FAX

NHC

NHC HealthCare Bristol
245 North Street
Bristol, Va 24201
Phone: 276-669-4711
Fax: 276-669-0384

TO: Rodney Miller

FROM: Natalie Wynegar

DATE: 7/18/2017

FAX #: rodney.miller@vdh.virginia.gov

PAGES: , including cover sheet

RE: State survey POC 2017

COMMONWEALTH of VIRGINIA

Department of Health

Office of Licensure and Certification

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

TYY 7-1-1 OR
1-800-828-1120
9960 Mayland Drive, Suite 401
Henrico, Virginia 23233-1485
Fax (804) 527-4502

May 30, 2017

Ms. Natalie Wynegar, Administrator
NHC Healthcare - Bristol
245 North Street
Bristol, VA 24201

RE: NHC Healthcare - Bristol
Provider Number 495131

Dear Ms. Wynegar:

An unannounced standard survey, ending May 18, 2017, was conducted at your facility by staff from the Virginia Department of Health's Office of Licensure and Certification (the State Survey Agency) to determine if your facility was in compliance with Federal long term care participation requirements for the Medicare and/or Medicaid programs and, if applicable, State licensure regulations. One complaint was investigated during the survey. The complaint was unsubstantiated, with no deficiencies.

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

Survey Results

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

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

Plan of Correction (PoC)

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

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

To be considered acceptable, the PoC must:

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

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

Informal Dispute Resolution

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

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

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

Recommended Remedies

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

- Pursuant to §488.408(c)
  - Directed Plan of Correction (PoC) (§488.424).
  - State monitoring (§488.422).
  - Directed In-Service Training (§488.425).
- Pursuant to §488.408(d)
  - Denial of payment for new admissions - (§488.417).
  - Denial of payment for all individuals - (§488.418).
  - Civil Money Penalty, $50 - $3,000 per day (§488.430, §488.438), effective on the survey ending date,
- Civil money penalties of $1,000 - $10,000 per instance of noncompliance.

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

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

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

Survey Response Form

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

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

Sincerely,

Rodney L. Miller, LTC Supervisor
Division of Long Term Care

Enclosure

cc: Joann Atkins, Dmas (Sent Electronically)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495131	A. BUILDING _____ B. WING _____	C 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE,BRISTOL	245 NORTH STREET BRISTOL, VA 24201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 05/16/17 through 05/18/17. One complaint was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 101 at the time of the survey. The survey sample consisted of 18 current Resident reviews (Residents #1 through #18) and 6 closed record reviews (Residents #19 through #24).	F 000	This Plan of Correction (POC) has been developed in compliance with State and Federal Regulation. This plan affirms NHC HealthCare, Bristol's intent and allegation of compliance with those regulations. This POC does not constitute an admission or concession or either accuracy or factual allegation made in, or existence or scope or significance, of any cited deficiency	
F 309 SS=D	483.24, 483.25(k)(l) PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 483.24 Quality of life Quality of life is a fundamental principle that applies to all care and services provided to facility residents. Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, consistent with the resident's comprehensive assessment and plan of care. 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices, including but not limited to the following:	F 309	F309 1. Immediate Corrective Action: Pharmacy audited all prepackaged medications for duplicate NDC numbers and identified one company, 21st century, that uses duplicate NDC numbers. All medications used by this company have been pulled from the pharmacy stock and will no longer be distributed. 2. Identify Other Affected Residents: Pharmacy performed an audit for duplicate NDC numbers and pulled all from stock in the facility and pharmacy to ensure there were no further related errors. 3. Systemic Changes: Pharmacy performed an audit for duplicate NDC numbers and pulled all from stock in the facility and pharmacy to ensure there were no further related errors. Pharmacy will perform a QA Study monthly x 12 to monitor for any further duplicate NDC numbers to be submitted monthly to the QA team. Nursing staff will be educated on the 5 rights of medication administration and has been educated that barcode scanning is not an acceptable patient/medication identifier and to notify pharmacy immediately of any further incidents. 4. Monitoring: Pharmacy will perform a QA Study monthly x 12 to monitor for any further duplicate NDC numbers to be submitted monthly to the QA team.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Natalie Wynn	administrator	6/9/2017

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

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F 309	Continued From page 1	F 309	5. Date of Completion: 07/09/2017	

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

(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.
This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to provide necessary care and services to ensure the highest practicable level of well-being for 1 of 24 Residents, Resident #16.

The findings included:

1. For Resident #16 the facility staff failed to follow physician's orders resulting in a medication error.

Resident #16 was admitted to the facility on 05/15/17. Diagnoses included but not limited to urinary tract infection, congestive heart failure, atrial fibrillation, hypertension, hypertension, hyperlipidemia, peripheral vascular disease, chronic obstructive pulmonary disease and diabetes mellitus.

