12/16 and m data set) assessments for accine administration. iled to properly code section sal Vaccine) of Resident (Minimum Data Set) ARD (Assessment /9/16. mitted to the facility on see that included but were its with behavioral ent disorder with mixed anemia, high blood	F 2	4.	Administrator/designan audit of 10 comple assessments weekly x monthly for 2 months Section O0300. Results will be reported Assurance Committee discussion and recommittee discussion	eted M 4 we for co ed to t for fi	IDS eks then oding of the Quality of the urther ations

resident was coded as being cognitively impaired in the ability to make daily life decisions scoring four out of 15 on the BIMS (Brief Interview for Mental Status). Further review of Resident #11's quarterly MDS assessment with an ARD of 3/9/16

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	documented the fol (Pneumococcal Var "A. Is the resident! date? 0. No> (arrow) Conneumococcal vaccal va	lowing under Section 00300 coine): 5 Pneumococcal vaccine up to continue to 003008, If coine not received, state reason of the coine not received, state coine not received, state condition	F 2	THE STATE OF THE S		
	the stated, "I did not	complete this MDS. [Name completed this. I will go get				

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	- and a total ba		F 2	78			
	second MDS coord	inator. She stated that dashes					
	information in the at	that she could not find the					
	Resident #11 had co	inical record to determine if accived the pneumococcal					
	vaccination When	asked why Part A of section					
	Q0300 was coded a	is a zero when Resident #11's					
	vaccination was up	to date, she stated, "I missed					
	that. I could not find	I that her vaccination was up					
	to cate." RN #4 stat	led that she uses the RAL					
	(Resident Assessme	ent Instrument) manual as a					
	reference when com	ipleting section 00300					
	On 4/27/16 at approx	Ximately 5:00 p m					
	administration was n	nade aware of the above					
	findings. No further	information was presented					
	prior to exit.						
	The MDS 3.0 RAI (R	Resident Assessment					i
	noding instructions (documents the following					
	coding instructions for "Coding Instructions"	or section Q0300;					
	Is the Resident's Pro	eumococcal Vaccination Up					
	to Date?	edmococcai vaccination Up					
		sident's pneumococcal					}
	vaccination status is	not up to date or cannot be					
	determined. Proceed	to item 003000 it					
	Pneumococcal vaccii	ne not received, state					1
1	reason.	no not received, state					ł
		esident's pneumococcal					1
,	vaccination status is Therapies.	up to date. Skip to O0400,					
	7 - 41 - 1						
	Coding Instructions C	00300B,					
1	r r neumococcal Vac	cine Not Received, State					1
ŀ	Reason If the residen	t has not received a					
ţ	meumococcal vaccin	e, code the reason from the					İ
ı	ollowing list:	25.44					1
	tuo to modiae' engible:	if the resident is not eligible					ł
ti	iue to medical contra fe-threatesing ="===:	indications, including a					
-	fe-threatening allergi	c reaction to the					

pneumococcal vaccine or any vaccine

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER A. BUILDING _ COMPLETED 495038 B, WING NAME OF PROVIDER OR SUPPLIER 04/28/2016 STREET ADDRESS, CITY, STATE, ZIP CODE MANASSAS HEALTH AND REHAB CENTER 8575 RIXLEW LANE MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 278 Continued From page 9 F 278 component(s) or a physician order not to immunize. Code 2, Offered and declined: resident or responsible party/legal guardian has been informed of what is being offered and chooses not to accept the pneumococcal vaccine. Code 3, Not offered: resident or responsible party/legal guardian not offered the pneumococcal vaccine." Pneumococcal Polysaccharide Vaccine How many doses of PPSV are needed, and when? Usually one dose of PPSV is all that is needed. However, under some circumstances a second dose may be given. A second dose is recommended for people 65 years and older who got their first dose when they were younger than 65 and it has been 5 or more years since the first dose. This information was obtained from the website: https://www.nlm.nih.gov/mediineplus/druginfo/me ds/a607022.html#app4 2. The facility Staff failed to properly code section O0300 (Pneumococcal Vaccine) of Resident #12's quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 1/7/16; and Resident #12's annual MDS with an ARD of

4/8/2015.

Resident #12 was admitted to the facility on 01/10/15 with diagnoses that included but were not limited to Alzheimer's disease, dementia, high blood pressure, colon cancer, anxiety disorder, and hypothyroidism. Resident #12's most recent MDS (minimum data set) was a quarterly review assessment with an ARD (assessment reference date) of 1/7/16. The resident was coded as being cognitively impaired in the ability to make daily life

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	Review of Resident assessment with an assessment with an assessment with an documented the foll (Pneumococcal Vac "A. Is the resident's date? 0. No> (arrow) Compneumococcal vacc 1. Yes> (arrow) S. If Pneumococcal vacc 1. Not eligible-medic 2. Offered and declin 3. Not offered." Part A. was coded a Resident #12's pneumot up to date. Part I the pneumococcal vacceview of Resident at 2's pneumot up to date. Part I the pneumococcal vacceview of Resident at 2's pneumococcal vacceview of Resident at 2's pneumococcal vacceview of Resident at 2's pneumococcal vaccevied the vaccina Resident #12's pneumococcal vaccevied the vaccina Resident	I Status). #12's quarterly MDS ARD of 1/7/16 and annual ARD of 4/8/2015 lowing under Section O0300. ccine): Pneumococcal vaccine up to continue to O03008, If cine not received, state reason ckip to O0400. Therapies. vaccine not received, state cal condition. ned. "0"(zero), indicating that amococcal vaccination was a. was coded a "3" indicating accination was not offered. #12's admission assessment aled that Resident #12 had alion while in the hospital. mococcal vaccination was up p.m., an interview was (licensed practical nurse) #5					
5 1 3 0 5	the MDS coordinator. When asked what "Not offered" meant for Part B of section 00300, she stated, "If I cannot see in the clinical record that the pneumnovac was offered or if I cannot find any information in the clinical record, I will document that the vaccination was not offered." She stated that she was not the nurse who						
s	completed Resident #12's MDS. She stated that she uses the RAI (Resident Assessment						

completing the MDS.

Instrument) manual as a reference when

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

PRINTED: 05/05/2016 FORM APPROVED OMB NO. 0938-0391

		& MEDICAID SERVICES		O	WB NO. 0938-039	
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPU A. BUILDING	(X2) MULTIPLE CONSTRUCTION		
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On 4/27/16 at 3:10 p.m., an interview was conducted with ASM (Administrative Staff Member) #2, the Senior Clinical Services Specialist. She stated that if a resident is brought into the facility from the hospital, the nurse should ask the hospital immunization status of the Resident. She stated the admission agreement will ask each resident or family member if the resident received the influenza or pneumococcal vaccination. She stated that if a Resident's immunizations are not up to date, the facility must offer the vaccinations. She stated that MDS could have missed the immunization status of Resident #12 because her admission agreement was in harden to a 55.

On 4/27/16 at 3:52 p.m., an interview was conducted with RN (Registered Nurse) #4, the MDS coordinator. She stated that after looking at Resident #12's pneumococcal consent form she realized that Resident #12 had declined the vaccination upon admission. RN #4 stated that Resident #12's vaccination was up to date and she would do a modification to Resident #12's MDS assessment.

On 4/27/16 at approximately 5:00 p.m., administration was made aware of the above findings. No further information was presented prior to exit.

3. The facility staff failed to accurately code Resident #6's quarterly MDS (minimum data set) assessments with the assessment reference dates of 2/12/16, 11/12/15, and 8/13/15 for the pneumococcal vaccine administration.

Resident #6 was admitted to the facility on 8/17/12 with diagnoses that included but were not limited to: high blood pressure, diabetes, depression, chronic fibromyalgia (a disorder that

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F 278	causes muscle pair and anxiety. The most recent MI assessment referer coded the resident make daily decision Further review of the with an ARD of 2/12 Section O - Special Programs as having pneumococcal vacce Review of the quart ARD of 11/12/15 corporate shaving not been vaccine. Review of the quart ARD of 8/13/15 codes Special Treatments as having not been vaccine. Review of the quart ARD of 8/13/15 codes Special Treatments as having not been vaccine. Review of the electroreveal any document pneumococcal vacce offering or declining An interview was copractical nurse) #5, 4/27/16 at 12:42 p.r. the MDS assessment offered," LPN #5 statcher record." When a offered a pneumococ "You'd have to ask the An interview was costaff member (ASM)	DS assessment with an ince date (ARD) of 2/12/16 as being cognitively intact to is. The quarterly MDS assessment, 2/16 coded the resident in an ince date (ARD) of 2/12/16 as being cognitively intact to is. The quarterly MDS assessment, 2/16 coded the resident in an incept the coded the preumococcal arrows and Programs offered the preumococcal arrows and Programs offered the preumococcal coded the preumococcal vaccine, and ucted with LPN (licensed the MDS coordinator, on in. When asked to explain why into the coded the masked to explain why into the coded	F 2	78		

pneumococcal vaccine, ASM #2 stated, "When the nurse gets report from the hospital on the

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	resident, ideally, the	ay would ask the					
	On the admission s	Iflu (influenza) vaccine status. assessment, I believe there is					
	a question about w	hen vaccines were received.					
	If there is no docum	mentation or the family cannot					
	tell you, then we sh	ould offer it. It's also in the					
	admission contract	, the dates of when the					
	vaccines were giver	n."					
	Review of the electr	ronic clinical record was					
	conducted for the a	dmission contract for Resident	1 k				
	#6. The part of the	: 30 page admission					
	paperwork, that doc	cumented the pneumococcal					
	and influenza vaccii	ine, was blank.					
	On 4/27/16 at 4:04	p.m. ASM #2 presented a					
	form dated 8/17/12,	, "Patient					
	Discharge/ (ransino	on." The form documented a					
	Received." When a	"Pneumococcal: Already					
		isked where this Flocated, ASM #2 stated, "It					
	was in the thinned r	record." When asked if the					
	thinned record was	part of the clinical record,					;
	ASM #2 stated, "Ye	s." When asked what the					İ
	MDS assessments	listed above should have					
	been coded as, ASI	M #2 stated, "They should					
	have been coded th	nat the resident was up to date					
	on her pneumococc	cal vaccination."					
	The administrator, A	ASM #2, and ASM #4, the					
	corporate MDS nurs	se, were made aware of the					
	above findings on 4/	/27/16 at 5:24 p.m.					
		oximately 10:30 a.m. ASM #2					
	presented a list of re						
		esident #6 had received her					
	pneumococcal vacci						
		Assessment Instrument)					
	Manual, October 20						
	Review the resident	's medical record and					

interview resident or responsible party/legal guardian and/or primary care physician to determine pneumococcal vaccination status.

