

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

PRINTED: 10/11/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2018
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 656	<p>Continued From page 116</p> <p>water bottle on an oxygen concentrator every shift.</p> <p>Resident #100 was admitted to the facility on 8/21/18 with diagnoses that included but were not limited to: Wedge compression fracture of the lumbar vertebra, muscle weakness, rheumatoid arthritis [A chronic, destructive disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and shoulders.(1)], Sarcoidosis of lung [a chronic disease of unknown cause characterized by the formation of nodules in the lungs, liver, lymph glands, and salivary glands. (2)] and pulmonary fibrosis [A condition in which the tissue deep in your lungs becomes scarred over time. This tissue gets thick and stiff. That makes it hard for you to catch your breath, and your blood may not get enough oxygen. (3)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 9/18/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. In Section O - Special Treatments, Procedures and Programs, The resident was coded as using oxygen while a resident at the facility.</p> <p>The physician order dated, 8/21/18 and renewed on 9/24/18, documented, Oxygen 4 liters per minute via nasal cannula (a tube with two prongs that insert into the nose). Document O2 (oxygen) settings and check water bottle every shift."</p>	F 656			

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F 656	<p>Continued From page 117</p> <p>The comprehensive care plan dated, 9/4/18, documented in part, "Focus: Respiratory: Oxygen use." The "Interventions" documented in part, "Change O2 water bottle and connector tube and water bottle every Thursday on 11-7 shift (11:00 p.m. to 7:00 a.m.). Document O2 settings and check water bottle every shift."</p> <p>Observation was made of Resident #100's oxygen concentrator with the water bottle on 9/25/18 at 2:52 p.m. The resident had the oxygen on via the nasal cannula, connected to the oxygen concentrator. The water bottle was empty. This bottle was dated 9/21/18. The water bottle on the concentrator was observed empty on 9/25/18 at 3:15 p.m., 3:45 p.m., and 4:45 p.m.</p> <p>On 9/26/18 at 8:41 a.m., the water bottle was observed with water in it and was dated, 9/25/18. No time was documented on the bottle. An interview was conducted with Resident #100 at this time. When asked when the water bottle was changed, Resident #100 stated it was changed around 7:30 p.m. after her sister had brought it to the attention of the nurse.</p> <p>The MAR (medication administration record) for September 2018 documented the above order for oxygen and checking of the water bottle every shift. The nurses signed off that it had been checked on 9/25/18 for the 7:00 a.m. to 3:00 p.m. shift. LPN (licensed practical nurse) # 7 documented this.</p> <p>An interview was conducted with LPN (licensed practical nurse) #7 on 9/27/18 at 11:27 a.m. When asked the purpose of the care plan LPN #7 stated, "It is to identify the resident's needs and</p>	F 656			

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F 656	<p>Continued From page 118</p> <p>the staff need to look at the care plan so the staff knows how to meet those needs. And to update it when any status changes occur." When asked if residents' care plans should be followed, LPN #7 stated that yes, it should be followed. When asked about the purpose of having a water bottle on an oxygen concentrator for a resident is receiving oxygen, LPN #7 stated it gives moisture in their nostrils. Oxygen can cause nosebleeds and stuffiness. When asked how often the water bottles are checked, LPN #7 stated they are changed every Thursday night, but they should be checked every day. When asked if there should be an empty water bottle on a concentrator when the physician order one to be in place for a resident is using oxygen, LPN #7 stated, "No." The above observation of the empty water bottle on Resident #100's oxygen concentrator was shared with LPN #7. LPN #7 stated she had left early that day because she didn't feel well. LPN #7 was shown the MAR where she documented that the water bottle for Resident #100 was checked. When asked how often Resident #100 goes through a water bottle on the concentrator, LPN #7 stated, "She goes through a bottle about every two days."</p> <p>An interview was conducted with LPN # 2 on 9/27/18 at 11:29 a.m. When asked the purpose of the care plan, LPN #7 stated, "It's to give specific direction for that individualized patient. Each care plan is individualized for each patient. It's patient specific." When asked if it should be followed, "LPN #7 stated, "Yes, Ma'am. It has the goals and how to reach the goals with interventions for each patient."</p> <p>Administrative staff member (ASM) #1, the administrator and ASM #2, the director of nursing,</p>			F 656			

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F 656	Continued From page 119 were made aware of the above finding on 9/26/18 at 5:57 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 520. (3) This information was obtained from the following website: https://medlineplus.gov/pulmonaryfibrosis.html .	F 656			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in	F 657	Resident #2 care plan was revised to include decline in Mood. Resident #2 referred to Psychological services. An audit of residents with a decline in Mood will be conducted with each MDS by 10/30/2018 by the SSD/designee. Staff education provided to include revision of the care plan with a noted decline and referral to Psychological services when noted. Education provided by ADON on 10/17/18.		

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F 657	<p>Continued From page 120</p> <p>disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to review and revise the comprehensive care plan for one of 43 residents in the survey sample, Residents #2.</p> <p>The facility staff failed to review and revise Resident #2's comprehensive care plan to address an increase in the resident's mood score on the quarterly 9/19/18 MDS (minimum data set) assessment (indicating moderate depression).</p> <p>The findings include:</p> <p>The facility staff failed to review and revise Resident #2's comprehensive care plan to address an increase in the resident's mood score on the quarterly 9/19/18 MDS (minimum data set) assessment (indicating moderate depression).</p> <p>Resident #2 was admitted to the facility on 9/8/14. Resident #2's diagnoses included but were not limited to Alzheimer's disease, diabetes and nutritional deficiency. Resident #2's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 9/19/18, coded the resident's cognition as moderately impaired.</p>	F 657	<p>Random audits will be conducted with each MDS for decline in Mood by DON /Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Date of compliance 10/30/18.</p>		

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F 657	<p>Continued From page 121</p> <p>The CMS (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) manual used to complete MDS assessments documented the following:</p> <p>"SECTION D: MOOD</p> <p>Intent: The items in this section address mood distress, a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable.</p> <p>It is important to note that coding the presence of indicators in Section D does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis in Section D; they simply record the presence or absence of specific clinical mood indicators. Facility staff should recognize these indicators and consider them when developing the resident's individualized care plan.</p> <ul style="list-style-type: none"> - Depression can be associated with: <ul style="list-style-type: none"> - psychological and physical distress (e.g., poor adjustment to the nursing home, loss of independence, chronic illness, increased sensitivity to pain), - decreased participation in therapy and activities (e.g., caused by isolation), - decreased functional status (e.g., resistance to daily care, decreased desire to participate in activities of daily living [ADLs]), and - poorer outcomes (e.g., decreased appetite, decreased cognitive status). <p>Findings suggesting mood distress should lead to:</p> <ul style="list-style-type: none"> - identifying causes and contributing factors for 	F 657			

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F 657	<p>Continued From page 122</p> <p>symptoms, - identifying interventions (treatment, personal support, or environmental modifications) that could address symptoms, and ensuring resident safety..."</p> <p>Section D0200 "Resident Mood Interview (PHQ-9)" of Resident #2's quarterly MDS with an ARD of 6/19/18 documented the resident reported: -little interest or pleaser in doing things 2-6 days (several days) over the last 14 days -feeling down, depressed, or hopeless 2-6 days over the last 14 days -trouble falling or staying asleep, or sleeping too much 2-6 days over the last 14 day -feeling tired or having little energy 7-11 days (half or more of the days) over the last 14 days The total severity score was documented as five.</p> <p>Section D0200 of Resident #2's quarterly MDS with an ARD of 9/19/18 documented the resident reported: -little interest or pleaser in doing things 2-6 days (several days) over the last 14 day -feeling down, depressed, or hopeless 2-6 days over the last 14 days -trouble falling or staying asleep, or sleeping too much 2-6 days over the last 14 days -feeling tired or having little energy 12-14 days (nearly every day) over the last 14 days -poor appetite or overeating 7-11 days (half or more of the days) over the last 14 days -feeling bad about yourself- or that you are a failure or have let yourself or your family down 7-11 days over the last 14 days The total severity score was documented as ten.</p> <p>The CMS RAI manual further documented,</p>	F 657			

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F 657	<p>Continued From page 123</p> <p>"D0300: Total Severity Score Health-related Quality of Life The score does not diagnose a mood disorder or depression but provides a standard score, which can be communicated, to the resident's physician, other clinicians and mental health specialists for appropriate follow up. ·The Total Severity Score is a summary of the frequency scores on the PHQ-9© that indicates the extent of potential depression symptoms and can be useful for knowing when to request additional assessment by providers or mental health specialists. Planning for Care ·The PHQ-9© Total Severity Score also provides a way for health care providers and clinicians to easily identify and track symptoms and how they are changing over time... Responses to PHQ-9© can indicate possible depression. Responses can be interpreted as follows: - Major Depressive Syndrome is suggested if-of the 9 items-5 or more items are identified at a frequency of half or more of the days (7-11 days) during the look-back period and at least one of these, (1) little interest or pleasure in doing things, or (2) feeling down, depressed, or hopeless is identified at a frequency of half or more of the days (7-11 days) during the look-back period. - Minor Depressive Syndrome is suggested if, of the 9 items, (1) feeling down, depressed or hopeless, (2) trouble falling or staying asleep, or sleeping too much, or (3) feeling tired or having little energy are identified at a frequency of half or more of the days (7-11 days) during the look-back period and at least one of these, (1) little interest or pleasure in doing things, or (2) feeling down, depressed, or hopeless is identified at a</p>	F 657			

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F 657	<p>Continued From page 124</p> <p>frequency of half or more of the days (7-11 days). - In addition, PHQ-9© Total Severity Score can be used to track changes in severity over time. Total Severity Score can be interpreted as follows: 1-4: minimal depression 5-9: mild depression 10-14: moderate depression 15-19: moderately severe depression 20-27: severe depression..."</p> <p>Resident #2's comprehensive care plan with an admission date of 9/8/14 failed to document information regarding mood/depression.</p> <p>On 9/25/18 at 1:41 p.m. and 2:20 p.m., Resident #2 was lying in bed with her eyes closed.</p> <p>On 9/25/18 at 3:20 p.m., Resident #2 was lying in bed talking to her husband.</p> <p>On 9/26/18 at 8:42 a.m. and 1:02 p.m., Resident #2 was lying in bed.</p> <p>On 9/26/18 at 2:07 p.m., an interview was conducted with OSM (other staff member) #2 (the social services assistant and the person who completed section D of Resident #2's MDS assessments). OSM #2 was asked if she assesses a change in residents' mood scores on the MDS assessments. OSM #2 stated no one has ever told her to do that. OSM #2 was asked what she would have done if she was aware of the change in Resident #2's mood scores from the 6/19/18, MDS assessment to the 9/19/18, MDS assessment. OSM #2 stated she would have talked to the MDS department to see if a significant change assessment should be done and talked to the nursing unit manager to see if the physician should be made aware and if the</p>			F 657			

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F 657	<p>Continued From page 125</p> <p>resident should be seen by the psychiatrist. OSM #2 stated Resident #2 does not like to talk. When asked if Resident #2 gets out of bed, OSM #2 stated the activities department completes one on one visits with Resident #2 and the resident's roommate is her husband. OSM #2 stated Resident #2 prefers to stay in bed but she gets up for showers.</p> <p>On 9/27/18 at 9:10 a.m., an interview was conducted with OSM #1 (the social services director). OSM #1 was asked if she assesses for a change in residents' mood scores on the MDS assessment. OSM #1 stated, "When a mood score changes, a decline or improvement, we note on it and then if it's something that needs to be addressed in the care plan we do that. If it's a drastic mood change we try to either talk with the psychologist or try to get them in more activities." OSM #1 was asked what should happen if a mood score increases. OSM #1 stated, "We go and talk with her, try to, depending on what the situation is she might be referred to the psychologist and try to figure out a plan for her to get in activities." When asked if the facility staff should develop a plan to address the change in the mood score, OSM #1 stated, "Yes." When asked if a mood score from five to ten is a drastic change, OSM #1 stated, "Yes." When asked if the change in Resident #2's mood scores should have been identified and addressed in the comprehensive care plan, OSM #1 stated, "Yes." When asked if Resident #2's care plan should have been reviewed and revised, OSM #1 stated, "Yes." When asked why, OSM #1 stated, "Because of the change."</p> <p>On 9/27/18 at 9:35 a.m., ASM (administrative staff member) #1 (the administrator) was made</p>	F 657			