There was no completed MDS (minimum data set) on the Resident; however she was alert and oriented.

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F 309	Continued From page 2	F 309		

Surveyor observed Resident #16 receiving her medications during a medication pass and pour completed by LPN (licensed practical nurse) #1 on 05/17/17 at approximately 0845. One of the medications observed being administered was Lutein 20mg. Surveyor did not observe the medication cinnamon being administered.

Resident #16's medications were reconciled with the clinical record on 05/17/17 at approximately 0930. The clinical record contained a signed POS (physician's order summary) dated 05/15/17 which read in part "cinnamon 500mg capsule-give 1 capsule by mouth once daily (schedule: daily at 09:00 AM)". Surveyor could not locate an order for Lutein. The Resident's eMAR (electronic medication administration record) was reviewed and contained an entry which read in part "cinnamon 500mg capsule-give 1 capsule by mouth once daily". This entry was scheduled for 9am and had been initialed by LPN #1 as having been administered. Surveyor could not locate an entry for Lutein.

Surveyor spoke with LPN #1 on 05/17/17 at approximately 1310 regarding Resident #16's medications. Surveyor informed LPN #1 that she had administered a Lutein and that no order could be found for this medication. LPN #1 and surveyor removed Resident #16's medications from the med cart for review, and there was prepackaged, sealed, white plastic packet included with Resident #16's medications labeled "Take on 05/18/17 At: 9:00AM Lutein 20mg". LPN #1 stated that the medications had come from the pharmacy packaged in this manner. Surveyor asked LPN #1 if she could again see the packaging from the completed med pass on 05/17/17. LPN #1 provided this packaging and it

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F 309	Continued From page 3	F 309		

also contained a packet labeled as Lutein 20mg to be given at 9am. Surveyor then asked LPN #1 if she had administered a cinnamon pill as per the physician's orders and LPN #1 stated that she could not recall whether she had or not. LPN #1 could not locate a cinnamon pill in Resident #16's medications or anywhere in the med cart.

Surveyor spoke with pharmacist on 05/17/17 at approximately 1320 regarding Resident #16's medications. Surveyor asked pharmacist they had record of Resident #16 being on Lutein, and pharmacist stated their records were "not showing that she's on Lutein, and not showing that she's ever been on it". Pharmacist asked surveyor to provide the prescription number for the Lutein, and surveyor did so at approximately 1330. Pharmacist then informed surveyor that the Lutein had gotten packaged instead of the cinnamon pill due both medications having the same NDC (national drug code) number. Pharmacist stated "the machine pulls from the NDC number and it just pulled Lutein instead of cinnamon. We have already corrected it and sent the right medication".

Surveyor requested and was provided with a copy of the facility policy on 05/17/17 at approximately 1145 entitled "Medication Administration-General Guidelines" which read as follows:
Policy
Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so.

Procedures
A. Preparation
4) FIVE RIGHTS-Right Resident, right drug, right

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F 309	Continued From page 4 dose, right route and right time, are applied for each medication being administered ..... 5) The medication administration record (MAR) is always employed during medication administration. Prior to administration of any medication, the medication and dosage schedule on the Resident's medication administration record (MAR) are compared with the medication label. If the label and MAR are different and the container has not already been flagged indicating a change in directions, or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule. B. Administration 2) Medications are administered in accordance with written orders of the prescriber. The concern of the wrong medication being administered was discussed with the administrative team during a meeting on 05/17/17 at approximately 1450. No further information was provided prior to exit.	F 309		
F 332 SS=D	483.45(f)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE (f) Medication Errors. The facility must ensure that its- (1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and during a medication pass and pour observation the facility staff failed to ensure a medication error rate of	F 332		

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F 332	Continued From page 5 less than 5%. There were 3 errors in 29 observations, resulting in a medication error rate of 10.3% affecting 2 of 24 Residents, Resident #16 and #17. The findings included: For Resident #16, the facility staff administered the medication "Lutein" instead of the medication "cinnamon" as prescribed by the physician. For Resident #17 the facility staff failed to administer the medications "prednisone" and "therapeutic vitamin with minerals". Resident #16 was admitted to the facility on 05/15/17. Diagnoses included but not limited to urinary tract infection, congestive heart failure, atrial fibrillation, hypertension, hypertension, hyperlipidemia, peripheral vascular disease, chronic obstructive pulmonary disease and diabetes mellitus. There was no completed MDS (minimum data set) on the Resident; however she was alert and oriented. Surveyor observed Resident #16 receiving her medications during a medication pass and pour completed by LPN (licensed practical nurse) #1 on 05/17/17 at approximately 0845. One of the medications observed being administered was Lutein 20 mg. Surveyor did not observe the medication cinnamon being administered. Resident #16's medications were reconciled with the clinical record on 05/17/17 at approximately 0930. The clinical record contained a signed POS (physician's order summary) dated 05/15/17 which read in part "cinnamon 500 mg	F 332	F332 1. Immediate Corrective Action: LPN # 1 was reeducated on the 5 rights of medication administration and that it is not acceptable to use the barcode scanner as an identifier. LPN#2 was reeducated on the 5 rights of medication administration and that medications can not be signed off on as administered until appropriate confirmation of dose, medication, route, patient, and time per facility policy and the medication is being administered. Pharmacy audited all prepackaged medications for duplicate NDC numbers and identified one company, 21st century, that uses duplicate NDC numbers. All medications used by this company have been pulled from the pharmacy stock and will no longer be distributed. 2. Identify Other Affected Residents: All residents have the potential for being affected, nursing staff has been educated on the 5 rights of medication administration. Pharmacy performed an audit for duplicate NDC numbers and pulled all from stock in the facility and pharmacy to ensure there were no further related errors.	