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using the following steps:

Review the resident 's medical record to determine whether a pneumococcal vaccine has been received. If vaccination status is unknown, proceed to the next step.

Ask the resident if he/she received a pneumococcal vaccine. If vaccination status is still unknown, proceed to the next step.

- If the resident is unable to answer, ask the same question of a responsible party/legal guardian and/or primary care physician. If vaccination status is still unknown, proceed to the next step.
- If vaccination status cannot be determined, administer the appropriate vaccine to the resident, according to the standards of clinical practice.

No further information was provided prior to exit. (1) This information was obtained from: https://www.nlm.nih.gov/medlineplus/fibromyalgia.html

4. The facility staff failed to accurately code Resident #7's, 9/14/15, 10/19/15, 1/12/16 and 3/8/16 MDS (minimum data set) assessments for the pneumococcal vaccine administration.

Resident #7 was admitted to the facility on 7/15/15 with a readmission on 9/9/15 with diagnoses that included but were not limited to: dementia, heart disease, depression, kidney failure, high blood pressure and anxiety.

Review of the most recent MDS, a quarterly assessment, with an ARD (assessment reference date) of 3/8/16 the resident was coded as having a 6 out of 15 on the BIMS (brief interview of

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severely impaired or titled, "Pneumococcal Resident #7 was co Pneumococcal vacca documented indicati up to date. Under B. not received, state in documented indicati offered. Review of the admissigned on 7/15/15 or section titled, "FLU Adid not evidence documented indication titled," FLU Adid not evidence for the physical signed 4/3/16 did not an order for the pneudococcal vaccion titled, "Feview of the physical signed 4/3/16 did not an order for the pneudococcal vaccion titled," Interview was con	ating the resident was ognitively. In section O0300 all Vaccine" of the MDS, ded "A. Is the resident's sination up to date?" a "0" was ing that the vaccine was not "If Pneumococcal vaccine eason:" a "3" was not he vaccine was not sion agreement dated and a page seven under the MND PNEUMONIA VACCINE" cumentation of Resident #7's accine. 2300, Pneumococcal vaccine 9/15 and 1/12/16 MDS ented that the ne had not been offered to tan's orders dated and evidence documentation for	F 2	78	

MDS coordinator. When asked who completed the vaccination portion of the MDS, LPN #5stated that is was the MDS staff's responsibility.

documented in the MDS that the pneumococcal vaccine was not offered, LPN #5 stated, "It means I couldn't find it (the vaccine information) in the record." When asked if all residents should be offered a pneumococcal vaccine, LPN #5 stated, "I would ask nursing." When asked what

When asked what it meant when it was

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policy they follow to complete section O0300 of the MDS, LPN #5 stated, "The RAI (resident assessment instrument)."

An interview was conducted on 4/27/16 at 3:11 p.m. with ASM (administrative staff member) #2, the senior clinical services specialist. When asked the process staff followed to obtain information from the resident about the pneumococcal vaccine, ASM #2 stated, "When the resident is brought into the facility the nurse is to ask if they had the pneumococcal vaccine in the hospital or what is their immunization status. If there is no documentation regarding the vaccine and we ask the RP (responsible party) or resident. If they can't tell you we should give it." A request for documentation of Resident #7's pneumococcal vaccination was made.

On 4/27/16 at 4:00 p.m., ASM #2 stated, "In his (the resident's) admission assessment it was documented that it (the pneumococcal vaccine) was done within five years. This (the admission assessment) is part of the closed record." When asked if the MDS coordinators had access to that record ASM #2 stated that they did. When asked if Resident #7's MDS assessments were coded correctly, ASM #2 stated, "No."

Review of the nursing admission assessment dated 7/15/15 at 5:11 p.m. documented, "IMMUNIZATIONS. f. Has resident had a pneumovax (pneumococcal vaccine)?" The answer yes was checked, "f1. If resident had a PNEUMOVAX, give date if known." It was documented that the resident had received the vaccination, "Within 5 years."

On 4/27/16 at 5:15 p.m. ASM #1, the

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		SM #2 were made aware of	Γ ζ.	70		
	"POLICY: Immunize the residents and st which are potentially debilitated residents	' documented in part, ations are necessary to protect taff from exposure to disease y fatal to the elderly and s in long term care facilities."				
	No further information	on was provided prior to exit.				
Infection with Strepton (pneumococcus) is a young children and opeople and people with chronic illness. Pneuspectrum of disease respiratory tract, otition as bacteraemia		tococcus pneumoniae a leading cause of illness in of Illness and death in elderly with immune deficiencies and umococcus causes a e: infections of the upper tis media, invasive infections a and meningitis, and er respiratory tract such as				
	pneumonia, http://www.ncbi.nlm, 3818/	nih.gov/pmc/articles/PMC112				
F 281 SS≑D		VICES PROVIDED MEET TANDARDS	۳ 28 ·	F281		
	The services provide must meet professio	ed or arranged by the facility nal standards of quality.		 The ordered clon # 14 was discontinue Residents receiving 	ed on 04/28/2 ing medicatio	2016. ons
;	by: Based on staff inten- and clinical record re the facility staff failed	T is not met as evidenced view, facility document review eview, it was determined that I to follow professional of for one of 24 residents in Resident #14		have the potential to physician's orders as written and staff fail Physician's orders for written within the pareviewed to ensure of	re not clearly is to clarify th or medication ast 14 days w	nem. ns vill be

the survey sample, Resident #14.

are clear with no clarification needed.

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

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The facility staff failed to clarify a physician order for Clonidine (used to treat high blood pressure (1)) for Resident #14.

The findings include:

Resident #14 was admitted to the facility on 5/23/14 with diagnoses that included but were not limited to: dementia, high blood pressure, hypothyroid disease, osteoporosis, glaucoma, depression, anxiety and dysphagia.

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 3/16/16, coded the resident as scoring a nine on the BIMS (brief interview for mental status) score, indicating that she is moderately impaired to make cognitive daily decisions. In Section I - Active Diagnoses, the resident was coded as having high blood pressure. Resident #14 was coded as being on hospice care.

Review of the physician orders dated, 11/14/15, and signed by the physician on 4/15/16, documented, "Clonidine HCL (hydrochloride) Tablet 0.1 MG (milligram); give 1 tablet by mouth every 4 hours as needed for SBP (systolic blood pressure) more than 155."

The MARs (medication administration records) for January 2016 through April 2016 documented, "Clonidine HCL Tablet 0.1 MG; Give 1 tablet by mouth every 4 hours as needed for SBP more than 155." The medication was never administered during these four months.

Review of the nurse's notes from 1/1/16 through

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- 3. Licensed nurses will be re-educated to review orders for the necessary components of a clearly written physician order for medications to include: patient, route, dose, time, medication and any other instructions for use.
- 4. The DON/designee will audit newly written physician orders daily 5x/week times 4 weeks, then weekly times 8 weeks. Results will be forwarded to QA committee for review.
- 5. Allegation of compliance: 5/31/16

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	4/28/16 did not rever pressure readings. Review of the vital simedical record did in blood pressure read 4/28/16. The comprehensive revised on 10/20/14 (Resident #14) has which has the poter activities/activity tole hypertension (high the "Interventions/Tasks signs per MD (mediindicated by s/s (sign physician of signification of signification of the staff member) #2, the specialist, informed no vital signs in the through 4/28/16. As been taking the vital hospice notes from the hospice notes documpressures: 1/11/16 - 130/72	eal any documented blood signs section of the electronic not reveal any documented dings between 1/1/16 through e care plan dated, 5/15/14 and did documented, "Focus; altered cardiovascular status	F 2	81			
	3/16/16 - 110/68						ì

3/23/16 - 130/72

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An interview was conducted with RN (registered nurse) #1 on 4/28/16 at 11:36 a.m. RN #1 was asked to review the above order for Resident #14. When asked what should be done in relationship to that order, RN #1 stated, "We should have an order to check her blood pressure every four hours."

An interview was conducted with administrative staff member (ASM) #3, the interim director of nursing; on 4/28/16 at 11:38 a.m. ASM #3 was asked to review the above order for Clonidine. When asked what a nurse is to do with this order, ASM #3 stated, "We should be getting vital signs every four hours. It doesn't make sense; there is no order to check her vital signs every four hours. That order needs to be clarified."