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F 657	Continued From page 126 aware of the above concern.	F 657			
F 658 SS=D	<p>The facility policy titled, "Comprehensive Person-Centered Care Planning" documented, "15) The Care Planning/Interdisciplinary Team is responsible for the review and updating of care plans..."</p> <p>No further information was presented prior to exit. Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to follow professional standards of practice for three of 43 residents in the survey sample, Residents #48, #100 and #56.</p> <p>1. The facility staff failed to document non-pharmacological interventions that were attempted with Resident #48 prior to administering as needed anti-anxiety medication on multiple occasions in September 2018.</p> <p>2. The facility staff failed to clarify physician's orders for three as needed pain medications to determine which, and when each as needed pain medication should be administered to Resident #100.</p>	F 658	<p>Resident #48 care plan revised to include non-pharmacological interventions offered to resident prior to administering of an as needed anti-anxiety medication. Resident #100 orders clarified for three as needed pain medications on 9/26/17 by Nurse Practitioner to reflect parameters specified as when each as needed pain medication should be administered to resident. Resident #56 Oxygen H2O bottle changed and dated on 9/26/18. Signed and documented on 9/26/18 3 to 11 shifts.</p> <p>Audit of residents will be complete By 10/30/18 receiving as needed anti-anxiety medications will have non-pharmacological interventions offered prior to administering. Audit of residents will be complete by 10/30/18 on receiving as needed pain medications without specified parameters will be clarified by the nurse.</p>		

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NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835	
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F 658	<p>Continued From page 127</p> <p>3. The facility staff documented that they checked the water bottle used to humidify Resident #56's oxygen, as ordered by the physician, when it was observed empty and not checked on the 7a.m.-3 p.m. shift on 9/25/18.</p> <p>The findings include:</p> <p>1. The facility staff failed to document non-pharmacological interventions that were attempted with Resident #48 prior to administering as needed anti-anxiety medication on multiple occasions in September 2018.</p> <p>Resident #48 was admitted to the facility on 11/22/09. Resident #48's diagnoses included but were not limited to diabetes, heart failure and anxiety disorder. Resident #48's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/25/18, coded the resident as being cognitively intact. Section N coded Resident #48 as having received anti-anxiety medication seven out of the last seven days.</p> <p>Review of Resident #48's clinical record revealed a physician's order dated 9/15/18 for alprazolam (1) 0.25 mg (milligrams)- one tablet by mouth every four hours as needed for 14 days.</p> <p>Resident #48's September 2018 MAR (medication administration record) revealed the resident was administered as needed alprazolam on 9/15/18, 9/18/18, 9/20/18, 9/22/18, 9/23/18 and 9/25/18. Further review of the September 2018 MAR and September 2018 nurses' notes failed to reveal documentation that nurses attempted non-pharmacological interventions with Resident #48 prior to administering as needed</p>	F 658	<p>Audit of residents will be conducted by 10/30/18 receiving Oxygen will be checked on each shift and new H2O bottle replaced as needed.</p> <p>Educate staff on use of non-pharmacological interventions prior to administering an as needed anti-anxiety medication. Education provided by ADON on 10/17/18. Educate staff parameters need to be specified on orders for a resident that has more than one as needed pain medication. Education provided by ADON on 10/17/18.</p> <p>Random audits will be conducted for as needed non-pharmacological interventions offered prior to administering an as needed anti-anxiety medication by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Random audits will be conducted for as needed pain medications to ensure parameters are specified for any resident with more than one as needed pain medication by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p>	

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F 658	<p>Continued From page 128</p> <p>alprazolam on each date the medication was administered.</p> <p>Resident #48's comprehensive care plan with an effective date of 5/26/09 failed to document information regarding the documentation of non-pharmacological interventions.</p> <p>On 9/27/18 at 6:30 a.m., an interview was conducted with LPN (licensed practical nurse) #4 (a nurse who administered as needed alprazolam to Resident #48 in September 2018). LPN #4 was asked what should be done prior to administering as needed anti-anxiety medication. LPN #4 stated, "I try offering water or repositioning her or asking her, and just talking to try to figure out what I can do to help her." When asked if she documents the non-pharmacological interventions that she attempts with residents, LPN #4 stated, "Probably not." When asked if she should, LPN #4 stated, "Yes." LPN #4 stated Resident #48 yells out, "Nurse. Nurse." LPN #4 stated she repositions the resident, offers the resident water and attempts other non-pharmacological interventions but they do not work. LPN #4 stated she does not always document the non-pharmacological interventions she attempts with Resident #48.</p> <p>On 9/26/18 at 6:02 p.m., ASM (administrative staff member) #2 (the director of nursing) was asked for the standard of practice that the facility staff follows. ASM #2 stated the facility staff follows the facility policies.</p> <p>On 9/27/18 at approximately 9:30 a.m., a policy regarding documentation was requested from ASM #1 (the administrator) via a list of requested policies.</p>			F 658	<p>Random audits will be conducted on residents with Oxygen for changing of H2O humidifier bottles and dating and ensuring nurse signing off after checking by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Date of compliance 10/30/18.</p>		

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F 658	<p>Continued From page 129</p> <p>On 9/27/18 at 9:35 a.m., ASM #1 was made aware of the above concern.</p> <p>On 9/27/18 at 1:53 p.m., RN (registered nurse) #1 presented documentation that the facility did not have a policy regarding documentation.</p> <p>The following quotation is found in Potter and Perry's Fundamentals of Nursing 6th edition (2005, p. 477): "Documentation is anything written or printed that is relied on as record or proof for authorized persons. Documentation within a client medical record is a vital aspect of nursing practice. Nursing documentation must be accurate, comprehensive, and flexible enough to retrieve critical data, maintain continuity of care, track client outcomes, and reflect current standards of nursing practice. Information in the client record provides a detailed account of the level of quality of care delivered to the clients." Potter and Perry (2005) also includes the following information: "As members of the health care team, nurses need to communicate information about clients accurately and in a timely, effective manner."</p> <p>No further information was provided prior to exit.</p> <p>(1) Alprazolam is used to treat anxiety. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a684001.h tml</p> <p>2. The facility staff failed to clarify physician's orders for three as needed pain medications to determine which, and when each as needed pain medication should be administered to Resident #100.</p>			F 658			

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F 658	<p>Continued From page 130</p> <p>Resident #100 was admitted to the facility on 8/21/18 with diagnoses that included, but were not limited to: wedge compression fracture of the lumbar vertebra, muscle weakness, rheumatoid arthritis [A chronic, destructive disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and shoulders. (1)], Sarcoidosis of lung [a chronic disease of unknown cause characterized by the formation of nodules in the lungs, liver, lymph glands, and salivary glands. (2)] and pulmonary fibrosis [A condition in which the tissue deep in your lungs becomes scarred over time. This tissue gets thick and stiff. That makes it hard for you to catch your breath, and your blood may not get enough oxygen. (3)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 9/18/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. In Section J - Health Conditions, the resident was coded as having pain in the past five days of the assessment period. The pain was coded as being frequent, interrupts her sleep and is a "6" on the pain scale.</p> <p>The current physician orders documented the following orders:</p> <ul style="list-style-type: none"> - 8/21/18 - Acetaminophen (Tylenol) 325 mg (milligrams); give 2 tablets (650 mg) by oral route every 4 hours as needed for pain." [Used to treat minor aches and pains. (4)] - 8/21/18 - Hydrocodone 5 mg - acetaminophen 			F 658			

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F 658	<p>Continued From page 131</p> <p>325 mg tablet, give 1 tablet by oral route every 4 hours as needed for pain. [Used to treat moderate to moderately severe pain. (5)]</p> <p>- 9/4/18 - Hydrocodone 5 mg - acetaminophen 325 mg tablet, give 2 tablet by oral route every 4 hours as needed.</p> <p>- 9/4/18 - Tramadol 50 mg by oral route every 6 hours as needed. [Used to treat moderately to moderately severe pain (6)]</p> <p>- 9/4/18 - Tramadol 50 mg; give 2 tablets (100 mg) by oral route every 6 hours as needed.</p> <p>The August 2018 MAR documented the resident did not receive any Acetaminophen during the month. The Hydrocodone with Acetaminophen was administered six time between 8/21/18 and 8/31/18. The Tramadol was administered four time between 8/21/18 and 8/31/18.</p> <p>The September 2018 MAR documented the resident received the Hydrocodone with acetaminophen, one tablet 12 times during the month. The resident received two tablets of hydrocodone with acetaminophen 15 times in the month. The resident was documented as having received Tramadol 50 mg 1 tablet nine times during the month. The two tablets of Tramadol was administered 13 times during the month.</p> <p>The comprehensive care plan dated, 8/23/18 and revised on 9/4/18, documented in part, "Focus: The resident has potential for pain r/t (related to) Medical Procedures due to wedge comp (compression) FX (fracture) of lumbar vertebra." The "Interventions" documented in part, "Administer medication as ordered. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. On-going</p>			F 658			

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F 658	<p>Continued From page 132</p> <p>assessment of the resident's pain with emphasis on the onset, location, description, intensity of pain and alleviating and aggravating factors."</p> <p>An interview was conducted with LPN (licensed practical nurse) #7 on 9/26/18 at 1:53 p.m. The above orders for Tylenol, hydrocodone with acetaminophen, and Tramadol were reviewed with LPN #7. When asked how staff know which medication to give for the resident's complaints of pain, LPN #7 stated, "We start with the lowest dose of something. Depending what her pain level is. If it's a three, I'll go with Tylenol first, when I go back within an hour if it's effective then good. If it's not effective I will go with the one tablet of tramadol. If she's still having pain, and she tells me her pain is an eight and I can't move, I will start with one tramadol." When asked if it's in her scope of practice to determine which one to give without further direction from the physician, LPN #7 stated, "I believe so."</p> <p>An interview was conducted with RN (registered nurse) #1, the assistant director of nursing, on 9/26/18 at 1:58 p.m. The above medications orders were reviewed with RN #1. When asked how staff to know which medication to give the resident for complaints of pain, RN #1 stated, "I'm not a good historian. I don't know the patients well. I've only been here for three weeks. I don't have a good answer for you."</p> <p>An interview was conducted with LPN #2, the unit manager, on 9/26/18 at 2:01 p.m. The above medications ordered for pain were reviewed with LPN #2. When asked how staff know which medication to give for pain, LPN #2 stated, "I would have to get clarification from the nurse practitioner for numeric values for the pain level</p>	F 658			

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F 658	<p>Continued From page 133</p> <p>as to which medication to give." When asked if it's her scope of practice to make that decision, LPN #2 stated, "I usually go through the nurse practitioner. Without clarification, the nurse cannot give the numeric levels as to which one to give for each medication."</p> <p>The facility policy, "Implementing Physician's Orders" documented in part, "All medication orders will have the minimum elements required for inclusion in a complete medication order include: Specific directions for administration."</p> <p>According to Potter and Perry's, Fundamentals of Nursing, 7th edition, page 268 documents the following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original order."</p> <p>Administrative staff member (ASM) #1, the administrator, and ASM #2, the director of nursing, LPN #2, LPN # 1, other staff member (OSM) #9, and RN #1, were made aware of the above concern on 9/26/18 at 5:57 p.m. When asked what standard of professional practice the facility follows, ASM #2 stated they follow their policies.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511.</p>	F 658			

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F 658	<p>Continued From page 134</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 520.</p> <p>(3) This information was obtained from the following website: https://medlineplus.gov/pulmonaryfibrosis.html.</p> <p>(4) This information was obtained from the following website: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=1622f694-4d63-4c56-8737-fae31f0ecfb7</p> <p>3. The facility staff documented that they checked the water bottle used to humidify Resident #56's oxygen, as ordered by the physician, when it was observed empty and not checked on the 7a.m.-3 p.m. shift on 9/25/18</p> <p>Resident #56 was admitted to the facility on 1/23/18 and readmitted on 6/20/18 with diagnoses that included but were not limited to type two diabetes, unspecified dementia without behavioral disturbance, high blood pressure, chronic heart failure, and major depressive disorder. Resident #56's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 8/2/18. Resident #56 was coded as being cognitively intact scoring 11 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #56 was coded in Section O (Special treatments, procedures, and programs) as receiving oxygen therapy.</p> <p>Review of Resident #56's September 2018 physician order summary documented the following order: "Oxygen at 4 liters per minute via nasal cannula. Document 02 (oxygen) settings and Check water bottle every shift."</p>	F 658			