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F 332	Continued From page 6 capsule-give 1 capsule by mouth once daily (schedule: daily at 09:00 AM)". Surveyor could not locate an order for Lutein. The Resident's eMAR (electronic medication administration record) was reviewed and contained an entry which read in part "cinnamon 500 mg capsule-give 1 capsule by mouth once daily". This entry was scheduled for 9 am and had been initialed by LPN #1 as having been administered. Surveyor could not locate an entry for Lutein. Surveyor spoke with LPN #1 on 05/17/17 at approximately 1310 regarding Resident #16's medications. Surveyor informed LPN #1 that she had administered a Lutein and that no order could be found for this medication. LPN #1 and surveyor removed Resident #16's medications from the med cart for review, and there was prepackaged, sealed, white plastic packet included with Resident #16's medications labeled "Take on 05/18/17 At: 9:00 AM Lutein 20 mg". LPN #1 stated that the medications had come from the pharmacy packaged in this manner. Surveyor asked LPN #1 if she could again see the packaging from the completed med pass on 05/17/17. LPN #1 provided this packaging and it also contained a packet labeled as Lutein 20 mg to be given at 9 am. Surveyor then asked LPN #1 if she had administered a cinnamon pill as per the physician's orders and LPN #1 stated that she could not recall whether she had or not. LPN #1 could not locate a cinnamon pill in Resident #16's medications or anywhere in the med cart. Surveyor spoke with pharmacist on 05/17/17 at approximately 1320 regarding Resident #16's medications. Surveyor asked pharmacist they had record of Resident #16 being on Lutein, and pharmacist stated their records were "not	F 332	3. Systemic Changes: DON/Pharmacist/Designee will perform random monthly medication administration passes to check for compliance and errors with nurses and report to QA committee monthly. Pharmacy performed an audit for duplicate NDC numbers and pulled all from stock in the facility and pharmacy to ensure there were no further related errors. Pharmacy will perform a QA Monthly study x12 to monitor for any further duplicate NDC numbers to be submitted monthly to the QA team. Nursing staff will be reeducated on the 5 rights of medication administration and has been educated that barcode scanning is not an acceptable patient/medication identifier and to notify pharmacy immediately of any further incidents. 4. Monitoring: DON/Pharmacist/Designee will perform a QA monthly study x 12 to consist of random monthly medication administration passes to check for compliance and errors with nurses and report to QA committee monthly. 5. Date of Completion: 07/09/2017	

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F 332	Continued From page 7	F 332		

showing that she's on Lutein, and not showing that she's ever been on it". Pharmacist asked surveyor to provide the prescription number for the Lutein, and surveyor did so at approximately 1330. Pharmacist then informed surveyor that the Lutein had gotten packaged instead of the cinnamon pill due both medications having the same NDC (national drug code) number. Pharmacist stated "the machine pulls from the NDC number and it just pulled Lutein instead of cinnamon. We have already corrected it and sent the right medication".

Resident #17 was admitted to the facility on 05/10/17. Diagnoses included but not limited to atrial fibrillation, chronic obstructive pulmonary disease, gout, diabetes mellitus, dementia, peripheral vascular disease, and hyperlipidemia.

There was no completed MDS (minimum data set) on the Resident; however he was alert and oriented.

Surveyor observed Resident #17 receiving his medications during a medication pass and pour completed by LPN (licensed practical nurse) #2 on 05/17/17 at approximately 0830.

Resident #17's medications were reconciled with the clinical record on 05/17/17 at approximately 0915. The clinical record contained a signed POS (physician's order summary) dated 05/15/17 which read in part "prednisone 5 mg tablet give 1 tablet by mouth once daily (schedule: daily at 09:00 AM)" and "therapeutic vit/with min tablet give 1 tablet by mouth once daily (schedule: daily at 09:00 AM)".