An interview was conducted with ASM #2, the senior clinical services specialist; on 4/28/16 at 11:45 a.m. ASM #2 was asked to review the above order for Clonidine. When asked what a nurse is to do with this order, ASM #2 stated, "We would need to know what her systolic blood pressure is. She's on hospice care. Don't know why she has that order. And the order was written after she went on hospice care in July 2015."

The facility policy, "General Guidelines for Medication Administration" documented, "11. Obtain and record any vital signs as necessary prior to medication administration."

According to Fundamentals of Nursing, 6th edition Potter and Perry, 2005, page 846, "A medication order is required for any medication to be administered by a nurse...If the medication order is incomplete, the nurse should inform the

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F 281	prescriber and ensu carrying out any me	re completeness before dication order."	F 2	81	THE STATE OF THE S
	findings on 4/28/16 No further information (1) Clonidine tablets in combination with high blood pressure obtained from the w	on was provided prior to exit. (Catapres) are used alone or other medications to treat . This information was			
F 309 SS=€		ARE/SERVICES FOR ING	F 30	09 F309	
	provide the necessa or maintain the high mental, and psycho- accordance with the and plan of care.	comprehensive assessment		I. The physician was a staff's failure to take reblood pressure and puladministration of metonew orders were given. The physician was not staff's failure to hold a lighternal per physician.	esident #4's se prior to the prolol. No :ified of the tenolol and
	by: Based on staff inter and facility documen that the facility staff t	T is not met as evidenced view, clinical record review t review it was determined failed to follow physician's residents in the survey 4, and # 2.		lisinopril per physician parameters for resident parameters were revise word "equal to" for res atenolol. The paramete lisinopril were disconting	# 2. The d to remove the ident #2's
	monitor blood pressu administration of the	the facility staff failed to tre and heart rate prior to the medication (1) metoprolol ligh blood pressure) per the trameters.			

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

PRINTED: 05/05/2016 FORM APPROVED QMB NO. 0938-0391

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F 309 Continued From page 22

 For Resident #2, the facility staff failed to hold the medications, Alendol and Lisinopril (both used to treat high blood pressure), per the physician ordered parameters.

The findings include:

 For Resident # 4, the facility staff failed to monitor blood pressure and heart rate prior to the administration of the medication metoprotol [medication to treat high blood pressure (1)] per the physician ordered parameters.

Resident #4 was admitted to the facility on 5/2/14 with diagnoses that included but were not limited to: cerebral vascular accident (when blood flow to your brain stops (2)), depression, anxiety (fear (3)), atrial fibrillation (a problem with the speed or rhythm of the heartbeat (4), anemia (low iron (5)) and hypertension (high blood pressure (6)).

Resident # 4's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 2/19/16, coded Resident # 4 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making dally decisions. Resident # 4 was coded as requiring extensive assistance of one staff member for activities of daily living.

Resident #4's electronic clinical record revealed a physician's order dated 4/1/16. The physician's order documented, "Metoprolol Tablet. Give 0.5 mg (milligram) tablet by mouth at bedtime related to essential hypertension. Hold for SBP (systolic blood pressure (7)) [blood pressure when the

- F 309
- 2. Residents receiving medications have the potential to be affected if monitoring and administration of medication are not done in conjunction with ordered parameters. Physician's orders for medications written with parameters within the past 14 days will be reviewed to ensure monitoring and administration is being done according to stated parameters.
- 3. Licensed nurses will be re-educated regarding following physician ordered parameters including monitoring vital signs prior to administration as applicable and giving/holding medications appropriately per physician order.
- 4. The DON/designee will audit at least 10 medications administered with parameters included weekly times 12 weeks to ensure monitoring and administration is appropriate per the physician's order. Results will be forwarded to the QA committee for review.
- 5. Allegation of compliance: 5/31/16

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

PRINTED: 05/05/2016 FORM APPROVED OMB NO 0938-0391

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F 309 Continued From page 23

heart beats while pumping blood] equal to or less than 100, or heart rate equals or less than 60. Start Date: 03/21/2016."

Resident #4's eMAR (electronic medication administration record) dated March 2016 documented, "Metoprolol Tablet. Give 0.5 mg tablet by mouth at bedtime related to essential hypertension. Hold for SBP (systolic blood pressure) equal to or less than 100, or heart rate equals or less than 60. Start Date: 03/21/2016. 2100 (9:00 p.m.)." The eMAR documented the administration of Metoprolol to Resident # 4 on 3/21/16 through 3/31/16 at 9:00 p.m. Further review of the eMAR failed to evidence documentation of Resident # 4's systolic blood pressure and heartrate.

Resident #4's eMAR dated April 2016 documented, "Metoprolol Tablet. Give 0.5 mg tablet by mouth at bedtime related to essential hypertension. Hold for SBP equal to or less than 100, or heart rate equals or less than 60. Start Date: 03/21/2016. 2100." The eMAR documented the administration of Metoprolol to Resident # 4 on 4/1/16 through 4/26/16 at 9:00 p.m. Further review of the eMAR failed to evidence documentation of Resident # 4's systolic blood pressure and heartrate.

On 4/27/16 at 4:30 p.m., an interview was conducted with LPN (licensed practical nurse) # 11. When asked to describe the procedure for administering a resident's medication with parameters, LPN # 11 stated, "Check the resident's blood pressure and heart rate first. If they are below the parameters, hold the medication, notify the physician and responsible party". When asked where the resident's heart

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rate and blood pressure should be documented, LPN # 11 stated, "It should be on the MAR."

On 4/27/16 at approximately 4:32 p.m., an interview was conducted with RN (registered nurse) # 1. When asked to describe the procedure for administering a resident's medication with physician ordered parameters, RN # 1 stated, "Check the resident's blood pressure and heart rate first. If they are below the parameters, hold the medication, notify the physician and responsible party". When asked where the resident's heart rate and blood pressure should be documented, RN # 1 stated, "It should be on the MAR."

On 4/27/16 at 4:35 p.m., an interview was conducted with LPN # 12. When asked to describe the procedure for administering a resident's medication with physician ordered parameters, LPN # 12 stated, "Check the resident's blood pressure and heart rate first. If they are below the parameters, hold the medication, notify the physician and responsible party". After reviewing the eMARs dated March and April for Resident # 4's Metoprolol administration LPN # 12 identified and acknowledged he had administered the Metoproiol to Resident # 4 on several occasions at 9:00 p.m. When asked where Resident 4's heart rate and blood pressure were documented, LPN # 12 stated, "I write down on a piece of paper, it should be on the MAR." When asked for the documentation of Resident # 4's heart rate and blood pressure for the 9:00 p.m. medication administration of metoprolol, LPN # 12 could not provide it and stated, "If it's not documented it wasn't done."

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	conducted with LPN asked to describe it a resident's medica parameters, LPN # the parameters." At dated March and Ap Metoprolol administration on the N On 4/28/16 at approach (administrative staff Administrator, was r No further information website: https://www.nlm.nih.ds/a682864.html. (2) This information website: https://www.nlm.nih.gwebsite: https://www.nlm.ni	p.m., an interview was I # 10, unit manager. When he procedure for administering tion with physician ordered 10 stated, "They should follow fiter reviewing the eMARs oril for Resident # 4's ration, LPN # 10 stated, "I eters were followed from the MAR."	F 34			

(5) This information was obtained from the

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	2. For Resident #2, the medications, Ate	gov/health/health-topics/topic the facility staff failed to hold enolol and Lisinopril (both good pressure), per the arameters.							
	3/23/12 with diagnos Ilmited to: Parkinson	igh blood pressure, glaucoma							
; ; ;	assessment, a quarticassessment reference resident as being cog decisions, scoring a interview for mental swas coded as requiripeing totally dependencembers for all of hemoments.	S (minimum data set) erly assessment, with an ee date of 3/29/16, coded the gnitively intact to make daily 15 on the BIMS (brief status) scale. The resident ng extensive assistance to ent on one or more staff er activities of daily living.							
ŗ	The physician orders enewed on 12/9/15,	dated, 3/23/12, and documented, "Atenolof							

Tablet (used to treat high blood pressure (1)) 50

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	day related to UNSI HYPERTENSION. pressure) less or ecor equal to 60." The documented, "Lising blood pressure (2)) two times a day related ESSENTIAL HYPER B/P (blood pressure apical pulse less or The Medication Adm January 2016 documented at the being documented by the being documented at the	ninistration Record (MAR) for mented the above orders for oril. The MAR documented the on the following days with the ented at 60 beats per minute, 1/18/16. The January 2016 ted the Lisinopril was following dates and times se was less or equal to 60: ulse = 60				

The February 2016 MAR documented the above orders for Atenolol and Lisinopril. The MAR documented the Atendiol was given on the following days with Resident #2's pulse being documented at 60 beats per minute, 2/6/16, 2/7/16 and 2/21/16. The February 2016 MAR also documented no blood pressure or pulse readings for the administration of Lisinopril for the 9:00 a.m. dose or the 4:00 p.m. dose.