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F 658	<p>Continued From page 135</p> <p>On 9/25/18 at 11:56 a.m., an observation was made of Resident #56. Resident #56 was on 4 liters of oxygen via nasal cannula connected to an oxygen concentrator. The water bottle attached to the oxygen concentrator was empty. There was no date on the water bottle.</p> <p>On 9/25/18 at 4:10 p.m., an observation was made of Resident #56. Resident #56 was on 4 liters of oxygen via nasal cannula connected to an oxygen concentrator. The water bottle attached to the oxygen concentrator was empty. There was no date on the water bottle. Resident #56 was interviewed at this time. When asked how often his water bottle was changed, Resident #56 stated nursing staff changed out his water bottle every month. Resident #56 then stated that his nose was dry.</p> <p>On 9/25/18 at 4:50 p.m., Resident #56's nurse, LPN (licensed practical nurse) #9, entered his room to give him a nebulizer treatment. She did not check his oxygen water bottle.</p> <p>On 9/25/18 at 5:18 p.m., Resident #56's nurse, LPN #9, entered his room to shut off his nebulizer treatment. She did not check his oxygen water bottle. His water bottle remained empty.</p> <p>On 9/26/18 at 8:00 a.m., an observation was made of Resident #56's water bottle. He had a full water bottle dated 9/25/18, 3-11 shift.</p> <p>Review of Resident #56's September 2018 MARS (medication administration record) revealed that Resident #56's nurse had signed that she had checked the water bottle on the 7-3 shift on 9/25/18.</p>			F 658			

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F 658	<p>Continued From page 136</p> <p>On 9/26/18 at 2:57 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the unit manager. When asked the purpose of the water bottle on the oxygen concentrator, LPN #2 stated that the water bottle humidified the oxygen and kept the nose moist. LPN #2 stated that all residents should have a water bottle unless the resident refuses. LPN #2 stated that if a resident refuses the water bottle, then it should be documented on the resident's care plan. When asked how often the water bottles were checked, LPN #2 stated every shift by the nurses. When asked how often they were changed, LPN #2 stated that it depended on how often the resident uses the concentrator and the liters of oxygen.</p> <p>On 9/26/18 at 6:02 p.m., ASM (administrative staff member) #2 (the director of nursing) was asked for the standard of practice that the facility staff follows. ASM #2 stated the facility staff follows the facility policies.</p> <p>On 9/27/18 at 8:20 a.m., an interview was conducted with LPN #7; the nurse who documented that Resident #56's water bottle was checked on 7-3 shift. When asked how often water bottles were checked on oxygen concentrators, LPN #7 stated that water bottles should be checked every time the nurse goes into the resident's room. When asked if she checked Resident #56's water bottle on 9/25/18 during her shift, LPN # 7 stated that she forgot to check. When asked if it was okay to document that she checked Resident #56's water bottle when she did not, LPN #7 stated, "Of course not." LPN #7 stated that she signed that Resident #56 was on 4 liters but that she forgot to check his water bottle.</p>	F 658			

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F 658	Continued From page 137 On 9/27/18 at approximately 12:30 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. No further information was provided prior to exit. A policy could not be provided regarding documentation. The following quotation is found in Potter and Perry's Fundamentals of Nursing 6th edition (2005, p. 477): "Documentation is anything written or printed that is relied on as record or proof for authorized persons. Documentation within a client medical record is a vital aspect of nursing practice. Nursing documentation must be accurate, comprehensive, and flexible enough to retrieve critical data, maintain continuity of care, track client outcomes, and reflect current standards of nursing practice."	F 658			
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility	F 687	Resident #56 care plan revised to include refusal of podiatry services. #56 toenails were assessed by nurse. Toenails trimmed and filed 9/27/18. Audit conducted of residents by Unit Manager on 10/22/18 for in need of Podiatry care. Podiatrist notified of those in need of care and will be scheduled.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2018
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 687	<p>Continued From page 138</p> <p>document review and clinical record review, it was determined that the facility staff failed to provide podiatry services for one of 43 residents in the survey sample, Resident #56.</p> <p>The facility staff failed to ensure Resident #56 was provided podiatry services to address the residents thick, long toenails to his left and right big toes.</p> <p>The findings include:</p> <p>Resident #56 was admitted to the facility on 1/23/18 and readmitted on 6/20/18 with diagnoses that included but were not limited to type two diabetes, unspecified dementia without behavioral disturbance, high blood pressure, chronic heart failure, and major depressive disorder. Resident #56's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 8/2/18. Resident #56 was coded as being cognitively intact scoring 11 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #56 was coded as requiring extensive assistance from two staff members with bed mobility; extensive assistance from one staff member with dressing, and personal hygiene, and total dependence on staff with toileting and bathing.</p> <p>On 9/25/18 at 5:08 p.m., an interview was conducted with Resident #56. Resident #56 had mentioned that his toenails hurt and that they had not been cut in a year. At this time, Resident #56's toes were exposed. His left and right big toe nails were thick and long. When asked if it was his big toe nails that hurt, Resident #56 stated that they did. When asked if Resident #56 had</p>	F 687	<p>Educate staff if a resident refuses foot care by contracted podiatrist he/she has the right to see podiatrist of their choice. Care plan refusal. Education by ADON 10/17/18.</p> <p>Random audits will be conducted for residents for podiatry care by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Date of compliance 10/30/18.</p>		

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F 687	<p>Continued From page 139</p> <p>seen the podiatrist, Resident #56 stated that he had not and that he had told staff that he wanted his toenails cut or filed.</p> <p>Review of Resident #56's clinical record failed to evidence any visits from the podiatrist in 2018. There was no evidence of toenail care in Resident #56's clinical record.</p> <p>On 9/26/18 at approximately 3:30 p.m., evidence of any podiatry care for Resident #56 was requested from administration. On 9/27/18 there was still no evidence provided regarding Resident #56's podiatry care.</p> <p>On 9/27/18 at 8:31 a.m., an interview was conducted with LPN (licensed practical nurse) #7, Resident #56's nurse. When asked when podiatry care was provided, LPN #7 stated that the podiatrist visits every month. LPN #7 stated that nursing will keep a list of residents that the podiatrist needs to see. When asked how the list is generated, LPN #7 stated the list is generated if nursing notices that a resident needs toenail care. When asked how often Resident #56's toenails were checked, LPN #7 stated that his feet were looked at every day because he received treatments to his heels. When asked if the podiatrist has seen Resident #56, LPN #7 stated that she didn't think he had. LPN #7 did not recall Resident #56 asking to see a podiatrist. LPN #7 was then asked to follow this writer to Resident #56's room to look at his toenails.</p> <p>On 9/27/18 at 8:30 a.m., ASM (administrative staff member) #1, the administrator and LPN #1, the south unit manager stopped this writer en-route to Resident #56's room. LPN #1 stated that Resident #56 would not be on the podiatry</p>	F 687			

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F 687	<p>Continued From page 140</p> <p>lists because he refused podiatry care with that particular physician a couple of years ago. LPN #1 stated that this writer could find that information way- back in his clinical record. LPN #1 stated that if he has pain or his nails were long that he should have told his nurse practitioner so she could file them down. LPN #1 stated that the nursing staff did not do his toenails because he was diabetic. When asked if a resident should have to ask to receive podiatry services, ASM #1 stated that they shouldn't have to ask but that Resident #56 had a history of refusing a lot of care such as showers etc. Documentation evidencing that he recently refused podiatry care, was requested.</p> <p>Review of Resident #56's most recent comprehensive care plan failed to evidence foot care or podiatry refusals.</p> <p>On 9/27/18 at 8:32 a.m., LPN #7 and this writer observed Resident #56's toenails. LPN #7 confirmed that his big toe nails were long and thick. LPN #7 then asked Resident #56 if he would be willing to have the nurse practitioner file his toe nails down. Resident #56 agreed and confirmed that his toenails were hurting him.</p> <p>On 9/27/18 at approximately 10:00 a.m., administration provided a letter from the podiatrist dated 9/27/18. The letter documented the following: "(Name of Resident #56) does not want me to touch his feet. The last couple of times I came to his (sic) see him. He does not want me to touch his toe nails." This letter did not address when the podiatrist came to see him.</p> <p>The facility staff could not evidence that Resident #56 was put on the podiatry list to be seen during</p>			F 687			

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F 687	Continued From page 141 this past year (2018). On 9/27/18 at approximately 12:30 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. The facility policy titled "Podiatry Services," documents in part the following: "Patients/Residents are provided with proper treatment and care for foot disorders. The facility must maintain an outside resource to provide podiatry services to meet the needs of each Patient/Resident. Podiatry care is provided as ordered by a physician. Podiatry services are available on a routine and as needed basis. The health record will indicate the services provided by the Podiatrist, Doctor of Medicine, Doctor of Osteopathy."			F 687			
F 689 SS=G	No further information was provided prior to exit. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure a safe transfer into a shower chair to prevent accidents			F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 142 with injury for one of 43 residents in the survey sample, Resident #44.</p> <p>On 8/31/17, it was reported to the State Agency that Resident #44, was noticed to have bruising and swelling to his right ankle. Upon further review and investigation, the facility staff determined, Resident #44 sustained a fracture of the lateral malleolus [expanded lower end of the fibula situated on the lateral side of the leg at the ankle (2)] of the right ankle, when staff transferred the resident, from a Gerri Chair into the shower chair and caught his right ankle underneath the bar across the bottom of the shower chair, resulting in harm.</p> <p>The findings include:</p> <p>Resident #44 was admitted to the facility on 10/23/15 with diagnoses that included but were not limited to: Pick's disease [Pick's disease is a neurological condition characterized by a slowly progressive deterioration of behavior, personality, or language. People with Pick's disease have abnormal substances (called Pick bodies) inside nerve cells in the damaged areas of the brain. Pick bodies contain an abnormal form of a protein called tau. This protein is found in all nerve cells, but people with Pick's disease have an abnormal amount or type of this protein. (1)], seizures, contractures, depression and chronic pain." (Note: there was no diagnosis of osteopenia or osteoporosis included on the resident face sheet).</p> <p>The most recent MDS (minimum data set) assessment, closest to the date of injury, on 8/31/17, was a quarterly assessment reference date of 7/28/17, coded the resident as rarely making himself understood and sometimes</p>			F 689			

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F 689	<p>Continued From page 143</p> <p>understands when spoken to, the resident was coded as having highly impaired vision. Resident #44 was coded as scoring a "0" on the BIMS (brief interview for mental status) score, indicating he was severely impaired to make daily cognitive decisions. The resident was coded as being totally dependent upon two staff members with physical assist for moving in the bed, and transfers. Resident #44 was coded as requiring one-person physical assist for moving on the unit, dressing, eating, toileting needs, personal hygiene and bathing. In Section G0400 Functional Limitation of Range of Motion, the resident was coded as having impairment on both sides of his upper and lower extremities. Resident #44 was coded as being 72 inches tall and weighing 203 pounds. The resident was not coded as having osteopenia** or osteoporosis***.</p> <p>The "Facility Reported Incident" (FRI) dated 8/31/17, documented in part, "Describe the incident, including location and action taken: (Resident #44) notice to have a bruise and swelling on R (right) ankle. Employee action initiated to taken: Investigation pending."</p> <p>The "Conclusion of Investigation" dated, 9/5/17, documented in part, "Conclusion: A review of documentation and staff interviews indicate that the bruise and swelling to the right ankle of (Resident #44), that was noted on 8/31/17 occurred from the PVC reclining shower chair on 8/27/17 during a shower. The investigation produced that (Resident #44) did sustain an injury from the incident. POAs (power of attorneys)/RP's (responsible party) and MD (medical doctor) were notified. Staff is no longer allowed to use the reclining shower chair to give (Resident #44) a shower. (Resident #44) is to be</p>	F 689			

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F 689	<p>Continued From page 144</p> <p>showered using the shower gurney. Also in-serviced staff on the importance of reporting unusual incidents immediately and also taking precaution and being aware of the resident's that may not be safe during showering or ADL's (activities of daily living) and may need specialized equipment."</p> <p>The nurse's notes dated, 8/31/17 at 3:56 p.m. documented in part, "CNA (certified nursing assistant) staff alerted this nurse of visible swelling or resident's right ankle. Unit supervisor and DON (director of nursing) notified and stat (immediate) X-rays ordered after primary care physician was informed by phone. Mobile imaging into facility for x-ray right ankle and foot. Resident's POA (brother) informed by phone that x-rays were ordered due to the edema of right ankle. Resident rested in bed through shift. Immediate x-ray results indicated only soft tissue swelling of tight foot but preliminary results of right ankle indicate fracture of the lateral, malleolus without significant displacement. Orthopedics was consulted for treatment."</p> <p>The "Patient Report" dated, 8/31/17, documented in part, "Right ankle, complete 3+views. Impression: 1. Acute fracture lateral malleolus without significant displacement. 2. Soft tissue swelling. #. Small calcaneal spur." "Findings: "There is osteopenia."</p> <p>The physician progress note dated, 8/31/17 at 9:10 p.m. documented in part, "Swelling right ankle/x-rays ordered and reviewed and also obtained results via phone. Fracture right lateral malleolus/good alignment/orthopedic schedule and elevate with ice per shift/no complaints of pain and Tylenol may be used or inform if</p>	F 689			