The Resident's eMAR (electronic medication

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F 332	Continued From page 8	F 332		

administration record) was reviewed and contained entries which read in part "prednisone 5 mg tablet give 1 tablet by mouth once daily (schedule: daily at 09:00 AM)" and " therapeutic vit/with min (multivitamin) tablet give 1 tablet by mouth once daily (schedule: daily at 09:00 AM)". Both of these entries had been initialed by LPN #2 as having been administered.

Surveyor spoke with LPN #2 on 05/17/17 at approximately 1015 regarding Resident #17's medications. Surveyor asked LPN #2 if she had administered the prednisone and the multivitamin and LPN #2 stated that Resident #17 was not to receive the prednisone on this day, because the packet from pharmacy was empty. Surveyor then showed LPN #2 the physician's order stating that the medication was to be taken daily. LPN #2 then stated "I will get it from the stat box and give it now". When asked specifically about the multivitamin, LPN #2 stated "I am 100% sure I gave it, I know I did".

Surveyor requested and was provided with a copy of the facility policy entitled "Medication Administration-General Guidelines" on 05/17/17 at approximately 1145 which read as follows:

Policy
Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so.

Procedures
A. Preparation
4) FIVE RIGHTS-Right Resident, right drug, right dose, right route and right time, are applied for each medication being administered .....
5) The medication administration record (MAR) is

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495131	A. BUILDING _____ B. WING _____	C 05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE,BRISTOL	245 NORTH STREET BRISTOL, VA 24201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 332	Continued From page 9 always employed during medication administration. Prior to administration of any medication, the medication and dosage schedule on the Resident's medication administration record (MAR) are compared with the medication label. If the label and MAR are different and the container has not already been flagged indicating a change in directions, or if there is any other reason to question the dosage or directions, the physician's orders are checked for the correct dosage schedule. B. Administration 2) Medications are administered in accordance with written orders of the prescriber. The concern of the 10.3% medication error rate was discussed with the administrative staff during a meeting on 05/17/17 at approximately 1450. No further information was provided prior to exit.	F 332		
F 425 SS=D	483.45(a)(b)(1) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (1) Provides consultation on all aspects of the provision of pharmacy services in the facility; This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record	F 425	F425 1. Immediate Corrective Action: The nurse responsible for not administering the exelon patch due to unavailability was immediately inserviced on the proper procedure for obtaining a medication that is not stock per company policy. 2. Identify Other Affected Residents: All residents could be potentially affected, staff will be reeducated on the company policy for obtaining a medication that is not stock. 3. Systemic Changes: All nursing staff will be reeducated on the company policy for obtaining a medication that is not stock. All new nurses will be educated upon new hire of the proper procedure for obtaining a medication that is not stock per company policy. A local backup pharmacy is designated and a charge card is present at the nurses station for obtaining medications needed after hours. DON or designee will perform a QA Monthly study x 12 of MARS to identify further incidents to be submitted to the QA committee monthly. Nurses will receive one on one reeducation for any further incidents.	

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F 425	Continued From page 10	F 425	4. Monitoring: DON or designee will perform a QA study monthly x12 of MARS to identify further incidents to be submitted to the QA committee monthly. Nurses will receive one on one reeducation for any further incidents. 5. Date of Completion: 07/09/2017	

review, the facility staff failed to ensure a medication was available for administration for 1 of 24 residents in the survey sample (Resident #12).

The findings included:

Resident #12's exelcn patch was not available for administration.

Resident #12 was admitted to the facility on 6/30/14 with the following diagnoses of, but not limited to anemia, atrial fibrillation, high blood pressure, arthritis, Alzheimer's Disease, anxiety disorder and depression. On the significant change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 4/3/17, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 8 out of a possible score of 15. Resident #12 was also coded as requiring extensive assistance from 2 or more staff members for dressing and personal hygiene and being totally dependent on 2 staff members for bathing.

A clinical record review was performed by the surveyor on 5/17/17. It was noted by the surveyor that the resident had a physician order for "Exelon 4.6 mg (milligram)/24 HR (hour) patch Apply 1 daily ..."

The MAR (Medication Administration Record) for Resident #12 was also reviewed by the surveyor. For 5/7/17, the surveyor noted the following documentation concerning the above ordered medication: "05/07/17 10:57 am Not administered ...Reason for changing status: Not in stock ..."

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F 425	Continued From page 11	F 425		

The surveyor notified Registered Nurse (RN) #1 on 5/17/17 at 9:45 am of the above documented findings. RN #1 stated "That was a brand new nurse on a Sunday and she didn't know what to do. But we have in serviced her today on this so she would know going forward."

The administrative team was notified of the above documented findings on 5/17/17 at 2:45 pm by the surveyor.

No further information was provided to the surveyor prior to the exit conference on 5/18/17.