The March 2016 MAR documented the above orders for Atenolol and Lisinopril. The MAR documented the Atenolol was given on 3/5/16 at

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	documented at 60 to 2016 MAR docume pulse readings for to at 9:00 a.m., on 3/1 through 3/8/16. The documented as being 9:00 a.m. and 3/29/documented as 60. documented as being on 3/5/16. The April 2016 MAR orders for Atendol at documented the Atendol at documented at 60 to 2016 MAR also documented at 60 to 2016 MAR also documented on both 4:00 p.m. with Resiductumented on both 4:00 p.m. with Resiductumented on 9/11/15, of (Resident #2) is at ritted to hypertension." The documented in part, medications as orders such as orthostatic in heart rate and effect blood pressure readiorders."	dent #2's pulse being peats per minute. The March need no blood pressure or he administration of Lisinopril /16 through 3/4/16 and 3/7/16 at medication was ag administered on 3/5/16 at 16 at 4:00 p.m. with a pulse. The medication was ag given with no pulse reading of documented the above and Lisinopril. The MAR anolol medication was given m. with the pulse being eats per minute. The April umented, the Lisinopril was /16 at 9:00 a.m. and 4/9/16 at lent #2's pulse rate	F 309	THE TAXABLE PARTY OF TAXABLE PARTY OF TAXABLE PARTY		
	An interview was cor	raucted with RN (registered				

nurse) #1 on 4/27/16 at 3:33 p.m. RN #1 was reviewed the above orders. When asked what a

medications, RN #1 stated, "You have to take the blood pressure and pulse prior to administering

nurse is to do when administering these

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F 309	the medication. If the prescribed parametrical and send a messagif the pulse was 60, held, RN #1 stated, equal to 60." An interview was controlled a stated, equal to 60." An interview was controlled a stated, equal to 60." An interview was controlled a stated, equal to 60. equal to 60. equal to 60. equal to 60. equal to 60. equal to 60. equal to 60. equal to 60. equal to 60, they The facility policy, equal to 60, they The facility policy, equal to 60.	he vital signs are out of the sters, you hold the medication ge to the doctor." When asked , should the medications be , "Yes, the order says less or conducted with LPN (licensed 0, the unit manager; on 1. LPN #10 reviewed the above ed what the nurse is to do g these medications, LPN #10 take the blood pressure and g the medication. If the blood e are outside the parameters are medications and notify the asked if the pulse was 60, ion be held, LPN #10 stated, is less than or equal to 60." conducted with administrative fi #3, the interim director of at 9:40 a.m. ASM #3 S for Resident #2 and the and Lisinopril. ASM #3 was ations should have been fill says less than a should have been held." General Guidelines for stration" documented, "11, any vital signs as necessary administration."	F 36	09			
		nd Anne Griffin Perry; Mosby, ne physician is responsible for					

directing medical treatment. Nurses are

obligated to follow physician's orders unless they

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

PRINTED: 05/05/2016 FORM APPROVED OMB NO. 0938-0391

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F 309	Continued From pa	ge 30	F 30	19	
		are in error or would harm	, ,		
F 329 \$5=⊑	The administrator was made aware of these findings on 4/28/16 at 12:53 p.m. (1) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/druginfo/meds/a684031.html (2) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/druginfo/meds/a692051.html 483.25(I) DRUG REGIMEN IS FREE FROM		F 32	F329 1. The physician was staff's failure to take blood pressure and pressure and pressure and pressure were given The physician was not staff's failure to hold hisinopril per physician parameters for reside parameters were revisively word "equal to" for reatenolol. The parameters discorriging to the parameter of the parameter	resident #4's alse prior to the coprolol. No en. otified of the atenolol and en written ent # 2. The sed to remove the esident #2's ters for the
				 Residents receivir have the potential to monitoring and admin medication are not do 	be affected if histration of one in
	resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these			conjunction with order Physician's orders for written with parameter past 14 days will be rensure monitoring and is being done according and parameters.	r medications ers within the eviewed to d administration

drugs.

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

PRINTED: 05/05/2016 FORM APPROVED OMB NO. 0938-0391

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MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
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F 329 Continued From page 31

F 329

This REQUIREMENT is not met as evidenced by:

Based on staff interview, clinical record review and facility document review it was determined that the facility staff failed to ensure for two of 26 residents in the survey sample, (Residents # 4, and # 2) the drug regimen was free from unnecessary drugs.

- 1. The facility staff failed to monitor blood pressure and heart rate per the physician ordered parameters prior to the administration of the medication (1) metoprolol [medication to treat high blood pressure] to Resident # 4 on multiple occasions during March and April 2016.
- The facility staff administered Atendol and Lisinopril (both used to treat high blood pressure), to Resident #2, on multiple occasions during the months of January, February, March and April 2016, when per the physician ordered parameters, the medications should have been held.

The findings include:

1. The facility staff failed to monitor blood pressure and heart rate per the physician ordered parameters prior to the administration of the medication (1) metoprolol [medication to treat high blood pressure] to Resident # 4 on multiple occasions during March and April 2016.

- 3. Licensed nurses will be re-educated regarding following physician ordered parameters including monitoring vital signs prior to administration as applicable and giving/holding medications appropriately per physician order.
- 4. The DON/designee will audit at least 10 medications administered with parameters included weekly times 12 weeks to ensure monitoring and administration is appropriate per the physician's order. Results will be forwarded to the QA committee for review.
- 5. Allegation of compliance: 5/31/16

Facility ID: VA0003

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

PRINTED: 05/05/2016 FORM APPROVED OMB NO. 0938-0391

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Rewitto: to: (3) rhy an Re sei (as Re inti - 1 de exi aci Re phr orc mo tolo hea Sta Re ado tab hyp pre equ 210	th diagnoses that cerebral vascula your brain stops of the hearth of the hearth of the hearth of the hearth of the hearth of hypertension (for the hearth of	Imitted to the facility on 5/2/14 included but were not limited ar accident (when blood flow (2)), depression, anxiety (fear (a problem with the speed or beat (4), anemia (low iron (5)) aigh blood pressure (6)). It recent MDS (minimum data ressment with an ARD nace date) of 2/19/16, coded oring a 15 on the brief status (BIMS) of a score of 0 aftively intact for making daily t # 4 was coded as requiring e of one staff member for ng. Tonic clinical record revealed a sted 4/1/16. The physician's "Metoprolof Tablet. Give 0.5 at by mouth at bedtime related insion. Hold for SBP (systolic [blood pressure when the imping blood] equal to or less ate equals or less than 60.	F	329			

3/21/16 through 3/31/16 at 9:00 p.m. Further review of the eMAR failed to evidence

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

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	O MEALINIAND NE	TIAD CENTER		MANASSAS, VA 20109	
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F 329 Continued From page 33

documentation of Resident # 4's systolic blood pressure and heartrate.

Resident #4's eMAR dated April 2016 documented, "Metoprolol Tablet. Give 0.5 mg tablet by mouth at bedtime related to essential hypertension. Hold for SBP equal to or less than 100, or heart rate equals or less than 60. Start Date: 03/21/2016. 2100." The eMAR documented the administration of Metoprolol to Resident # 4 on 4/1/16 through 4/26/16 at 9:00 p.m. Further review of the eMAR failed to evidence documentation of Resident # 4's systolic blood pressure and heartrate.

On 4/27/16 at 4:30 p.m., an interview was conducted with LPN (licensed practical nurse) # 11. When asked to describe the procedure for administering a resident's medication with parameters, LPN # 11 stated, "Check the resident's blood pressure and heart rate first. If they are below the parameters, hold the medication, notify the physician and responsible party". When asked where the resident's heart rate and blood pressure should be documented, LPN # 11 stated, "It should be on the MAR."

On 4/27/16 at approximately 4:32 p.m., an interview was conducted with RN (registered nurse) # 1. When asked to describe the procedure for administering a resident's medication with physician ordered parameters, RN # 1 stated, "Check the resident's blood pressure and heart rate first. If they are below the parameters, hold the medication, notify the physician and responsible party". When asked where the resident's heart rate and blood pressure should be documented, RN # 1 stated, "It should be on the MAR."

F 329

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

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On 4/27/16 at 4:35 p.m., an interview was conducted with LPN # 12. When asked to describe the procedure for administering a resident's medication with physician ordered parameters, LPN # 12 stated, "Check the resident's blood pressure and heart rate first. If they are below the parameters, hold the medication, notify the physician and responsible party". After reviewing the eMARs dated March and April for Resident # 4's Metoprolol administration LPN # 12 identified and acknowledged he had administered the Metoprolol to Resident # 4 on several occasions at 9:00 p.m. When asked where Resident 4's heart rate and blood pressure were documented, LPN # 12 stated, "I write down on a piece of paper, it should be on the MAR." When asked for the documentation of Resident # 4's heart rate and blood pressure for the 9:00 p.m. medication administration of metoprolol, LPN # 12 could not provide it and stated, "If it's not documented it wasn't done."

On 4/27/16 at 4:35 p.m., an interview was conducted with LPN # 10, unit manager. When asked to describe the procedure for administering a resident's medication with physician ordered parameters, LPN # 10 stated, "They should follow the parameters." After reviewing the eMARs dated March and April for Resident # 4's Metoprolol administration, LPN # 10 stated, "I can't say the parameters were followed from the information on the MAR."

On 4/28/16 at approximately 2:00 p.m. ASM (administrative staff member) # 1, the Administrator, was made aware of the findings.

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

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	website:	.gov/health/health-topics/topic					
	2. The facility staff	administered Atenolol and					

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	documented, "Listing blood pressure (2)) two times a day rela ESSENTIAL HYPER	physician orders also opril Tablet (used to treat high 20 MG, give 20 mg by mouth ted to UNSPECIFIED RTENSION. Hold for Systolic) less or equal to 100 or equal to 60."					