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F 689	<p>Continued From page 145</p> <p>concerned about higher level of pain and no ambulation/usually bedridden status. Circumstance of injury unclear and Administrator and Nursing Director aware and present during evaluation, investigation under progress, POA (power of attorney) aware."</p> <p>The comprehensive care plan dated, 11/5/15, and revised on 2/2/17, documented in part, "Focus: ADL (activities of daily living) all Task." The "Goals" documented in part, "(Resident #44) will be monitored to keep safe and free from accident/injury through seizure or falls daily." The "Interventions" documented in part, "Total assist of 2 persons with transfers. (Resident #44) required total assist with bed mobility - use turning sheet to prevent shearing force - has extenders on bed to make long enough for him to be comfortable." Added to the care plan on 9/1/17, "Use gurney only for bathing." There was no care plan addressing osteopenia or osteoporosis for Resident #44.</p> <p>An interview was conducted with LPN (licensed practical nurse) #8, the nurse who wrote the note on 8/31/18. When asked to describe Resident #44's right ankle, LPN #8 stated, "I notified the DON (director of nursing) who was also the wound and treatment nurse at the time. I reported it to her. I was concerned as he in particular, suffers from contractures. He likes to pull his legs up and I keep watching his heels for breakdown. We put everything in motion to get the x-ray, call the doctor, call the family and found out it was fractured. What I learned was that it occurred during a transfer into the shower chair, where his foot got caught."</p> <p>An interview was conducted with LPN #1 on</p>	F 689			

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F 689	<p>Continued From page 146</p> <p>9/26/18 at 3:57 p.m. LPN #1 was asked to review the FRI as she was the one that wrote it. LPN #1 then stated, "I was notified that he had swelling and bruising in his right ankle. After the investigation, it was decided that it was from a transfer into the shower chair. I was told a Hoyer lift was used. When I spoke with administrative staff member (ASM) #3, the resident's doctor, he said that with his condition his bones were soft and it was not unusual for a bedridden resident for this to happen."</p> <p>An interview was conducted with ASM #3, the resident's doctor, on 9/26/18 at 4:04 p.m. When asked about Resident #44's transfer status, ASM #3 stated the resident had been bedridden since admission to the facility. He stated he had known the resident for many years in the community. Because of his being bedridden, the resident would have softening of the bones. ASM #3 stated that with minimal trauma, he could be injured. He stated that the resident was a "big guy." ASM #3 stated, "One must weight bear in order to maintain bone health." (*Note the physician's progress note date 8/31/17 failed to evidence any documentation regarding the diagnosis of osteopenia or osteoporosis. The physician orders dated 8/1/17 through 9/15/17, in place at the time of the incident failed to evidence any documentation of calcium supplements or other medications for osteopenia or osteoporosis.)</p> <p>On 9/27/18 at 7:19 a.m., an interview was conducted with CNA (certified nursing assistant) #7, who assisted CNA # 9, with Resident #44's transfer with the shower chair. CNA #7 was asked how Resident #44 was transferred to the shower chair on 8/28/17. CNA #7 stated, "He</p>	F 689			

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F 689	<p>Continued From page 147</p> <p>was in the Geri chair and he was moved to the shower chair." When asked how the resident was moved, CNA #7 stated he (Resident #44), was lifted by himself (CNA #7), and CNA #9. When asked if a mechanical lift was used to transfer the resident, CNA #7 stated that no lift was used. When asked if there was any strange placement of the resident's limbs, CNA #7 stated, "He would retract his legs up." When asked if the resident frequently got his legs caught on the shower chair, CNA #7 stated, "Yes." When asked if he remained in the shower room with CNA #9 and Resident #44, CNA #7 stated no he left the shower room. When asked where Resident #44's legs were when he left the shower room, CNA #7 stated the legs were under the (PVC) bar in the front of the shower chair. CNA #7 stated we no longer can use the shower chair and must use a lift to lift him.</p> <p>On 9/27/18 at 7:44 a.m., an interview was conducted with CNA #3; the CNA assigned to Resident #44 most days. CNA #3's written statement of the incident was reviewed. Her statement documented the finding of the bruise with the 11-7 CNA and reporting it to LPN # 8 on 8/31/17. When asked how Resident #44 is transferred, CNA #3 stated, "He is a very big man and I'm not that tall, I always use a lift with a second person." When asked if he can be transferred with just two staff members without a lift, CNA #3 stated, "I don't know how because he is a big man."</p> <p>Multiple calls were made to CNA #9 by this surveyor and on 9/27/18 at 8:34 a.m. ASM #2, the director of nursing, informed this surveyor that the facility had left several messages for CNA #9 to call the facility with no avail. CNA #9's statement</p>			F 689			

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F 689	<p>Continued From page 148</p> <p>was documented as follows: "When I got him in the reclining chair (shower) the resident's foot got caught. It was under the bar of the chair and I pulled it out. He didn't make any noise, I didn't think it was hurt. I feel terrible." (*Note- there was no date on this statement but it refers to the 8/28/17, transfer of Resident #44 per interview with LPN #1).</p> <p>On 9/27/18 at 8:55 a.m. ASM #1, the administrator and ASM #2 the director of nursing, were made aware of the concern for harm. When asked for the incident report associated with this incident on 8/31/17, ASM #1 stated they could not find the incident report and attempted to contact the former director of nursing for that information but were unable to reach her.</p> <p>On 9/27/18 at approximately 11:00 a.m. the reclining shower chair was observed with two other surveyors. The chair was made of PVC (polyvinyl chloride [white plastic piping]*) piping and mesh seat and backing. The chair did have a PVC cross bar on the bottom front of the chair.</p> <p>The facility "Operation Instructions" for the "Reclining Shower Chair Commode Models" documented in part, "Purpose: to shower patients who have difficulty sitting in a regular shower chair. Operating Information: The chair is more easily used if the backrest and leg rest are set in desired position before placing the user in the chair. BACKREST - the backrest has 2 positions; 1) sitting, 2) reclining. 1) The sitting position is attained by holding up the backrest while affixing the u-shaped pipe configuration to the top horizontal sides of the chair and then leaning the backrest back against it. 2) The reclining position is attained by holding up the backrest and</p>	F 689			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2018
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 689	<p>Continued From page 149</p> <p>dislodging the u-shaped pipe configuration, swinging it upward and back to a hanging position behind the chair. Then lean the backrest against the top horizontal pipe on the back of the chair.</p> <p>LEGREST - By unscrewing the large knobs on either side of the leg rest, you have loosened the leg rest enabling you to place it in the desired position. Place the leg rest at the desired angle and tighten the knobs, being careful not to over tighten. For uses with longer legs, you can extend the leg rest by pulling it outward."</p> <p>An interview was conducted with LPN #8 on 9/27/18 at 3:00 p.m. LPN #8 was asked to review the policy on the shower chair. When asked if the chair ever had leg rests, LPN #8 stated we needed to talk to someone who's been here longer than her."</p> <p>An interview was conducted with CNA #1 on 9/27/18 at 3:07 p.m. When asked if the shower chair had had leg rest, CNA #1 stated, "I remember years back it had a mesh foot rest when it reclined the foot rest came up and supported the feet of the resident."</p> <p>An interview was conducted with OSM (other staff member) #7, the maintenance assistant, on 9/27/18 at 3:26 p.m. When asked if the shower chair had come with leg rest, OSM #7 stated, "I imagine it would have come with them but I didn't know where they went to. I'm not sure what happened to them." OSM #7 went to check his records to see if he had performed any work on the shower chairs.</p> <p>On 9/27/18 at 3:35 p.m., OSM #7 returned and stated the chair was purchased on 5/26/10 and stated he had not performed any maintenance</p>	F 689			

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F 689	<p>Continued From page 150 repairs on the chair.</p> <p>The facility presented education that was provided to all staff dated 9/21/17 and 9/4/17 that documented education on reporting pain, abuse, unusual occurrences, skin tears and bruises and also using a gurney to shower Resident #44. Documentation reviewed also evidenced the following: "Also in-serviced staff on the importance of reporting unusual incidents immediately and also taking precaution and being aware of the resident' that may not be safe during showering or ADL's (activities of daily living) and may need specialized equipment."</p> <p>During interviews with the staff, all staff answered correctly, regarding interventions that were put in place by the facility for the resident, and residents to prevent any further injury. No further concerns or injuries were identified during the survey.</p> <p>PAST NON-COMPLIANCE.</p> <p>(1) This information was obtained from the following website: https://rarediseases.info.nih.gov/diseases/7392/picks-disease</p> <p>(2) This information was obtained from the following website: https://www.merriam-webster.com/medical/malleolus</p> <p>* This information was obtained from the following website: https://www.thefreedictionary.com/PVC</p> <p>**Osteopenia is a term to define bone density that is not normal but also not as low as osteoporosis. This information was obtained from the website:</p>	F 689			

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F 689	Continued From page 151 https://www.ncbi.nlm.nih.gov/pubmed/21234807 ***Osteoporosis is a disease that weakens bones to the point where they break easily-most often, bones in the hip, backbone (spine), and wrist. Osteoporosis is called a "silent disease" because you may not notice any changes until a bone breaks. All the while, though, your bones had been losing strength for many years. This information was obtained from the website:	F 689			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore	F 690	Resident #118 catheter tubing repositioned up off the floor on 9/26/18. Audit of residents with a catheter Conducted by unit manager on 09/26/18 to ensure catheter tubing up from floor and privacy bag in place. Educate staff catheter tubing needs to be off the floor (infection control) and privacy bag always needs to be in place. Education by ADON on 10/17/18.		

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F 690	<p>Continued From page 152 continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and clinical record review, it was determined that facility staff failed to provide care and services for a suprapubic catheter to prevent infection for one of 43 residents in the survey sample, Residents # 118.</p> <p>The facility staff failed to prevent Resident # 118's catheter tubing from resting on the floor.</p> <p>The findings include:</p> <p>Resident # 118 was admitted to the facility on 05/14/2017 with diagnoses that included but were not limited to: atrial fibrillation (1), heart failure (2), chronic obstructive pulmonary disease (3) and gout (4).</p> <p>Resident # 118's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 08/24/18, coded Resident # 118 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 118 was coded as requiring limited to extensive assistance of one staff member for activities of daily living. Section H "Bladder and Bowel" Resident # 118 was</p>	F 690	<p>Random audits will be conducted for those residents with catheter inserted into bladder to ensure catheter tubing up off the floor and privacy bag in place by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Date of compliance 10/30/18.</p>		

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F 690	<p>Continued From page 153</p> <p>coded as "A. Indwelling catheter (including suprapubic catheter [5] and nephrostomy tube)."</p> <p>On 09/25/18 at 11:55 a.m., an observation of Resident # 118 revealed he was in his wheelchair in the hallway drinking a soda. Resident # 118's catheter tubing was observed lying on the floor under the wheelchair.</p> <p>On 09/25/18 at 2:01 p.m., during an interview with Resident # 118 in his room observation of the resident's catheter tubing revealed it was lying on the floor under the wheelchair.</p> <p>On 09/26/18 at 1:20 p.m., revealed he was in his wheelchair in the hallway. Resident # 118's catheter tubing was observed lying on the floor under the wheelchair.</p> <p>The POS (physician's order sheet) for Resident # 118 dated 09/2018 documented, "Suprapubic Catheter care Q (every) shift. Renew 09/24/2018."</p> <p>The comprehensive care plan for Resident # 118 dated 09/14/2018 documented, "Focus: Suprapubic Catheter; Resident has a (Suprapubic) catheter." Under "Interventions it documented, "CATHETER: The resident has 20Fr (French) with a 10 ml (millimeter) balloon Catheter. Position catheter tube and bag below the level of the bladder and privacy cover on at all times."</p> <p>On 09/26/18 at approximately 1:30 p.m., an interview and observation was conducted with LPN (licensed practical nurse) # 2, north wing-unit manager. When asked to describe the process for the care of a catheter, LPN # 2</p>			F 690			

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F 690	<p>Continued From page 154</p> <p>stated, "The tubing is changed prn (as needed) and monthly according to the physician's order, collection bag is attached to tubing and has a covering. The collection bag is kept covered when in the chair or bed for privacy and changed when needed. The tubing and the collection bag are kept off the floor. After observing Resident #18 in his wheelchair with the catheter tubing resting on the floor under the wheelchair, LPN # 2 stated that it needed to be off the floor.</p> <p>On 09/26/18 at approximately 5:50 p.m., ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html.</p> <p>(2) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>(3) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.</p> <p>(4) A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the</p>	F 690			

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F 690	Continued From page 155 joints. This information was obtained from the website: https://medlineplus.gov/ency/article/000422.htm .	F 690			
F 695 SS=E	(5) A suprapubic catheter (tube) drains urine from your bladder. It is inserted into your bladder through a small hole in your belly. You may need a catheter because you have urinary incontinence (leakage), urinary retention (not being able to urinate), surgery that made a catheter necessary, or another health problem. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000145.htm . Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility policy review, clinical record review, and in the course of complaint investigation the facility staff failed to provide respiratory care and services, consistent with professional standards of practice, and the comprehensive person-centered care plan for seven of 43 sampled residents, (Residents #14, #100, #103, #56, #106, #27, and #118).	F 695	Resident #14 nebulizer machine removed on evening of 9/26/18. Order for nebulizer treatments were for seven days. Resident #100 Oxygen humidifier H2O bottler replaced on 9/25/18 and dated. Resident #103 Oxygen flow meter was set per ordered flow rate to 2L/minute 9/26/18. Resident #56 Oxygen humidifier bottle was changed and dated 9/25/18. Resident #56 nebulizer mask stored in plastic dated bag per orders 9/27/18. Resident #106 nebulizer mask stored in plastic dated bag per orders 9/27/18. Resident #27 Oxygen tubing and nasal cannula disposed of and new one obtained. Dated 9/26/18 and stored in plastic bag. Resident #118 nebulizer mask stored in dated 9/26/18 plastic bag.		

