

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

Fax: 276-669-0384

TO: Rodney Miller FROM: Notalie Wynegar

DATE: 7/18/2017

FAX #: rodny.miller@vdh.vinginia.gov
PAGES: , including cover sheet

RE: State Survey Puc 2017

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COMMONWEALTH of VIRGINIA

Department of Health

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

Office of Licensure and Certification

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

RF:

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.



Ms. Natalie Wynegar. Administrator May 30, 2017 Page 2

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/".

Ms. Natalie Wynegar, Administrator May 30, 2017 Page 3

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.

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Survey Response Form

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

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

Sincerely,

Ren , 7. Mes

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

Enclosure

CC:

Joann Atkins, Dmas (Sent Electronically)

PRINTED: 05/30/2017 FORM APPROVED

CENTERS FOR MEDICARE	& MEDICAID SERVICES		0	MB NO. 0936-039 I
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
NHC HEALTHCARE,BRISTOL			245 NORTH STREET BRISTOL, VA 24201	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ARREST DELICED TO THE ARREST	BE COMPLETION
			This Plan of Correction (POC) has	heen developed in

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 309 483.24, 483.25(k)(I) PROVIDE CARE/SERVICES SS=D 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 000

This Plan of Correction (POC) has been develop 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

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.

F 309

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:

Facility ID: VA0171

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

men

TITLE

(X6) DATE

nullstrator

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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		& MEDICAID SERVICES				1	0938-0391
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F 309	Continued From pa	ige 1	F:	309	5. Date of Completion: 07/09/2017		
	provided to resident consistent with profit the comprehensive and the residents' go. (I) Dialysis. The fact residents who requiservices, consistent of practice, the concare plan, and the preferences. This REQUIREMED by: Based on observate document review a facility staff failed to services to ensure well-being for 1 of 2. The findings included 1. For Resident #1	risure that pain management is ats who require such services, fessional standards of practice, person-centered care plan, goals and preferences. cility must ensure that aire dialysis receive such at with professional standards apprehensive person-centered residents' goals and NT is not met as evidenced ation, staff interview, facility and clinical record review, the provide necessary care and the highest practicable level of 24 Residents, Resident #16.					
	Resident #16 was 05/15/17. Diagnoscurinary tract infectiatrial fibrillation, hy hyperlipidemia, per	admitted to the facility on es included but not limited to on, congestive heart failure, retension, hypertension, ripheral vascular disease, a pulmonary disease and					
	There was no com set) on the Reside	pleted MDS (minimum data nt; however she was alert and					

oriented.

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F 309 Continued From page 2

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

F 309

Facility ID: VA0171

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F 309	also contained a pato be given at 9am. if she had administ physician's orders a could not recall who could not locate a medications or any Surveyor spoke with approximately 1320 medications. Surveyor and record of Resipharmacist stated showing that she's ever become surveyor to provide the Lutein, and sur 1330. Pharmacist Lutein had gotten cinnamon pill due same NDC (nation Pharmacist stated NDC number and	acket labeled as Lutein 20mg. Surveyor then asked LPN #1 ered a cinnamon pill as per the and LPN #1 stated that she ether she had or not. LPN #1 cinnamon pill in Resident #16's where in the med cart. The pharmacist on 05/17/17 at 0 regarding Resident #16's eyor asked pharmacist they dent #16 being on Lutein, and their records were "not on Lutein, and not showing en on it". Pharmacist asked as the prescription number for eveyor did so at approximately then informed surveyor that the both medications having the hal drug code) number. "the machine pulls from the it just pulled Lutein instead of eve already corrected it and sent		309	9		
	Surveyor requested of the facility policy 1145 entitled "Med Guidelines" which Policy Medications are a accordance with o	ed and was provided with a copy y on 05/17/17 at approximately lication Administration-General					

4) FIVE RIGHTS-Right Resident, right drug, right

Procedures A. Preparation

PRINTED: 05/30/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING. C B. WING 05/18/2017 495131 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 245 NORTH STREET NHC HEALTHCARE, BRISTOL BRISTOL, VA 24201 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 309 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 332 483.45(f)(1) FREE OF MEDICATION ERROR F 332 SS=D 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:

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

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION A. BUILDING COMPLETE COMPLE	OMB NO. 0938-0391	MEDICAID SERVICES		
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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, hyperlipidemia, peripheral vascular disease, chronic obstructive pulmonary disease and diabetes mellitus. There was no completed MDS (minimum data acceptable to use the barcode scanner as ar identifier. LPN#2 was reeducated on the 5 rights of medication administration and that medication not be signed off on as administered until appropriate confirmation of dose, medication route, patient, and time per facility policy and medication is being administered. Pharmacy audited all prepackaged medication duplicate NDC numbers and identifier. LPN#2 was reeducated on the 5 rights of medication administration of dose, medication route, patient, and time per facility policy and medication is being administered. Pharmacy audited all prepackaged medication duplicate NDC numbers and identifier. LPN#2 was reeducated on the 5 rights of medication administration of dose, medication not be signed off on as administered appropriate confirmation of dose, medication and time per facility policy and medication is being administered duplicate NDC numbers and identifier. LPN#2 was reeducated on the 5 rights of medication administration and that medication not be signed off on as administered appropriate confirmation of dose, medication and that medication and that medication and that medication and that medication and interest particularity policy and medication is being administered to particularity policy and medication is being administered appropriate confirmation of dose, medication appropriate confirm	F 332 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.	Iting in a medication error rate 2 of 24 Residents, Resident ded: the facility staff administered atein" instead of the medication escribed by the physician. For facility staff failed to administer orednisone" and "therapeutic rals". admitted to the facility on sees included but not limited to ion, congestive heart failure, ypertension, hypertension, eripheral vascular disease, e pulmonary disease and and the facility on the pulmonary disease and and the facility on the proximately 0845. One of the erved being administered was reveyor did not observe the mon being administered. The facility staff administered was reveyor did not observe the mon being administered. The facility staff administered with the facility of the erved being administered. The facility staff administered was reveyor did not observe the mon being administered.	less than 5%. There observations, result of 10.3% affecting 2 #16 and #17. The findings include For Resident #16, 10 the medication "Lute "cinnamon" as present Resident #17 the father medications "provitamin with mineral Resident #16 was 05/15/17. Diagnose urinary tract infection atrial fibrillation, hy hyperlipidemia, per chronic obstructive diabetes mellitus. There was no commodification of the Reside oriented. Surveyor observed medications during completed by LPN on 05/17/17 at appropriate medications obsertion to medication cinnaming Resident #16's medicati	F 332

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		495131	B. WING			05/18/2017
	PROVIDER OR SUPPLIER			245	REET ADDRESS, CITY, STATE, ZIP CODE NORTH STREET ISTOL, VA 24201	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
F 332		age 6 sule by mouth once daily	F	332	Systemic Changes: DON/Pharmacist/Designee will p monthly medication administratio for compliance and errors with nu	n passes to check

(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

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:

Facility ID: VA0171

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

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

PRINTED: 05/30/2017 FORM APPROVED OMB NO. 0938-0391

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F 332 Continued From page 7

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

F 332

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F 332	Continued From pa	age 8	F3	332			
	administration reco	rd) was reviewed and					
	contained entries w	which read in part "prednisone ablet by mouth once daily					
	(schedule: daily at	09:00 AM)" and " therapeutic					
	vit/with min (multivi	tamin) tablet give 1 tablet by					
	mouth once daily (schedule: daily at 09:00 AM)". es had been initialed by LPN					
	#2 as having been						
	Surveyor spoke will approximately 101: medications. Surve administered the p and LPN #2 stated receive the prednis packet from pharm showed LPN #2 th the medication was then stated "I will git now". When ask	th LPN #2 on 05/17/17 at 5 regarding Resident #17's eyor asked LPN #2 if she had rednisone and the multivitamin that Resident #17 was not to sone on this day, because the facy was empty. Surveyor then e physician's order stating that is to be taken daily. LPN #2 yet it from the stat box and give ed specifically about the #2 stated "I am 100% sure I					
	of the facility policy Administration-Ge at approximately 1 Policy Medications are acaccordance with g	d and was provided with a copy entitled "Medication neral Guidelines" on 05/17/17 145 which read as follows: dministered as prescribed in ood nursing principles and by persons legally authorized	,				
	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

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F 332	medication, the me on the Resident's r record (MAR) are	during medication or to administration of any edication and dosage schedule medication administration compared with the medication	F 3	32		
	container has not a change in direction reason to question physician's orders dosage schedule. B. Administration 2) Medications are with written orders				F425 1. Immediate Corrective Action The nurse responsible for not a exelon patch due to unavailabil inserviced on the proper proced medication that is not stock per	dministering the ity was immediately dure for obtaining a
	was discussed with a meeting on 05/1. No further informa	e 10.3% medication error rate h the administrative staff during 7/17 at approximately 1450.		A25	Identify Other Affected Residents could be potential be reeducated on the company	dents: ly affected, staff will
F 425 SS=D	(a) Procedures. A pharmaceutical se	HARMACEUTICAL SVC - CEDURES, RPH Ifacility must provide Prvices (including procedures curate acquiring, receiving,	F	425	a medication that is not stock. 3. Systemic Changes: All nursing staff will be reeduce company policy for obtaining a not stock. All new nurses will be	medication that is e educated upon
	dispensing, and adbiologicals) to med (b) Service Consument of the consum	dministering of all drugs and et the needs of each resident. Itation. The facility must he services of a licensed			new hire of the proper procedumedication that is not stock pelocal backup pharmacy is desicharge card is present at the robtaining medications needed designee will perform a QA Moman MARS to identify further incide to the QA committee monthly.	re for obtaining a r company policy. A gnated and a surses station for after hours. DON onthly study x 12 of ents to be submitted Nurses will received.

Based on staff interview and clinical record

by:

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

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	495131 B. WING				05/18/2017
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F 425 Continued From page 10

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 exelon 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 ..."

4. Monitoring: F 425 DON or design

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

Facility ID: VA0171

PRINTED: 05/30/2017 FORM APPROVED

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F 425	Continued From parthe surveyor notific on 5/17/17 at 9:45 findings. RN #1 stanurse on a Sunday do. But we have in she would know go. The administrative documented finding the surveyor. No further informat surveyor prior to the	age 11 am of the above documented ated "That was a brand new and she didn't know what to a serviced her today on this so	F	425	CROSS-REFERENCED TO THE APPRODEFICIENCY)		DATE

Facility ID: VA0171