The Medication Administration Record (MAR) for

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	Atenolol and Lisinol Atenolol was given pulse being documents, 1/5/16, 1/10/16 and MAR also document administered on the when the apical pulse 1/5/16 - 9:00 a.m. Programmer 1/10/16 and 2/21/16 a.m. dose or the 4:00 a.m. with Residuct 1/10/16 and 1/10	mented the above orders for pril. The MAR documented the on the following days with the ented at 60 beats per minute, 1/18/16. The January 2016 at the Lisinopril was a following dates and times se was less or equal to 60: Pulse = 60 Pulse = 60 Pulse = 60 Pulse = 60 MAR documented the above and Lisinopril. The MAR also beats per minute, 2/6/16, The February 2016 MAR also od pressure or pulse readings on of Lisinopril for the 9:00 p.m. dose. AR documented the above and Lisinopril. The MAR also beats per minute, 2/6/16 at dent #2's pulse being beats per minute. The MAR also od pressure or pulse readings and Lisinopril. The MAR also od pressure or pulse readings and Lisinopril. The MAR also od pressure or pulse the march of Lisinopril the March of Lisinopril of Lisinopril the administration of Lisinopril the administration of Lisinopril the days and 3/7/16	F 3:	29				
		ng given with no pulse reading						

The April 2016 MAR documented the above

on 3/5/16.

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F 329	orders for Atendol I documented the Atron 4/3/16 at 9:00 a. documented at 60 if 2016 MAR also documented on 4/3 4:00 p.m. with Residential documented on both the comprehensive revised on 9/11/15, (Resident #2) is at to hypertension." The comprehensive revised on 9/11/15, (Resident #2) is at to hypertension." The documented in part medications as orders as orthostatic heart rate and effect blood pressure read orders." An interview was conurse) #1 on 4/27/1 reviewed the above nurse is to do when medications, RN #1 blood pressure and the medication. If the prescribed parameter and send a messagif the pulse was 60, held, RN #1 stated, equal to 60." An interview was control in the prescribed parameter and send a messagif the pulse was 60, held, RN #1 stated, equal to 60." An interview was control in the prescribed parameter and send a messagif the pulse was 60, held, RN #1 stated, equal to 60."	and Lisinopril. The MAR renolol medication was given .m. with the pulse being beats per minute. The April cumented, the Lisinopril was 3/16 at 9:00 a.m. and 4/9/16 at ident #2's pulse rate	F 3	329			

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	pressure and pulse you need to hold the physician." When a should the medicat "Yes, the order say. An interview was containing on 4/28/16 reviewed the MARS orders for Atenolol asked if the medical administered," ASM or equal to 60, they. The facility policy, "Medication Administ Obtain and record a prior to medication." Pundamentals of Patricia A. Potter ar Inc.; Page 419. "The directing medical trability and the orders a clients." The administrator with findings on 4/28/16. (1) This information website: https://www.nlm.nih.ds/a684031.html	g the medication. If the blood are outside the parameters be medications and notify the asked if the pulse was 60, ion be held, LPN #10 stated, is less than or equal to 60." Inducted with administrative 11 #3, the interim director of it at 9:40 a.m. ASM #3 is for Resident #2 and the and Lisinopril. ASM #3 was attons should have been held." General Guidelines for stration" documented, "11, any vital signs as necessary administration." If Nursing 6th edition, 2005; and Anne Griffin Perry; Mosby, he physician is responsible for eatment. Nurses are onlysician's orders unless they are in error or would harm	F 329		

https://www.nlm.nih.gov/medlineplus/druginfo/me

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	that ensure that — (i) Before offering the each resident, or the representative receivement immunization; (ii) Each resident is immunization octoberation october	ives education regarding the ial side effects of the offered an influenza per 1 through March 31 immunization is medically he resident has already been nis time period; the resident's legal the opportunity to refuse medical record includes indicates, at a minimum, the ent or resident's legal provided education regarding tential side effects of influenzation or did not receive the ion due to medical refusal.		administered to a 05/14/2016. 2. Residents whe pneumococcal variety potential to be af offer and administed be done of current any resident who offered the vaccination taken as a 3. Licensed nurse about the process vaccination statueligible), administrequested) and deelectronic medical. The DON/des admission record 4 weeks for pneudocumentation, the thereafter. Result to the QA comministred.	to are eligible for the accine have the accine have the accine have the accine have the accine if staff fails to attract the accine with corrective accine with corrective accine (if according to the accine (if according to the accine (if according to the accine with audit new accine will audit new as 5 times per week x anococcal vaccine according to the according to the according the accine according to the acc

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	by: Based on staff inter and clinical record re the facility staff failed	T is not met as evidenced view, facility document review eview, it was determined that it to offer the pneumonia residents in the survey					

pneumonia vaccine.

The facility staff failed to offer Resident #5 the

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F 334

The findings include:

Resident #5 was admitted to the facility on 11/18/13 with diagnoses that included but were not limited to: urinary incontinence, stroke, depression and high blood pressure.

A review of the most recent MDS (minimum data set), a significant change assessment, with an ARD (assessment reference date) of 3/25/16 coded the resident as having a one out of 15 on the BIMS (brief interview of mental status) indicating the resident was severely cognitively impaired. The resident was coded as requiring extensive assistance from staff for all activities of daily living. In section O300 titled, "Pneumococcal Vaccine" it was documented, "A. Is the resident's Pneumococcal vaccination up to date?" It was documented that the vaccine was not up to date and that the vaccine had not been offered to the resident.

Review of Resident #5's admission agreement dated and signed on 11/19/13 documented on page seven, "FLU AND PNEUMONIA VACCINE. Resident last received the pneumonia vaccine on: N/A (not applicable)."

Review of Resident #5's MDS assessments section O300 for 7/13/15, 10/13/15, 1/12/16 and 1/18/16 documented that the pneumococcal vaccine was not offered to the resident.

Review of the physician's orders dated and signed on 1/18/16 documented, "May have Pneumovaccine per MD (medical doctor), Order status. Active. Order Date. 11/18/2013."

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An interview was conducted on 4/27/16 at 12:45 p.m. with LPN (licensed practical nurse) #5, the MDS coordinator. When asked who completed the vaccination portion of the MDS, LPN #5 stated that is was the MDS staff's responsibility. When asked what it meant when it was documented in the MDS assessment that the pneumococcal vaccine was not offered, LPN #5 stated, "It means I couldn't find it (the vaccine information) in the record." When asked if all residents should be offered a pneumococcal vaccine, LPN #5 stated, "I would ask nursing."

An interview was conducted on 4/27/16 at 3:11 p.m. with ASM (administrative staff member) #2, the senior clinical services specialist. When asked the process staff followed to obtain information from the resident about the pneumococcal vaccine, ASM #2 stated, "When the resident is brought into the facility the nurse is to ask if they had the pneumococcal vaccine in the hospital or what is their immunization status. If there is no documentation regarding the vaccine we ask the RP (responsible party) or resident. If they can't tell you we should give it." A request was made for documentation of the pneumococcal vaccination for Resident #5.

On 4/27/16 at 4:00 p.m. ASM #2 stated that there was no documentation that the pneumococcal vaccination had been offered to Resident #5. ASM #2 stated that she had talked to the resident's husband that day and he wanted the resident to receive the vaccination and that the staff would administer it.

On 4/27/16 at 5:15 p.m. ASM #1, the administrator and ASM #2 were made aware of the findings.

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An interview was conducted on 4/28/16 at 12:30 p.m. with RN (registered nurse) #2. When asked how staff gathered information regarding the status of the resident's pneumonia vaccine, RN #2 stated, "We have a form we get from the hospital and at the bottom it documents the vaccination status." When asked what process staff followed if that information was not on the form, RN #2 stated, "If we don't know, we ask the family or the patient when they get admitted." When asked what process staff follows if the family or patient did not know, RN #2 stated, "I would ask my supervisor for guidance."

An interview was conducted on 4/28/16 at 12:32 p.m. with RN #3. When asked how staff gathered information regarding the status of the resident's pneumonia vaccine, RN #3 stated, "When we take the verbal report (from the hospital)." When asked what process staff followed if the pneumonia vaccine information was not provided by the hospital, RN #3 stated, "I would contact the family and ask them who the resident's private physician was and contact the office. If I couldn't find out then I would contact our facility physician and get an order." When asked why the staff obtained information about the residents' immunization status, RN #3 stated, "Because they are so susceptible (to pneumonia), they are at risk because they are not moving around as much."

Review of the facility's policy title,
"IMMUNIZATIONS" documented in part,
"POLICY: Immunizations are necessary to protect
the residents and staff from exposure to disease
which are potentially fatal to the elderly and
debilitated residents in long term care facilities."

PRINTED: 05/05/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ... 495038 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS HEALTH AND REHAB CENTER MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 334 Continued From page 45 F 334 No further information was provided prior to exit. Infection with Streptococcus pneumonia (pneumococcus) is a leading cause of illness in young children and of illness and death in elderly people and people with immune deficiencies and chronic illness. Pneumococcus causes a spectrum of disease: infections of the upper respiratory tract, otitis media, invasive infections such as bacteraemia and meningitis, and infections of the lower respiratory tract such as pneumonia. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC112 3818/

The facility must dispose of garbage and refuse properly.

F 372 483.35(i)(3) DISPOSE GARBAGE & REFUSE

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, and facility document review, it was determined that the facility staff failed to maintain the dumpster area in a clean and sanitary manner.

The findings include:

SS=C PROPERLY

Observation was made of the dumpster area on 4/28/16 at 12:30 p.m. accompanied by other staff member (OSM) #6, the dietary district manager. OSM #5, the director of maintenance, was at the dumpster using a snow shovel removing debris from the ground.