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F 695	<p>Continued From page 156</p> <p>1. The facility staff failed to store a nebulizer mask in a sanitary manner for Resident #14.</p> <p>2. The facility staff failed to follow the comprehensive plan of care for the administration of oxygen with humidification per the physician orders for Resident #100.</p> <p>3. The facility staff failed to provide respiratory services according to the physicians order for Resident #103.</p> <p>4 a. The facility staff failed to provide respiratory services according to the physicians order. The water bottle used to humidify Resident #56 oxygen was empty on 9/25/18 while he was receiving 4 liters of oxygen.</p> <p>4 b. The facility staff failed to store Resident #56's nebulizer equipment in a sanitary manner and provided treatments in a contaminated nebulizer mouthpiece.</p> <p>5. The facility staff failed to store Resident #106's nebulizer equipment in a sanitary manner.</p> <p>6. The facility staff failed to store Resident # 27's nasal cannula in a sanitary manner.</p> <p>7. The facility staff failed to store Resident # 118's nebulizer mask in a sanitary manner.</p> <p>The findings include:</p> <p>1. The facility staff failed to store a nebulizer mask in a sanitary manner for Resident #14.</p> <p>Resident #14 was admitted to the facility on 6/24/16, with diagnoses that included but were</p>	F 695	<p>Audit of residents receiving Oxygen and nebulizer treatments was preformed On 09/29/2018 by DON/Designee to ensure were in bags per Policy/procedure. Audit of oxygen Administration of correct flow rate Was completed on 09/29/18 to ensure Correct amount of oxygen per Physician Orders.</p> <p>Staff were educated on residents who receive Oxygen flow greater than 2L will be given 1,000ml H2O humidifier bottle. Staff were educated on dating and storing Oxygen tubing in plastic dated bag when not in use and on storing dated nebulizer mask in plastic dated bag when not in use. Staff educated on Oxygen administration to ensure correct flow meter per physician orders. Education provided by ADON on 10/17/18.</p> <p>Random audits will be conducted on residents receiving Oxygen and nebulizer treatments to ensure compliance with dating and bags and correct administration flow rate by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>5) Date of compliance 10/30/18.</p>		

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F 695	<p>Continued From page 157</p> <p>not limited to: chronic obstructive pulmonary disease [COPD is a common lung disease. Having COPD makes it hard to breathe. (1)], heart disease, difficulty swallowing, high blood pressure, weakness on left side of body due to a stroke, and dementia.</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/26/18, coded the resident as scoring an "8" on the BIMS (brief interview for mental status) score, indicating he has moderate cognitive impairment for daily decision making. The resident was coded as requiring extensive assistance of one or more staff members for bed mobility, transfers, dressing, eating, toileting, bathing, and personal hygiene. In Section O - Special Treatments, Procedures, and Programs, the resident was coded as being under hospice care during the look back period.</p> <p>An observation was made on 9/26/18 at 1:51 p.m. of Resident #14's nebulizer [a small machine that turns liquid medicine into a mist that is breathed in through a connected mask. (2)] mask un-bagged and sitting on the top of the bedside table. There was no storage bag for the mask observed.</p> <p>An observation was made on 9/26/18 at 5:25 p.m. of Resident #14's nebulizer mask un-bagged and sitting on the top of his bedside table.</p> <p>An observation on 9/27/18 at 8:06 a.m. the nebulizer and the mask were no longer sitting on Resident #14's bedside table and the equipment was not observed anywhere else in the resident's room.</p>	F 695			

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F 695	<p>Continued From page 158</p> <p>On 9/27/18 at 11:28 a.m., LPN (licensed practical nurse) #8 was asked to describe the process staff follows for storing a nebulizer mask after a breathing treatment has been given. LPN #8 stated she would rinse the mask and dry it off. Once dried she would place the mask in a bag to keep it from getting dirty. When asked why it was important to keep the mask clean, LPN #8 stated, "A dirty mask could cause an infection since the residents are using it for a breathing treatment ...we want to decrease the risk for any infections."</p> <p>On 9/27/18 at approximately 9:30 a.m., a policy regarding the storage of nebulizer masks was requested from ASM (administrative staff member) #1 (the administrator) via a list of requested policies.</p> <p>On 9/27/18 at 1:05 p.m., ASM #1, the administrator, was made aware of the above findings.</p> <p>In "Fundamentals of Nursing" 7th edition, 2009: Patricia A. Potter and Anne Griffin Perry: Mosby, Inc; Page 648. "Box 34-2 Sites for and Causes of Health Care-Associated Infections under Respiratory Tract -- Contaminated respiratory therapy equipment."</p> <p>No further information was provided prior to exit.</p> <p>1) This information was obtained from the National Institutes of Health at https://medlineplus.gov/ency/article/000091.htm</p> <p>2) This information was obtained from the National Institutes of Health at</p>	F 695			

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F 695	<p>Continued From page 159</p> <p>https://medlineplus.gov/ency/patientinstructions/00006.htm</p> <p>2. The facility staff failed to follow the comprehensive plan of care for the administration of oxygen with humidification per the physician orders for Resident #100.</p> <p>Resident #100 was admitted to the facility on 8/21/18 with diagnoses that included but were not limited to: Wedge compression fracture of the lumbar vertebra, muscle weakness, rheumatoid arthritis [A chronic, destructive disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and shoulders. (1)], Sarcoidosis of lung [a chronic disease of unknown cause characterized by the formation of nodules in the lungs, liver, lymph glands, and salivary glands. (2)] and pulmonary fibrosis [A condition in which the tissue deep in your lungs becomes scarred over time. This tissue gets thick and stiff. That makes it hard for you to catch your breath, and your blood may not get enough oxygen. (3)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 9/18/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for most of her activities of daily living except eating in which she was independent after set up assistance was provided. In Section O - Special Treatments, Procedures and Programs, The</p>	F 695			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2018
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 695	<p>Continued From page 160</p> <p>resident was coded as using oxygen while a resident at the facility.</p> <p>The physician order dated, 8/21/18 and renewed on 9/24/18, documented, Oxygen at 4 liters per minute via nasal cannula, [a tube with two prongs that insert into the nose]. Document O2 [oxygen] settings and check water bottle every shift."</p> <p>Observation was made of Resident #100's oxygen concentrator with the water bottle on 9/25/18 at 2:52 p.m. The resident had the oxygen on via the nasal cannula connected to the oxygen concentrator. The water bottle was empty. This bottle was dated 9/21/18. The water bottle on the concentrator was observed again on 9/25/18 at 3:15 p.m., 3:45 p.m., and 4:45 p.m. and was empty during each observation.</p> <p>On 9/26/18 at 8:41 a.m., the water bottle was observed with water in it and was dated, 9/25/18. No time was documented on the bottle. An interview was conducted with Resident #100 at this time. When asked when the water bottle was changed, Resident #100 stated it was changed around 7:30 p.m. after her sister had brought it to the attention of the nurse.</p> <p>The MAR (medication administration record) for September 2018 documented the above order for oxygen and checking the water bottle every shift. The nurses signed off that it had been checked on 9/25/18 for the 7:00 a.m. to 3:00 p.m. shift. LPN (licensed practical nurse) # 7 documented this.</p> <p>The comprehensive care plan dated, 9/4/18, documented in part, "Focus: Respiratory: Oxygen use." The "Interventions" documented in part,</p>	F 695			

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F 695	<p>Continued From page 161</p> <p>"Change O2 water bottle and connector tube and water bottle every Thursday on 11-7 shift (11:00 p.m. to 7:00 a.m.). Document O2 settings and check water bottle every shift."</p> <p>An interview was conducted with LPN #7 on 9/26/18 at 2:17 p.m., when asked about the purpose of having a water bottle on an oxygen concentrator for a resident is receiving oxygen, LPN #7 stated it gives moisture in their nostrils. Oxygen can cause nosebleeds and stuffiness. When asked how often the water bottles are checked, LPN #7 stated they are changed every Thursday night, but they should be checked every day. When asked if there should be an empty water bottle on a concentrator when the physician order one to be in place for a resident is using oxygen, LPN #7 stated, "No." The above observation of the empty water bottle on Resident #100's oxygen concentrator was shared with LPN #7. LPN #7 stated she had left early that day because she didn't feel well. LPN #7 was shown the MAR where she documented that the water bottle for Resident #100 was checked. When asked how often Resident #100 goes through a water bottle on the concentrator, LPN #7 stated, "She goes through a bottle about every two days."</p> <p>An interview was conducted LPN #2 on 9/26/18 at 2:55 p.m., when asked about the purpose of having a water bottle on an oxygen concentrator for a resident is receiving oxygen, LPN #2 stated it provides humidity to keep the nasal passages moist. LPN #2 stated that all patients should have one (water bottle) unless they have a refusal documented." When asked how often the water bottles are checked, LPN #2 stated, "The nurse should visualize them every shift and they get changed every Thursday." When asked how</p>	F 695			

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F 695	<p>Continued From page 162</p> <p>often an average water bottle on an oxygen concentrator lasts, LPN #2 stated, "It can be changed as needed as well. It depends on the liter flow and how often the resident uses it."</p> <p>Administrative staff member (ASM) #1, the administrator and ASM #2, the director of nursing, were made aware of the above finding on 9/26/18 at 5:57 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 520. (3) This information was obtained from the following website: https://medlineplus.gov/pulmonaryfibrosis.html.</p> <p>3. The facility staff failed to provide respiratory services according to the physicians order for Resident #103.</p> <p>Resident #103 was admitted to the facility on 2/6/14, and readmitted on 9/4/18. Diagnoses that included, but are not limited to: chronic obstructive pulmonary disease (COPD) (1), acute and chronic respiratory failure (2), major depressive disorder, generalized anxiety disorder, atrial fibrillation (3) and high blood pressure.</p> <p>The most recent MDS (minimum data set), a five day assessment, with an ARD (assessment reference date) of 9/8/18, coded the resident as having a score of 15 of 15 on the BIMS (brief interview for mental status) indicating the resident</p>	F 695			

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F 695	<p>Continued From page 163</p> <p>was cognitively intact to make daily decisions. Section O0100 documented that Resident #103 receives oxygen therapy.</p> <p>The physician order dated 9/4/18 documented "O2 (oxygen) at 2 L/min (liters/minute) NC (nasal cannula - a plastic tube with two prongs that insert in the nose) continuous".</p> <p>Review of Resident #103's MAR (medication administration record) documented Oxygen 2L/min NC on 9/25/18.</p> <p>On 09/25/18 at approximately 10:00 a.m., an observation was made of Resident #103. Resident #103's oxygen flow meter was observed set between 1.5 L/min and 2 L/min.</p> <p>On 09/26/18 at approximately 2:38 p.m., a second observation was made of Resident #103's oxygen flow meter. Resident #103's oxygen flow meter was observed set between 1.5 L/min and 2 L/min.</p> <p>On 09/26/18 at approximately 2:47 p.m., a third observation was made with LON (licensed practical nurse) #8. Resident #103's oxygen flow meter was observed set at 1.5 L/min this was confirmed by LPN #8.</p> <p>On 09/26/18 at approximately 2:49 p.m., an interview was conducted with LPN #8. When asked how much oxygen the resident was ordered, LPN #8 stated, "2 L/min."</p> <p>According to the AirSep Vision Aire user manual page 5 for the oxygen concentrator that was at Resident #103's bedside, "Oxygen is a non-addictive drug, and your physician prescribed</p>	F 695			

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F 695	<p>Continued From page 164</p> <p>a flow sufficient to improve your condition."</p> <p>According to the facilities oxygen administration policy "Adjust the (oxygen) flow rate as per order."</p> <p>On 09/27/18 at approximately 3:30 p.m., ASM (administrative staff member) #1, the Administrator and ASM #2, the Director of Nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>1. A disease that makes it difficult to breath that can lead to shortness of breath. The two main types are chronic bronchitis and emphysema. The main cause of COPD is long-term exposure to substances that irritate and damage the lungs. This is usually cigarette smoke. Air pollution, chemical fumes, or dust can also cause it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.</p> <p>2. A condition in which not enough oxygen passes from your lungs into your blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/respiratoryfailure.html.</p> <p>3. A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html.</p> <p>4 a. The facility staff failed to provide respiratory services according to the physicians order. The water bottle used to humidify Resident #56 oxygen was empty on 9/25/18 while he was</p>	F 695			

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F 695	<p>Continued From page 165 receiving 4 liters of oxygen.</p> <p>Resident #56 was admitted to the facility on 1/23/18 and readmitted on 6/20/18 with diagnoses that included but were not limited to type two diabetes, unspecified dementia without behavioral disturbance, high blood pressure, chronic heart failure, and major depressive disorder. Resident #56's most recent MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 8/2/18. Resident #56 was coded as being cognitively intact scoring 11 out of 15 on the BIMS (Brief Interview for Mental Status) exam. Resident #56 was coded as requiring extensive assistance from two staff members with bed mobility; extensive assistance from one staff member with dressing, and personal hygiene, and total dependence on staff with toileting and bathing. Resident #56 was coded in Section O (Special treatments, procedures, and programs) as receiving oxygen therapy.</p> <p>Review of Resident #56's September 2018 physician order summary documented the following order: "Oxygen at 4 liters per minute via nasal cannula. Document 02 (oxygen) settings and Check water bottle every shift."</p> <p>On 9/25/18 at 11:56 a.m., an observation was made of Resident #56. Resident #56 was on 4 liters of oxygen via nasal cannula. The water bottle attached to the oxygen concentrator was empty. There was no date on the water bottle.</p> <p>On 9/25/18 at 4:10 p.m., an observation was made of Resident #56. Resident #56 was on 4 liters of oxygen via nasal cannula. The water bottle attached to the oxygen concentrator was</p>	F 695			

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F 695	<p>Continued From page 166</p> <p>empty. There was no date on the water bottle. When asked Resident #56 how often his water bottle was changed, Resident #56 stated that nursing staff changed out his water bottle every month. Resident #56 then stated that his nose was dry.</p> <p>On 9/25/18 at 4:50 p.m., Resident #56's nurse, LPN (licensed practical nurse) #9, had entered his room to give him a nebulizer treatment. She did not check his oxygen water bottle.</p> <p>On 9/25/18 at 5:18 p.m., Resident #56's nurse, LPN #9, had entered his room to shut off his nebulizer treatment. She did not check his oxygen water bottle. His water bottle remained empty.</p> <p>On 9/26/18 at 8:00 a.m., an observation was made of Resident #56's water bottle. He had a full water bottle dated 9/25/18 3-11 shift.</p> <p>Review of Resident #56's September 2018 MARS (medication administration record) revealed that Resident #56's nurse had signed that she had checked the water bottle 7-3 shift on 9/25/18.</p> <p>Review of Resident #56's most recent comprehensive care plan failed to evidence that Resident #56 refused having a water bottle to humidify his oxygen.</p> <p>On 9/26/18 at 2:57 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the unit manager. When asked the purpose of the water bottle on the oxygen concentrator, LPN #2 stated that the water bottle humidified the oxygen and kept the nose moist. LPN #2 stated that all residents should have a water bottle unless the</p>	F 695			

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F 695	<p>Continued From page 167</p> <p>resident refuses. LPN #2 stated that if a resident refuses the water bottle, then it should be documented on the resident's care plan. When asked how often the water bottles were checked, LPN #2 stated every shift by the nurses. When asked how often they were changed, LPN #2 stated that it depended on how often the resident uses the concentrator and the liters of oxygen.</p> <p>On 9/27/18 at 8:20 a.m., an interview was conducted with LPN #7; the nurse who documented that Resident #56's water bottle was checked on 7-3 shift. When asked how often water bottles were checked on oxygen concentrators, LPN #7 stated that water bottles should be checked every time the nurse goes into the resident's room. When asked if she checked Resident #56's water bottle on 9/25/18 during her shift, LPN #7 stated that she forgot to check. When asked if it was okay to document that she checked Resident #56's water bottle when she did not, LPN #7 stated, "Of course not." LPN #7 stated that she signed that Resident #56 was on 4 liters but that she forgot to check his water bottle. LPN #7 confirmed that his order was not followed.</p> <p>On 9/27/18 at approximately 12:30 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. No further information was provided prior to exit.</p> <p>The facility policy titled, "Oxygen Administration," documents in part the following: "Check physician's order for liter flow and method of administration...For 5 liter capacity concentrators, remove sterile wrapper and attach a pre-filled disposable humidifier bottle to the</p>	F 695			

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F 695	<p>Continued From page 168</p> <p>concentrator...Humidifier bottles are to be changed on a weekly basis and dated."</p> <p>4 b. The facility staff failed to store Resident #56's nebulizer equipment in a sanitary manner and provided treatments in a contaminated nebulizer mouthpiece.</p> <p>Review of Resident #56's September 2018 physician order summary documented the following orders: "albuterol sulfate (1) 2.5 mg (milligrams)/3 ml (milliliters) solution for nebulization give 3 milliliters by nebulization route every 4 hours as needed...Change nebulizer tubing every Thursday on 11-7."</p> <p>On 9/25/18 at 4:10 p.m., an observation was made of Resident #56's nebulizer. The nebulizer mouthpiece was lying on his bedside table not in a bag. The date written on the mouthpiece was in green marker and illegible. A cloth bag was observed hanging from his bedside table with no date on it. When Resident #56 was asked if he could reach his bedside table from his bed, Resident #56 stated that he could not.</p> <p>On 9/25/18 at 4:50 p.m., Resident #56's nurse, LPN (licensed practical nurse) #9, had entered his room to give him a nebulizer treatment. She placed the solution in the same mouthpiece that was on his bedside table.</p> <p>On 9/25/18 at 5:18 p.m., Resident #56's nurse, LPN #9, had entered his room to shut off his nebulizer treatment. She placed the mouthpiece back on the bedside table, not in a bag and uncovered.</p>	F 695			

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F 695	<p>Continued From page 169</p> <p>On 9/27/18 at 8:20 a.m., an interview was conducted with LPN #7. When asked how a nebulizer mask or mouthpiece should be stored when not in use, LPN #7 stated that nebulizer equipment should be stored in a plastic bag. When asked why nebulizer equipment should be stored in a plastic bag when not in use, LPN #7 stated to keep it clean and "germ free." When asked what should be done if she were to see a nebulizer mouthpiece or mask lying on the bedside table uncovered, LPN #7 stated that she would replace the mouthpiece or mask.</p> <p>On 9/27/18 at 10:06 a.m., an interview was attempted with LPN #9. This nurse could not be reached for an interview.</p> <p>On 9/27/18 at approximately 12:30 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. No further information was provided prior to exit.</p> <p>The facility policy titled, "Oxygen Administration," documents in part, the following: "...Label tubing with date and time opened. Tubing is to be changed and dated on Thursday nights 11-7 by the nurse on duty. At this time nursing will insure (sic) that any nebulizer or oxygen machines will have a bag attached to it, labeled with current date and resident's name. This bag will be changed on an as needed basis. At times when this equipment is not in use by the resident, the tubing or nebulizer equipment will be placed into the bag attached to the machine."</p> <p>(1) Albuterol sulfate is used to prevent or treat bronchospasm in patients with asthma, bronchitis, emphysema, and/or lung diseases.</p>	F 695			

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F 695	<p>Continued From page 170</p> <p>This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0008848/?report=details.</p> <p>5. The facility staff failed to store Resident #106's nebulizer equipment in a sanitary manner.</p> <p>Resident #106 was admitted to the facility on 7/10/18 with diagnoses that included but were not limited to diabetes mellitus (type two), high blood pressure, atrial fibrillation, chronic kidney disease, and heart disease. Resident #106's most recent MDS (minimum data set) assessment was an admission assessment with an ARD (assessment reference date) of 7/18/18. Resident #106 was coded as being cognitively intact in the ability to make daily decisions scoring 13 out of 15 on the BIMS (Brief Interview for Mental Status exam). Resident #106 was coded as requiring extensive assistance from two plus persons with bed mobility, transfers, and bathing; extensive assistance from one staff member with dressing, toileting, and personal hygiene; and independent with meals.</p> <p>Review of Resident #106's September 2018 POS (physician order sheet) revealed the following order: "albuterol sulfate (1) 2.5 mg (milligrams)/3 ml (milliliters) solution for nebulization give 3 milliliters by nebulization route every 6 hours as needed..."</p> <p>Review of Resident #106's September 2018 MAR (medication administration record) revealed that she received an as needed albuterol treatment on 9/24/18 at 7:30 a.m.</p>			F 695			

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F 695	<p>Continued From page 171</p> <p>On 9/25/18 at 2:51 p.m., an observation was made of Resident #106's nebulizer equipment. Her nebulizer mask was sitting on her bedside table uncovered and not in a plastic bag. There was no date on the nebulizer mask and/or tubing and there was no bag available to store her mask. When asked if she put her nebulizer mask on the bedside table when she was finished with her treatments, Resident #106 stated that she usually put the mask on her over bed table and the nurses then move it to her bedside table. Resident #106 stated that she did not recall ever having a bag for her mask. Resident #106 could not recall when her mask was last changed.</p> <p>On 9/26/18 at 8:16 a.m., and 1:49 p.m. observations were made of Resident #106's nebulizer equipment. Her nebulizer mask was still sitting on her bedside table uncovered and not in a plastic bag. There was no date on the nebulizer mask and/or tubing and there was no bag available to place her mask in.</p> <p>On 9/27/18 at 8:20 a.m., an interview was conducted with LPN #7, Resident #106's nurse. When asked how a nebulizer mask or mouthpiece should be stored when not in use, LPN #7 stated that nebulizer equipment should be stored in a plastic bag. When asked why nebulizer equipment should be stored in a plastic bag when not in use, LPN #7 stated to keep it clean and "germ free." When asked what should be done if she were to see a nebulizer mouth piece or mask lying on the bedside table uncovered, LPN #7 stated that she would replace the mouth piece or mask. When asked if Resident #106's nebulizer was stored appropriately, LPN #7 stated that she was not aware that Resident #106's nebulizer mask was</p>	F 695			

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F 695	<p>Continued From page 172</p> <p>uncovered on the beside table. LPN #7 stated that Resident #106 had an order for as needed nebulizer treatments and that Resident #106 did not request a treatment on the 25th or 26th. LPN #7 confirmed that she had been in Resident #106's room on both days. LPN #7 stated that all oxygen equipment; including water bottles, tubing, nebulizer equipment should be checked every time the nurse enters the room.</p> <p>On 9/27/18 at approximately 12:30 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. No further information was provided prior to exit.</p> <p>(1) Albuterol sulfate is used to prevent or treat bronchospasm in patients with asthma, bronchitis, emphysema, and/or lung diseases. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0008848/?report=details.</p> <p>6. The facility staff failed to store Resident # 27's nasal cannula in a sanitary manner.</p> <p>Resident # 27 was admitted to the facility on 06/28/2016 with diagnoses that included but were not limited to: atrial fibrillation (1), heart failure (2), dyspnea (3) and hypertension (4).</p> <p>Resident # 27's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 07/03/18, coded Resident # 27 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 27 was coded as requiring</p>			F 695			

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F 695	<p>Continued From page 173</p> <p>extensive assistance of one staff member for activities of daily living.</p> <p>On 09/25/18 at approximately 12:00 p.m., 2: 19 p.m., and 2:22 p.m., observations of Resident # 27's room revealed she not in her room. Observations of the oxygen tubing and nasal cannula revealed it was laying over the upper bedrail exposed to the environment and not placed in a bag or covered.</p> <p>On 09/25/18 at approximately 5:11 p.m., an observation of Resident # 27's room revealed she not in her room. Observation of the oxygen tubing and nasal cannula revealed it was laying over the upper bedrail exposed to the environment and not placed in a bag or covered.</p> <p>On 09/26/18 at approximately 8:25 a.m., and 1:22 p.m., observations of Resident # 27's room revealed she not in her room. Observations of the oxygen tubing and nasal cannula revealed it was laying over the upper bedrail exposed to the environment and not placed in a bag or covered.</p> <p>On 09/26/18 at approximately 1:30 p.m., an interview and observation was conducted with LPN (licensed practical nurse) # 2, north- wing unit manager. When asked to describe the procedure for storing a resident's nasal cannula LPN # 2 stated, "It should be kept in a respiratory bag when not in use." Upon observation of the Resident # 27's room, the nasal cannula was lying over the upper bedrail exposed to the environment and not placed in a bag or covered. LPN # 2 stated, "It should have been bagged. I'm going remove and dispose of the nasal cannula and get a new one."</p>	F 695			