F372

- The area behind the dumpster was cleaned at the time of survey on 04/28/2016.
- 2. Any resident is at risk if the facility staff fails to maintain the dumpster area in a clean and sanitary manner.
- 3. Facility staff were re-educated regarding the regulation for maintaining the dumpster area. The maintenance director was educated on the process to monitor the dumpster area as part of daily rounding on 05/13/2016.

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F 372 Continued From page 46

Observation of the area included used gloves, there were too many to obtain an accurate count, a bag of peritoneal dialysis solution, a plastic bag that was ripped and contained both unused briefs and several used briefs. There were other trash items including used gloves. The above was located at the back of the dumpster. Gloves were located at the back of the dumpster but also on each sides of the dumpster. Some of the gloves had landed between the slats of wood pallets that were stored in the back right side. There were used medication bubble packets observed scattered around the dumpster.

When asked when the last time the area was cleaned, OSM #5 stated, "I cleaned it last week." They (the trash service) emptied it yesterday."

When asked if that amount of debris was just from the trash service yesterday, OSM #5 stated, "No Ma'am, I can't tell you that."

When asked whose responsibility it is to maintain the dumpster area, OSM #6 stated, "It's both maintenance and dietary."

On 4/28/16 at 12:33 p.m. the above was shared with the administrator. The administrator stated, "But they just dumped it yesterday and things fall out when they dump it." The administrator was informed the facility staff had knowledge of when the dumpster is emptied and the area was still with debris the next day at noon. The administrator stated, "Maintenance checks the area once a week."

The facility policy, "Disposal of Dietary Garbage & Refuse" documented, "4. Dumpster Area: a. Lid to dumpster is kept closed, when not in use. b.

- 4. The Maintenance Director or designee will conduct a random monitoring of the dumpster area including behind the dumpster to ensure the area remains clean and free of debris daily 5x/week times 4 weeks then weekly x 8 weeks. Results will be forwarded to the quarterly QA for review.
- 5. Allegation of compliance: 5/31/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/05/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. SUILDING ... COMPLETED 495038 B. WING __ 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 8575 RIXLEW LANE MANASSAS HEALTH AND REHAB CENTER MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X4) COMPLETION DAYE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 372 Continued From page 47 F 372 The area around the dumpster is free of debris. including discarded equipment, no foul odors, and is maintained in a sanitary fashion. c. The Maintenance Director is responsible for monitoring the dumpster area and alerting the appropriate offending department when debris is found and required attention." F 431 No further information was provided prior to exit. 1. LPN # 7 was counseled regarding F 431 483.60(b), (d), (e) DRUG RECORDS, F 431 leaving the medication cart unlocked SS=D LABEL/STORE DRUGS & BIOLOGICALS and unattended on 05/16/2016 The facility must employ or obtain the services of 2. Residents have the potential to be a licensed pharmacist who establishes a system negatively affected by medication of records of receipt and disposition of all controlled drugs in sufficient detail to enable an carts that are left unlocked and accurate reconciliation; and determines that drug unattended. Medication carts were records are in order and that an account of all randomly visualized at the time of controlled drugs is maintained and periodically survey and thereafter to ensure the reconciled. carts are being locked when Drugs and biologicals used in the facility must be unattended. labeled in accordance with currently accepted 3. Licensed nurses will be re-educated professional principles, and include the to ensure medication carts are kept appropriate accessory and cautionary instructions, and the expiration date when locked when unattended and out of the applicable. line of sight of the nurse responsible. 4. The DON/designee will audit 6 of In accordance with State and Federal laws, the 6 medication carts randomly daily 5 facility must store all drugs and biologicals in locked compartments under proper temperature

have access to the keys.

controls, and permit only authorized personnel to

The facility must provide separately locked, permanently affixed compartments for storage of

controlled drugs listed in Schedule II of the

Comprehensive Drug Abuse Prevention and

review.

times per week times 12 weeks to

ensure compliance with securing

forwarded to the QA committee for

5. Allegation of compliance: 5/31/16

medications. Results will be

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F 431	Continued From page 48 Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.			31		, , , , , , , , , , , , , , , , , , ,	
	by: Based on observat document review, it facility staff failed to manner for one of s	NT is not met as evidenced lion, staff interview and facility twas determined that the store medications in a safe six medication cart.					
	the locked unit.						
	The findings include	2 :					
	An observation was made on 4/26/16 at 11:35 a.m. of the medication cart on the locked resident unit. LPN (licensed practical nurse) #7 was standing at the medication cart which was located at the side of the nurse's station. LPN #7 left the cart to assist residents in the day room area. LPN #7's back was to the medication cart and the cart was unlocked. LPN #7 was then observed to enter room 305 and was in the room for approximately 45 seconds, LPN #7 could not visualize the cart during that time. LPN #7 then pushed a resident in a wheelchair into the day area. At 11:39 a.m. LPN #7 returned to the medication cart. An observation of the medication cart at 11:40 a.m. was made, the cart was locked.						
	An interview was co	enducted on 4/26/16 at 3:00					

p.m. with LPN #7. When asked why staff locked the medication carts, LPN #7 stated, "For security

DEPARTMENT OF HEALTH AND MIMAN SERVICES

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1007 17 77 7	AO OCALIO AND AC	DAS CENTER	1	1	WANASSAS, VA 20109		
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F 431	Continued From pa	ne 49		404	8 101 1991 11000		
F 431	reasons so no one steal the medicine." happen if a resident cart, LPN #7 stated might not be their maniph and the interimedirector process staff follows afety and security, computer screen shinformation isn't visit obviously, no person that could cause resident why staff needed to "Safety, it contains in someone could compact accountable for those #3 was made aware Review of the facility GUIDELINES FOR ADMINISTRATION" "PROCEDURE. 1. Evicinity of resident's visible to the nurse a Unlock the medication unlocked only when NOTES. 4. The medication cart is the state of the st	can come to it (the cart) and When asked what could took medications from the "They could swallow it and it redicine." Inducted on 4/26/16 at 4:10 ministrative staff member) #3, of nursing. When asked what red to ensure medication ASM #3 stated, "Definitely the rould be locked so resident ble. The cart should be locked nal items, drinks or scissors sident injury." When asked lock the cart, ASM #3 stated, residents' medications and re and take it and the nurse is the meds (medications)." ASM of the findings at that time.	F-4	131			

findings.

On 4/27/16 at 5:15 p.m. ASM #1, the

administrator and ASM #2, the senior clinical services specialist, were made aware of the

No further information was provided prior to exit.

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	"Make sure all med	lications are in locked		F441	
	containers in a room	m (eg., a medication room) or			
	are under constant :	surveillance," Potter and		 LPN #6 was counsele 	d regarding
	Perry, Fundamental	ils of Nursing, seventh edition,		the failure to wash hands	after patient
	2009, p. 703.			contact during medication	n nass on
F 441	483.65 INFECTION	I CONTROL, PREVENT	F 44	1 05/16/2016.	11 page 011
SS=D	SPREAD, LINENS				مد موسد سمومید
	The facility must est	tablish and maintain an		The gloves found on the	snower room
	Infection Control Pre	tablish and maintain an ogram designed to provide a		floor were immediately r	emoved and
	safe, sanitary and c	comfortable environment and		appropriately disposed of	f by staff on
	 to help prevent the c 	development and transmission		4/28/16.	
	of disease and infec	otion.		Residents receiving ca	are within the
				facility have the potential	I to be
	(a) Infection Control	Program		affected by staff's failure	to week
	The facility must est	tablish an Infection Control		hands after patient contact	ot and track
	Program under whic			not disposed of properly.	and trasn
	in the facility;	ntrols, and prevents infections		Observations of the above	
		ocedures, such as isolation,		Observations of the show	er rooms
	should be applied to	an individual resident; and		were made during survey	and and
	(3) Maintains a recor	rd of incidents and corrective		thereafter for the presence	e of gloves
	actions related to infe	ections,		and/or other trash on the	floor with
	and the second of the second o			corrections made as need	
	(b) Preventing Sprea	ad of Infection		medication pass review w	
	(1) When the Infection	on Control Program		performed with LPN #6 to	
	Cetermines that a rea	sident needs isolation to			
	isolate the resident.	of infection, the facility must		compliance with hand wa	ishing on
		prohibit employees with a		05/16/2016.	
	communicable disea	ase or infected skin lesions		Licensed murses will b	e re-educated
	from direct contact w	vith residents or their food, if		regarding hand washing r	equirement
	direct contact will tran	insmit the disease.		during medication pass pr	rocedure.
	(3) The facility must r	require staff to wash their		Licensed staff will be re-	educated
	hands after each dire	ect resident contact for which		regarding proper disposal	
	hand washing is indic	cated by accepted		and other trash within the	or groves
	professional practice.	••			
	Var W. W. C.			room and other common of	care areas.

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F 441 Continued From page 51

(c) Linens

Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview and facility document review, it was determined that facility staff failed to follow infection control practices for two of 12 residents in the medication pass observation, (Resident #12 and #26); and failed to follow infection control practices in one of two resident shower rooms.

- 1. The facility staff failed to sanitize their hands after administering medications to Resident #12 and Resident #26.
- Four pairs of used gloves were found lying on the floor in the resident's shower room on the Magnolia Unit.
 The findings include:
- 1. Resident #12 was admitted to the facility on 01/10/15 with diagnoses that included but were not limited to Alzheimer's disease, dementia, high blood pressure, colon cancer, anxiety disorder, and hypothyroidism. Resident #12's most recent MDS (minimum data set) was a quarterly review assessment with an ARD (assessment reference date) of 1/7/16. The resident was coded as being cognitively impaired in the ability to make daily life decisions, scoring 99 out of 15 on the BIMS (Brief Interview for Mental Status). The resident was coded as requiring extensive assistance from

- 4. The DON/designee will perform at least 2 medication pass reviews per week times 12 weeks to ensure appropriate hand washing. The DON/designee will observe shower rooms randomly throughout the day 5 times per week times 12 weeks to ensure no trash is found on the floor including gloves. Results will be forwarded to the QA committee for review.
- 5. Allegation of compliance: 5/31/16

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F 441 Continued From page 52 staff with most ADLS (activities of daily living).