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F 695	<p>Continued From page 174</p> <p>The facility's policy "Oxygen Administration" documented, "At times when this equipment is not in use by the resident, the tubing or nebulizer equipment will be placed into the bag attached to the machine."</p> <p>On 09/26/18 at approximately 5:50 p.m., ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing were made aware of the findings. When asked to identify the standard of practice the nursing staff follows ASM # 2 stated that they follow the facility's policies.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html.</p> <p>(2) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>(3) When you're short of breath, it's hard or uncomfortable for you to take in the oxygen your body needs. You may feel as if you're not getting enough air. Sometimes you can have mild breathing problems because of a stuffy nose or intense exercise. But shortness of breath can also be a sign of a serious disease. This information was obtained from the website: https://medlineplus.gov/breathingproblems.html.</p>	F 695			

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F 695	<p>Continued From page 175</p> <p>(4) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>7. The facility staff failed to store Resident # 118's nebulizer mask in a sanitary manner.</p> <p>Resident # 118 was admitted to the facility on 05/14/2017 with diagnoses that included but were not limited to: atrial fibrillation (1), heart failure (2), chronic obstructive pulmonary disease (3) and gout (4).</p> <p>Resident # 118's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 08/24/18, coded Resident # 118 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 118 was coded as requiring limited to extensive assistance of one staff member for activities of daily living.</p> <p>On 09/25/18 at approximately 2:01 p.m., during an interview with Resident # 118 in his room. Observation of the room revealed an uncovered nebulizer mask lying on top of a small cabinet next to the bed.</p> <p>On 09/25/18 at approximately 5:18 p.m., an observation of Resident # 118's room revealed an uncovered nebulizer mask lying on top of a small cabinet next to the bed.</p> <p>On 09/26/18 at approximately 8:20 a.m., and 1:20 p.m., observations of Resident # 118's room</p>	F 695			

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F 695	<p>Continued From page 176</p> <p>revealed an uncovered nebulizer mask lying on top of a small cabinet next to the bed.</p> <p>On 09/26/18 at approximately 1:30 p.m., an interview and observation was conducted with LPN (licensed practical nurse) # 2, north-wing unit manager. When asked to describe the procedure for storing a resident's nebulizer mask LPN # 2 stated, "It should be kept in a respiratory bag when not in use." Upon observation of the Resident # 118's a nebulizer mask was observed lying on top of a small cabinet next to the bed uncovered. LPN # 2 stated, "It (nebulizer mask) should be in a bag."</p> <p>On 09/26/18 at approximately 5:50 p.m., ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html.</p> <p>(2) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>(3) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website:</p>			F 695			

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F 695	Continued From page 177 https://www.nlm.nih.gov/medlineplus/copd.html (4) A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the joints. This information was obtained from the website: https://medlineplus.gov/ency/article/000422.htm .	F 695			
F 697 SS=E	Pain Management CFR(s): 483.25(k) §483.25(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. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview and clinical record review, it was determined that the facility staff failed to maintain a complete pain management program for four of 43 residents in the survey sample, Residents #92, #100, #55 and #106. 1. The facility staff failed to provide non-pharmacological interventions prior to as needed pain medication administration to Resident #92 on multiple occasions in September 2018. 2. The facility staff failed to offer non-pharmacological interventions prior to the administration of as needed pain medication and failed to assess the effectiveness of the medication after administration for Resident #100.	F 697	Resident #92 care plan was revised to offer non-pharmacological interventions prior to administering as needed pain medication and to include follow-up pain assessment after administration of as needed pain medication. Resident #100 care plan was revised to offer non-pharmacological interventions prior to administering as needed pain medication and to include follow-up pain assessment after administration of as needed pain medication. Resident #55 care plan was revised to offer non-pharmacological interventions prior to administering as needed pain medication and to include follow-up pain assessment after administration of as needed pain medication. Resident #106 care plan was revised to offer non-pharmacological interventions prior to administering as needed pain medication and to include follow-up		

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F 697	<p>Continued From page 178</p> <p>3. The facility staff failed to implement non-pharmacological interventions prior to the administration of Resident # 55's prn (as needed) pain medications of Roxanol Concentrate [Morphine Sulfate] (1), Oxycodone (2) and Acetaminophen (3).</p> <p>4. The facility staff failed to attempt non-pharmacological pain relief interventions prior to administering prn (as needed) pain medication and; failed to document follow up pain evaluations after medication was administered to Resident #106 in September of 2018.</p> <p>The findings include:</p> <p>1. The facility staff failed to provide non-pharmacological interventions prior to as needed pain medication administration to Resident #92 on multiple occasions in September 2018.</p> <p>Resident #92 was admitted to the facility on 2/13/17. Resident #92's diagnoses included but were not limited to chronic pain syndrome, diabetes and major depressive disorder. Resident #92's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/29/18, coded the resident as being cognitively intact. Section J coded Resident #92 as reporting frequent pain over the last five days that limited day-to-day activities.</p> <p>Review of Resident #92's clinical record revealed a physician's order dated 6/20/18 for Percocet (oxycodone/acetaminophen) (1) 5/325 mg (milligrams)- one tablet by mouth every four hours as needed and a physician's order dated 9/8/18</p>			F 697	<p>pain assessment after administration of as needed pain medication.</p> <p>Audit of residents receiving as needed Pain medication will be conducted by the Unit Manager by 10/30/18 to ensure non-pharmacological interventions offered prior to administration and proper documentation of pain assessment and evaluations conducted after given pain medications.</p> <p>Staff educated on the use of non-pharmacological interventions prior to pain medication being administered and documentation of the intervention provided along with documentation of pain assessment evaluations after pain medication given. Interventions will be placed on MARs for easy access to nurses. Education provided by ADON on 10/17/18.</p> <p>Random audits will be conducted for those residents with as needed pain medications to ensure accurate documentation prior to and after administration of as needed pain medication and documentation of evaluation after pain medication</p>		

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F 697	<p>Continued From page 179</p> <p>for Percocet 5/325 mg- two tablets by mouth every four hours as needed. Resident #92's September 2018 MAR (medication administration record) documented both Percocet orders and documented, "Protocol: PAIN INTERVENTIONS: PLEASE INDICATE THE NUMERIC VALUE(S) IN THE COMMENT FIELD: 1=Re positioning Diversions: 2=Reading 3=Watching TV 4=Music 5=Eating 6=Getting OOB (out of bed) 7=Laying Down 8=Activities 9=ROM (range of motion) 10=Refused any alternatives."</p> <p>Further review of Resident #92's September 2018 MAR revealed Percocet 5/325 mg was administered the following dates: -One tablet on 9/1/18 and 9/7/18. -Two tablets on 9/8/18, 9/11/18, 9/14/18 and 9/22/18.</p> <p>Review of the September 2018 MAR comments and the September 2018 pain clinical monitoring detail report revealed non-pharmacological interventions were not offered to Resident #92 on 9/1/18, 9/8/18, 9/11/18, 9/14/18 and 9/22/18.</p> <p>Resident #92's comprehensive care plan with an effective date of 2/13/17 documented, "Musculoskeletal pain r/t (related to) diagnosis of Osteoarthritis of knees and shoulder, low back pain...Use non-pharmacological interventions to manage pain such as relaxation, heat/cold therapy, repositioning, etc..."</p>	F 697	<p>given by DON/Designee weekly x4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Date of compliance 10/30/18.</p>		

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F 697	<p>Continued From page 180</p> <p>On 9/26/18 at 1:33 p.m., an interview was conducted with Resident #92. The resident was lying in bed and stated he has pain in his knees and needs surgery. When asked if the nurses offer non-medication, interventions prior to or along with administering his as needed pain medication, Resident #92 stated, "No."</p> <p>On 9/27/18 at 6:45 a.m., an interview was conducted with LPN (licensed practical nurse) #5 (a nurse responsible for administering as needed Percocet to Resident #92 in September 2018). When asked what should be done prior to administering as needed pain medication to a resident, LPN #5 stated, "I would think Tylenol would be an intervention. Try first but a lot of residents know what they want but some you try to talk to or reposition or see if you can them give something to eat or put the television on. That maybe distracts them." When asked if she documents the non-pharmacological interventions that she offers, LPN #5 stated, "On our pain med (medication), it has a place for you to put a one, a ten, as to what you tried. You put a number in the comment box." When asked if she offers non-pharmacological interventions to Resident #92 prior to administering as needed pain medication, LPN #5 stated, "I ask him what he's rating his pain. A lot of times, he rates a ten. I have asked before if there is anything I can do for him." When asked if she offers non-pharmacological interventions prior to each time she administers Resident #92's as needed pain medication, LPN #5 stated, "Not each time." (Note- Resident #92's pain was rated as followed on each date: -9/1/18- eight -9/8/18-four</p>	F 697			

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F 697	<p>Continued From page 181</p> <p>-9/11/18- ten -9/14/18- eight -9/22/18- eight).</p> <p>On 9/27/18 at approximately 9:30 a.m., a policy regarding pain management was requested from ASM (administrative staff member) #1 (the administrator) via a list of requested policies.</p> <p>On 9/27/18 at 9:35 a.m., ASM #1 was made aware of the above concern.</p> <p>On 9/27/18 at 12:40 p.m., LPN #2 presented a copy of the requested policies list. The list documented the facility did not have a pain management policy.</p> <p>No further information was presented prior to exit.</p> <p>(1) Percocet is used to treat pain. This information was obtained from the website: https://medlineplus.gov/ency/article/000949.htm</p> <p>2. The facility staff failed to offer non-pharmacological interventions prior to the administration of pain medication and failed to assess the effectiveness of the medication after administration for Resident #100.</p> <p>Resident #100 was admitted to the facility on 8/21/18 with diagnoses that included, but were not limited to: wedge compression fracture of the lumbar vertebra, muscle weakness, rheumatoid arthritis [A chronic, destructive disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and</p>	F 697			

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F 697	<p>Continued From page 182</p> <p>shoulders.(1)], Sarcoidosis of lung [a chronic disease of unknown cause characterized by the formation of nodules in the lungs, liver, lymph glands, and salivary glands. (2)] and pulmonary fibrosis [A condition in which the tissue deep in your lungs becomes scarred over time. This tissue gets thick and stiff. That makes it hard for you to catch your breath, and your blood may not get enough oxygen. (3)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 9/18/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for most of her activities of daily living except eating in which she was coded as independent after set up assistance was provided. In Section J - Health Conditions, the resident was coded as having pain in the past five days of the assessment period. The pain was coded as being frequent, interrupts her sleep and is a "6" on the pain scale.</p> <p>The physician orders documented the following orders: - 8/21/18 - "Acetaminophen (Tylenol) 325 mg (milligrams); give 2 tablets (650 mg) by oral route every 4 hours as needed for pain." [Used to treat minor aches and pains] (4). Protocol - PAIN INTERVENTIONS: Please indicate the numeric value(s) in the comment field. 1 = re-positioning, 2= reading, 3 = watching TV, 4 = music, 5 = eating, 6 = getting OOB (out of bed), 7 = laying down, 8 = activities, 9 = ROM (range of motion), 10 = refused any alternatives."</p>	F 697			

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F 697	<p>Continued From page 183</p> <p>- 8/21/18 - "Hydrocodone 5 mg - acetaminophen 325 mg tablet, give 1 tablet by oral route every 4 hours as needed for pain. (Used to treat moderate to moderately severe pain) (5) Protocol - PAIN INTERVENTIONS: Please indicate the numeric value(s) in the comment field. 1 = re-positioning, 2= reading, 3 = watching TV, 4 = music, 5 = eating, 6 = getting OOB (out of bed), 7 = laying down, 8 = activities, 9 = ROM (range of motion), 10 = refused any alternatives."</p> <p>- 9/4/18 - "Hydrocodone 5 mg - acetaminophen 325 mg tablet, give 2 tablet by oral route every 4 hours as needed. Protocol - PAIN INTERVENTIONS: Please indicate the numeric value(s) in the comment field. 1 = re-positioning, 2= reading, 3 = watching TV, 4 = music, 5 = eating, 6 = getting OOB (out of bed), 7 = laying down, 8 = activities, 9 = ROM (range of motion), 10 = refused any alternatives."</p> <p>- 9/4/18 - "Tramadol 50 mg by oral route every 6 hours as needed. (Used to treat moderately to moderately severe pain) (6) Protocol - PAIN INTERVENTIONS: Please indicate the numeric value(s) in the comment field. 1 = re-positioning, 2= reading, 3 = watching TV, 4 = music, 5 = eating, 6 = getting OOB (out of bed), 7 = laying down, 8 = activities, 9 = ROM (range of motion), 10 = refused any alternatives."</p> <p>- 9/4/18 - "Tramadol 50 mg; give 2 tablets (100 mg) by oral route every 6 hours as needed. Protocol - PAIN INTERVENTIONS: Please indicate the numeric value(s) in the comment field. 1 = re-positioning, 2= reading, 3 = watching TV, 4 = music, 5 = eating, 6 = getting OOB (out of bed), 7 = laying down, 8 = activities, 9 = ROM (range of motion), 10 = refused any alternatives."</p>	F 697			