Resident #26 was admitted to the facility on 6/15/15 and readmitted on 2/19/16 with diagnoses that included but were not limited to: heart failure, chronic pain syndrome, diabetes, stroke and high blood pressure. The most recent MDS, a significant change assessment, with an ARD of 3/3/16 coded the resident as having 15 out of 15 on the BIMS (brief interview for mental status) indicating the resident was cognitively intact.

An observation was conducted on 4/26/16 at 4:05 p.m. of the medication administration pass with LPN (licensed practical nurse) #6. LPN #6 had just returned from administering medication to a resident and sanitized his hands. LPN #6 poured the medications for Resident #12 and took them into the resident's room to administer the medications. LPN #6 handed the medication cup and water cup to Resident #12. After the resident took the medication and drank the water, LPN #6 retrieved the medication and water cups from Resident #12 with his bare hands and placed them into the trash. LPN #6 returned to the medication cart and without sanitizing his hands poured the medications for Resident #26, LPN #6 went into the resident's room to administer the medications. LPN #6 handed the medication cup and water cup to Resident #26. After the resident took the medication and drank the water, LPN #6 retrieved the medication and water cups from Resident #26 with his bare hands and placed them into the trash. LPN #6 sanitized his hands when he returned to the medication cart.

An interview was conducted on 4/27/16 at 3:30 p.m. with RN (registered nurse) #1. When asked

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F 441 Continued From page 53

what infection control practices staff followed when administering medications, RN #1 stated, "Wash hands before start to prepare meds (medications), wear gloves if have a liquid. Wear gloves if spoon feed them (the resident). Wash hands or hand sanitize as appropriate after."

An interview was conducted on 4/27/16 at 3:40 p.m. with LPN #6. When asked what infection control practices staff followed when administering medications, LPN #6 stated, "Hand washing." When asked when that was done, LPN #6 stated, "Before and after." When asked why it was important to wash your hands, LPN #6 stated, "Because I might have come in contact (with something) that could cause an infection. It is to avoid passing infections even to myself." When the observations from 4/26/16 were shared, LPN #6 stated, "I washed my hands some of the time." When asked If he should have washed his hands each time, LPN #6 stated, "Yes."

An interview was conducted on 4/27/16 at 4:35 p.m. with ASM (administrative staff member) #3, the interim director of nursing. When asked what infection control practices staff followed when administering medications, ASM #3 stated, "Sanitize their hands before they start the med (medication) pass, sanitize after administering the meds." When asked why it was important for staff to sanitize their hands, ASM #3 stated, "It's infection control, you're going from patient to patient to patient. We're the number one carrier (of infection), it's their (the staffs) protection as well."

Review of the facility's policy titled, "HAND WASHING" documented in part, "When caring for

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F 441	people, the hands a resident, or articles care of the residents these are transferre transport them to other including your own for are possible sources "well" persons, include carriers of disease Anyone can become TIMES WHEN HAN IMPORTANT: C. Be contact."	are always touching the and equipment used in the is. As a result, germs from ed to your hands. In turn, you ther persons and places, face and mouth. All residents is of infections. Also, so-called uding facility personnel, may se-producing organisms. It is the victim of an infection. ID WASHING IS VERY afore and after resident	F 4	41		
	services specialist w findings.	SM #2, the senior clinical vere made aware of the on was provided prior to exit.				
	In Fundamentals of t	Nursing, Lippincott Williams				

and Wilkins page 140-143 concerning hand washing and the use of hand sanitizer: "The hands are conduits for almost every transfer of potential pathogens from one patient to another,

using hand sanitizer, apply a small amount of the alcohol-based hand rub to all surfaces of the hands. Rub hands together until all of the product has dried (usually about 30 seconds)."

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	conducted on 4/28/Member) # 9, direct At approximately 12 resident shower roc Unit, revealed four plying on the floor in stated, "They should On 4/28/16 at approximately approximately was asked shower room on the if the gloves found in the state of nursing was asked to the gloves found in the gloves found	eximately 12:45 p.m., ASM member) # 3, interim director ed to observe the resident Magnolia Unit. When asked in the shower rooms were 7, ASM # 3 stated. "No. They						
SS=D	(administrative staff Administrator, was r No further information 483.75(j)(1) ADMINI The facility must proservices to meet the	made aware of the findings. on was provided prior to exit.	F 50)2	F502 1. Resident #6's phenotified of the HgA 04/27/2016 no new Resident #4's physic of the HgA1c not obtained as ordered.	Ic not ob orders given was otained of orders given hysician g have the	otained iven. notific n iven. 's orde: lab is	ed rs

by:

This REQUIREMENT is not met as evidenced

determined that the facility staff failed to obtain physician ordered laboratory tests for two of 26

Based on staff interview, facility document review, and clinical record review, it was

indicated.

physician ordered laboratory testing

corrective action will be taken as

within the past 30 days will be completed to ensure lab was obtained,

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residents in the survey sample, (Resident #6 and Resident #4).

- 1. The facility failed to obtain a physician ordered laboratory test, Hgb A1C (hemoglobin A1C (1)) for Resident #6.
- The facility staff failed to obtain a physician ordered laboratory test, HgbA1c (hemoglobin A1C -average level of blood sugar [glucose] over the previous 3 months (1)), for Resident #4.

The findings include:

 Resident #6 was admitted to the facility on 8/17/12 with diagnoses that included but were not limited to: high blood pressure, diabetes, depression, chronic fibromyalgia (a disorder that causes muscle pain and fatigue (1)), insomnia and anxiety.

The most recent MDS assessment with an assessment reference date (ARD) of 2/12/16 coded the resident as being cognitively intact to make daily decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living except eating in which she was independent after set up assistance was provided. The physician order dated, 7/27/15, and signed

by physician order dated, 7/27/15, and signed by physician on 4/15/16, documented, "Hgb A1C Q (every) 3 months (Aug, Nov, Feb, May) on the 1st every 3 months starting on the 1st for 1 day for labs (laboratory tests)."

The comprehensive care plan dated, 5/15/15, documented, "Focus: Diabetes Mellitus with potential for fluctuating blood sugar levels that may impact health status and day to day

- 3. Licensed nurses will be re-educated on the process for entering, scheduling and obtaining physician ordered labs.
- 4. The DON/designee will audit lab orders weekly times 12 weeks to ensure labs were obtained as ordered. Results will be forwarded to the QA committee for review.
- 5. Allegation of compliance: 5/31/16

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATÉ SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495038 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MANASSAS HEALTH AND REHAB CENTER 8575 RIXLEW LANE MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY)

F 502 Continued From page 57

function." The "Interventions" documented in part, "Labs (laboratory tests) ordered by doctor."

Review of the clinical record failed to reveal an Hgb A1C level in November 2015.

The "Laboratory Administration Report" for the month of November 2015 documented, "Hgb A1C Q 3 months (Aug, Nov, Feb, May) on the 1st every 3 months." There was no documentation that the test was completed.

At the end of the day meeting on 4/27/16 at 5:24 p.m., a copy of the missing laboratory test was requested.

On 4/28/16 at 9:20 a.m. administrative staff member (ASM) #2, the Senior Clinical Services Specialist, informed this surveyor that the facility could not find evidence that the laboratory test was completed.

An interview was conducted with ASM #3, the interim director of nursing, on 4/28/16 at 9:45 a.m. When asked the process for obtaining laboratory tests, ASM #3 stated, "There is a physician order. We make a lab slip. It is drawn in the morning. Around 12:00 p.m. to 1:00 p.m. the lab faxes the results to three printers. We take them off the printer and give them to the nurses to send them to the doctors." When asked how they ensure all laboratory tests are done per the physician orders, ASM #3 stated, "We check the laboratory administration record."

The facility policy, "Laboratory Test Results, Reporting" did not address the need for a physician order.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/05/2016 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED 495038 B, WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MANASSAS HEALTH AND REHAB CENTER 8575 RIXLEW LANE MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ND. PROVIDER'S PLAN OF CORRECTION (X5) COMPLETIÓN PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 502 Continued From page 58 F 502 According to Fundamentals of Nursing, 5th Edition, Lippincott Williams & Wilkins, 2007. Page 165, Laboratory tests are always interpreted in relation to the client's underlying health problems and treatment modalities. These results can also identify actual or potential health problems....Sometimes, laboratory tests and diagnostic procedures are used to judge the effectiveness of nursing interventions or medical treatment." The administrator was made aware of the above finding on 4/28/16 at 12:53 p.m. (1) HbA1c is a lab test that shows the average level of blood sugar (glucose) over the previous 3 months. It shows how well you are controlling your diabetes. Alternative Names include: Hemoglobin - glycosylated; A1C. (5) This information was obtained from the website: http://www.nlm.nih.gov/medlineplus/ency/article/ 003640.htm> 2. The facility staff failed to obtain a physician ordered laboratory test, HgbA1c (hemoglobin A1C -average level of blood sugar [glucose] over the previous 3 months (1)), for Resident #4.

Resident #4 was admitted to the facility on 5/2/14 with diagnoses that included but were not limited to: cerebral vascular accident (when blood flow to your brain stops (2)), depression, anxiety (fear (3)), atrial fibrillation (a problem with the speed or rhythm of the heartbeat (4)), anemia (low iron (5)) and hypertension (high blood pressure (6)).

Resident # 4's most recent MDS (minimum data

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	physician's order da order documented,	ated 12/2/15. The physician's "HgbA1c tomorrow."			
	failed to evidence la	boratory results for Resident			
	conducted with ASN member) # 2, senior When asked about the Resident # 4's HgA1 unable to locate the	I (administrative staff r clinical services specialist, the laboratory test results for I.c, ASM # 3 stated, "We're Iab. We called the lab and			

On 4/28/16 at approximately 2:00 p.m. ASM (administrative staff member) # 1, the Administrator, was made aware of the findings.

transcribed and the lab drawn,"

No further information was provided prior to exit.

References:

(1) This information was obtained from the https://www.ntm.nih.gov/medlineplus/ency/article/ 003640.htm

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SS=D LAB NAME/ADDRE The facility must file record laboratory rei		in the resident's clinical ports that are dated and address of the testing			1. Resident # 10's ProBNP scanned into the medical re 04/28/2016. Resident # 17'	cord on
	by: Based on staff interview, and clinical red determined that facili	ity staff failed to file ts in the clinical record for n the survey sample:			the medical record on 5/16/2. Residents having orders laboratory testing have the period affected if lab results are into the medical record. As physician ordered laboratory	canned into 2016. for potential to not placed a audit of
	result, ordered by the clinical record for Res				within the past 30 days will completed to ensure lab is puthe medical record, corrective will be taken as necessary.	resent in
	to detect heart failure blood can indicate inc of the heart.(1)	uretic peptide) is a test used e. Increased levels in the creased tension in the walls			3. Licensed nurses and the records clerk will be re-educe the process for ensuring laboresults are obtained and place	ated on
-	The facility staff fairTSH (thyroid stimulat	iled to file the results of a ling hormone) and a Vitamin			the medical record.	od ilito

B 12 level in the clinical record for Resident #17.

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The findings include:

1. Resident #10 was admitted to the facility on 3/25/12 and readmitted on 10/3/13 with diagnoses that included but were not limited to: anoxic brain damage, difficulty swallowing, depressive symptoms, and stroke. Resident #10's most recent MDS (Minimum Data Set) was a quarterly assessment with an ARD (Assessment Reference Date) of 3/8/16. Resident #10 was coded as being severely cognitively impaired in the ability to make daily life decisions on the staff assessment for mental status exam.

Review of Resident #10's physician telephone orders revealed the following order dated and signed by the physician on 2/18/16: "(2) Pro-BNP test tomorrow..."

Review of Resident #10's order summary report revealed that this order was completed on 2/19/16.

The ordered Pro-BNP results could not be found in Resident #10's clinical record.

On 4/27/16 at 2 p.m., an interview was conducted with LPN (Licensed Practical Nurse) #10. When asked the process of filing a laboratory test she stated that once a laboratory test is received, it is placed in the MD (Medical Doctor) box until he signs it. She stated that medical records will then scan the labs into the medical record. She stated that she could not find Resident #10's Pro-BNP laboratory test dated 2/18/16.

On 4/27/16 LPN #10 provided a copy of the

- 4. The DON/designee will audit lab orders weekly x 12 weeks to ensure results are scanned into the electronic medical record. Results will be forwarded to the QA committee for review.
- 5. Allegation of compliance: 5/31/16 2567.

DEPARTMENT OF HEALTH AND HUMAN SE

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		axed over from the laboratory	F 5	U7					
	- company. The date	and time the laboratory result							
	was faxed to the fac	DBtv was on 4/27/16 at 11·13							
	a.m. The results we	ere within normal limits.							
	interview was condumember) #3, the unithe process of filing clinical record she sithe laboratory test, fixed lab to come to the laboratory test. Results are fathe nurses will review test is abnormal the lab is nown away. If the lab is nown away. If the lab is nown away. If the lab is nown away. When the pacility he will review them." OSM #3 stat records scan singed computer system. Sign the lab the MD box. She stated the MD box. She stated in the lab the MD box. She stated in the MD box.								
	current and properly shall be maintained f accordance with acce	ormation and Audit" ne following: "A complete, authenticated medical record or each patient/resident in epted professional standards I rules, regulations and laws							

information systems for continuity of care."

made aware of the above findings.

On 4/28/16 at 5:00 p.m., ASM (administrative staff member) # 1, the administrator, and ASM #2, the senior clinical services specialist, were

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 05/05/2016 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495038 B. WING 04/28/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MANASSAS HEALTH AND REHAB CENTER 8575 RIXLEW LANE MANASSAS, VA 20109 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG ÖATE DEFICIENCY F 507 Continued From page 63 F 507 No further information was presented prior to exit. References: This information was obtained from the National Institutes of Health http://www.ncbi.nlm.nih.gov/pmc/articles/PMC176 7525/. (4) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillati on.html. (5) This information was obtained from the website: https://www.nim.nih.gov/medlineplus/anemia.html (6) This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpr essure.html. 2. The facility staff failed to file the results of a TSH (thyroid stimulating hormone (1)) and a Vitamin B 12 (2) level in the clinical record for Resident #17. Resident #17 was admitted to the facility on 3/7/16 with diagnoses that included but were not limited to: stroke, high blood pressure, dysphagia, diabetes, mood disorder, scoliosis, and

gastroesophageal reflux disease.

The most recent MDS (minimum data set) assessment a quarterly assessment with an assessment reference date of 3/23/16, coded the

resident scoring an 11 on the BIMS (brief

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Interview for mental status) score indicating that she was moderately impaired to make daily cognitive decisions.

Review of the clinical record revealed a physician order dated, 3/7/16, that documented, "CBC (complete blood count (3)), Chem 14 (Comprehensive Metabolic Panel (CMP) (4)), Lipid panel (5), TSH, Vitamin B 12."

Review of the clinical record revealed a laboratory test results dated, 3/8/16, which documented the results of the lipid panel, Chem 14 and the CBC. There were no results for the TSH or Vitamin B12 level.

An interview was conducted with ASM (administrative staff member) #3, the interim director of nursing, on 4/28/16 at 9:45 a.m. When asked the process for obtaining laboratory tests. ASM #3 stated, "There is a physician order. We make a lab (laboratory) slip. It is drawn in the morning. Around 12:00 p.m. to 1:00 p.m. the lab faxes the results to three printers. We take them off the printer and give them to the nurses to send them to the doctors." When asked how they ensure all laboratory tests are done per the physician orders, ASM #3 stated, "We check the laboratory administration record."

On 4/28/16 at approximately 10:00 a.m. a copy of the TSH and Vitamin B 12 level for Resident #17 were requested from ASM #2.

On 4/28/16 at 11:56 a.m. ASM #2, the senior clinical services specialist, presented a copy of the TSH and Vitamin B12 levels that had been faxed to the facility on 4/28/16 at 10:22 a.m. When asked if they were in the clinical record,

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	Reporting" documer results are received manner. Procedure ordered lab tests, the to the facility. 2. The values notify the fact the Nurse will notify possible. 3. The Nurse will be sent to reports will be sent to physician's mailbox verify physician revicalled or faxed the results on the results of the results of the results of the results of the results of the results of the results of the results of the results of the results of the results are received.	Laboratory Test Results, inted, "Purpose: To ensure lab d and acted upon in a timely a: 1. Upon completing of the ne lab will send written results the lab will identify any critical cility as soon as possible; and with the physician as soon as urse will call or fax the the physician. All written to the physician or left in the in the facility to be initialed to few. 4. When the nurse has results to the physician, the the lab slip: Results faxed to 5-1212 on Sept 12, 1997 at					
	findings on 4/28/16 at (1) A TSH test meas stimulating hormone produced by the pitu gland to make and rethe blood. This infort website: https://www.nlm.nih.003684.htm (2) These vitamins huses to get or make eat. They also help finformation was obtahttps://vsearch.nlm.r	vas made aware of the above at 12:53 p.m. sures the amount of thyroid (TSH) in your blood. TSH is uitary gland. It tells the thyroid release thyroid hormones into mation was obtained from the gov/medlineplus/ency/article/nelp the process your body energy from the food you form red blood cells. This ained from the website: nih.gov/vivisimo/cgi-bin/query-medlineplus&v%3Asources=					

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(3) A CBC measures the number of red blood cells (RBC count) The number of white blood cells (WBC count) This information was obtained from the website:
http://vsearch_nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aprojecl=medlineplus&query=CBC&x=24&y=17

- (4) Chem 14 or Comprehensive Metabolic Panel (CMP) is used as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. If a doctor is interested in following two or more individual CMP components, she may order the entire CMP because it offers more information. This information was obtained from the website: ">meta?v%3Aproject=medlineplus&query=CMP&x=9&y=21>">meta?v%3Aproject=medlineplus&query=CMP&x=9&y=21>">meta?v%3Aproject=medlineplus&query=CMP&x=9&y=21>">meta?v%3Aproject=medlineplus&query=CMP&x=9&y=21>">meta?v%3Aproject=medlineplus&query=CMP&x=0.5">meta?v%3Aproject=medlineplus&query=CMP&x=0.5"
- (5) A blood test called a lipid panel measures triglycerides and cholesterol. This information was obtained from the website: http://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3afile=viv_9ra3Vt&server=pvlbsrch00.nlm.nih.gov&v:state=root%7Croot-10-10%7C0