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F 697	<p>Continued From page 184</p> <p>The comprehensive care plan dated, 8/23/18 and revised on 9/4/18, documented in part, "Focus: The resident has potential for pain r/t (related to) Medical Procedures due to wedge comp (compression) FX (fracture) of lumbar vertebra." The "Interventions" documented in part, "Administer medication as ordered. Anticipate the resident's need for pain relief and respond immediately to any complaint of pain. On-going assessment of the resident's pain with emphasis on the onset, location, description, intensity of pain and alleviating and aggravating factors."</p> <p>The August 2018 MAR (medication administration record) documented the above medication orders. On the following dates and times, when the ordered as needed pain medications were administered to Resident #100 the following items were not documented:</p> <p>On 8/23/18 at 8:42 a.m. and 8/24/18 at 7:33 p.m., 8/28/18 at 3:14 p.m., and 8/29/18 at 7:05 p.m. Tramadol 50 mg, one tablet given. There were no reassessments after the administration of the medication for any of these dates.</p> <p>On 8/24/18 at 9:34 a.m. and 8/28/18 at 9:28 a.m. Hydrocodone with acetaminophen, one tablet was administered. There was no documentation of non-pharmacological interventions being provided prior to administration of the as needed pain medication.</p> <p>The September 2018 MAR documented the above medication orders. On the following dates and times, when the ordered as needed pain medications were administered to Resident #100 the following items were not documented:</p>	F 697			

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F 697	<p>Continued From page 185</p> <p>On 9/1/18 at 7:27 a.m., 9/1/18 at 5:03 p.m., 9/2/18 at 7:40 a.m., 9/2/18 at 8:09 p.m., 9/3/18 at 1:25 a.m., 9/3/18 at 5:40 a.m., 9/3/18 at 1:06 p.m., and 9/6/18 at 7:50 a.m., Hydrocodone with acetaminophen, one tablet was administered. There was no documentation of non-pharmacological interventions attempted or offered prior to administration of the as needed pain medication for any of these dates.</p> <p>On 9/3/18 at 8:36 p.m. Hydrocodone with acetaminophen, one tablet was administered. There was no documentation of non-pharmacological interventions offered, and there was no documented reassessment of the resident after the administration of the medication.</p> <p>On 9/4/18 at 2:25 a.m. Tramadol 50 mg, one tablet was administered. There was no documentation of non-pharmacological interventions offered, and there was no documented reassessment of the resident after the administration of the medication. On 9/4/18 at 7:57 a.m. Tramadol 50 mg, one tablet was administered. There was no documented reassessment of the resident after the administration of the medication.</p> <p>On 9/4/18 at 7:31 p.m., 9/5/18 at 5:24 a.m., 9/6/18 at 3:25 p.m., 9/7/18 at 7:52 a.m., 9/11/18 at 5:25 a.m., 9/12/18 at 1:05 a.m., 9/12/18 at 5:33 a.m., 9/20/18 at 7:51 a.m., Tramadol 50 mg, one tablet was administered. There was no documentation of non-pharmacological interventions offered or attempted offered prior to administration of the as needed pain medication for any of these dates.</p>	F 697			

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F 697	<p>Continued From page 186</p> <p>On 9/13/18 at 8:15 a.m., 9/14/18 at 3:56 p.m., 9/15/18 at 11:24 a.m., 9/16/18 at 7:50 a.m., and 12:27 p.m., 9/17/18 at 7:37 a.m., 9/19/18 at 6:58 a.m., 9/19/18 at 10:02 a.m., and 9/22/18 at 7:57 p.m., Hydrocodone with acetaminophen, two tablets were administered. There was no documentation of non-pharmacological interventions offered.</p> <p>On 9/15/18 at 5:33 a.m., hydrocodone with acetaminophen, two tablets were administered. There was no documented reassessment of the resident after the administration of the medication.</p> <p>On 9/15/18 at 7:53 a.m. -9/17/18 at 5:40 a.m., 9/17/18 at 12:55 p.m., 9/21/18 at 12:54 p.m., 9/24/18 at 7:38 a.m., and 9/25/18 at 5:20 a.m., Tramadol 50 mg, two tablet was administrated. There was no documentation of non-pharmacological interventions offered.</p> <p>On 9/24/18 at 11:02 a.m., hydrocodone with acetaminophen, one tablets were administered. There was no documentation of non-pharmacological interventions offered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #6. The above MARs were reviewed with her. When asked about the process staff follows for resident complaints of pain, LPN #6 stated, "We first assess the resident, then ask where the pain is, what level the pain is. We try non-pharmacological interventions, and then if that doesn't work we give them medication. After the medication we go back and reassess to see if it (medication)</p>	F 697			

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F 697	<p>Continued From page 187</p> <p>worked." When asked where all of the assessment and reassessment and non-pharmacological interventions are documented, LPN #6 stated, "It's in the comment section of the MAR." The Comment section of the above MARS were reviewed with LPN #6. LPN #6 stated, "If it's not document it is not being done."</p> <p>Administrative staff member (ASM) #1, the administrator, and ASM #2, the director of nursing, LPN #2, LPN # 1, and RN (registered nurse) #1, were made aware of the above concern on 9/26/18 at 5:57 p.m. When asked what standard of professional practice the facility follows, ASM #2 stated they follow their policies.</p> <p>On 9/27/18 at 12:40 p.m. LPN #2, a unit manager, informed the survey team, the facility did not have a policy on pain assessment, PRN (as needed) pain medication administration or pain and non-pharmacological interventions.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 520. (3) This information was obtained from the following website: https://medlineplus.gov/pulmonaryfibrosis.html. (4) This information was obtained from the following website: https://daily.med.nlm.nih.gov/dailymed/fda/fdaDru</p>	F 697			

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F 697	<p>Continued From page 188</p> <p>gXsl.cfm?setid=1622f694-4d63-4c56-8737-fae31f0ecfb7.</p> <p>(5) This information was obtained from the following website:https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010590/?report=details</p> <p>(6) This information was obtained from the following website: https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012486/?report=details</p> <p>3. The facility staff failed to implement non-pharmacological interventions prior to the administration of Resident # 55's prn (as needed) pain medications of Roxanol Concentrate [Morphine Sulfate] (1), Oxycodone (2) and Acetaminophen (3).</p> <p>Resident # 55 was admitted to the facility on 05/18/2016 with diagnoses that included but were not limited to: cancer, chronic pain, atrial fibrillation (4), anxiety (5), anemia (6) and hypertension (7).</p> <p>Resident # 55's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 08/01/18, coded Resident # 55 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 55 was coded as requiring limited to extensive assistance of one staff member for activities of daily living. Section J "Pain Assessment Interview" coded Resident # 55 as having frequent pain of an eight on a scale of one to ten, with ten being the worst pain.</p> <p>The POS (physician's order sheet) dated 09/2018 documented, "Acetaminophen 325mg (milligram) tablet. Give two tablets (650mg) by oral route</p>	F 697			

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F 697	<p>Continued From page 189</p> <p>every 4 (four) hours as needed for pain. Renew 09/24/2018." "Oxycodone 10mg tablet. Give one tablet (10mg) by oral route every 4 hours as needed for pain 1-7 (one to seven) on numeric pain scale. Renew 09/26/2018." "Roxanol Concentrate 100mg/5(five) ml (milliliter). Give 0.25 milliliters (5mg) by oral route every 4 hours as needed for pain 8-10 (eight to ten) on numeric pain scale. Renew 09/26/2018."</p> <p>The eMAR (electronic medication administration record) for Resident # 55 dated September 2018 documented the above physician's orders. Further review of the eMAR dated September 2018 documented the administration of Oxycodone 10mg on the following dates and times: "9/04/18 at 3:00 p.m., 09/08/18 at 9:23 a.m., 09/09/18 at 8:31 a.m., 09/12/18 at 2:41 a.m., 09/13/18 at 7:53 a.m. and 09/16/18 at 9:75 p.m. The eMAR dated September 2018 documented the administration of Roxanol on 09/09/18 at 3:35 p.m., 09/23/18 at 2:12 p.m. and at 9:18 p.m., 09/24/18 at 1:19 p.m., 09/24/18 at 7:33 p.m., 09/25/18 at 5:21 p.m., and 09/26/18 at 2:42 p.m. Further review of the eMAR failed to evidence any documentation of non-pharmacological interventions attempted of prior to the administration of oxycodone and Roxanol.</p> <p>On 09/26/18 at 1:01 p.m., an interview was conducted with LPN (licensed practical nurse) # 11. When asked to describe the process for administering as needed pain medications, LPN # 11 stated, "Ask the patient where the pain is, describe pain, rate pain on scale zero to ten, ten being worst., check MAR for the prn pain medication. Wait about 30 -60 min and ask them to rate the pain again, if they still have pain check</p>	F 697			

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F 697	<p>Continued From page 190</p> <p>the time frame before administering the next dose. I would try non-pharmacological approaches first every time and document on the eMAR."</p> <p>On 09/26/18 at 4:50 p.m., an interview was conducted with LPN # 6 regarding the documentation of non-pharmacological intervention prior to the administration of prn (as needed) pain medication. LPN # 6 stated, "We use a code for the interventions and it is documented on the eMAR (electronic medication administration record) in the comment section." After reviewing the eMAR for Resident # 55's as needed pain medication, LPN # 6 stated, "If it's not being documented it's not being done."</p> <p>On 09/26/18 at approximately 5:50 p.m., ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) (Morphine) used to relieve moderate to severe pain. Morphine extended-release tablets and capsules are only used to relieve severe (around-the-clock) pain that cannot be controlled by the use of other pain medications. Morphine extended-release tablets and capsules should not be used to treat pain that can be controlled by medication that is taken as needed. Morphine is in a class of medications called opiate (narcotic) analgesics. It works by changing the way the brain and nervous system respond to pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682133.html.</p>	F 697			

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F 697	Continued From page 191 (2) Oxycodone is used to relieve moderate to severe pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682132.html . (3) Used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). It works by changing the way the body senses pain and by cooling the body. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a681004.html . (4) A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html . (5) Fear. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anxiety.html#summary . (6) Low iron. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/anemia.html .	F 697			

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F 697	<p>Continued From page 192</p> <p>(7) High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>4. The facility staff failed to attempt non-pharmacological pain relief interventions prior to administering prn (as needed) pain medication and; failed to document follow up pain evaluations after medication was administered to Resident #106 in September of 2018.</p> <p>Resident #106 was admitted to the facility on 7/10/18 with diagnoses that included but were not limited to diabetes mellitus (type two), high blood pressure, atrial fibrillation, chronic kidney disease, and heart disease. Resident #106's most recent MDS (minimum data set) assessment was an admission assessment with an ARD (assessment reference date) of 7/18/18. Resident #106 was coded as being cognitively intact in the ability to make daily decisions scoring 13 out of 15 on the BIMS (Brief Interview for Mental Status exam). Resident #106 was coded as requiring extensive assistance from two plus persons with bed mobility, transfers, and bathing; extensive assistance from one staff member with dressing, toileting, and personal hygiene; and independent with meals.</p> <p>Review of Resident #106's September 2018 physician order sheet revealed the following order: "Oxycodone 5 mg (milligrams) by oral route 2 times a day as needed (PRN)."</p> <p>Review of September 2018 MAR (Medication Administration Record) for Resident #106 revealed that she received oxycodone on the following dates and times: "9/8/18 at 7:00 p.m., 9/13/18 at 2:30 a.m., and 9/25/18 at 7:43 p.m."</p>			F 697			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2018
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 697	<p>Continued From page 193</p> <p>Review of Resident #106's clinical record failed to evidence that non-pharmacological interventions were attempted prior to the administration of oxycodone on all three dates above. There was no documented evidence that a follow up pain evaluation was conducted on 9/13/18 and 9/25/18 on the MAR or in the nursing notes.</p> <p>Review of the Clinical Monitoring Detail Report for September 2018, failed to evidence that non-pharmacological interventions were attempted prior to the administration of oxycodone on all three dates above. There was no evidence that a follow up pain evaluation was conducted on 9/13/18 and 9/25/18.</p> <p>Resident #106's comprehensive care plan documented the following intervention under care area "Pain": "Evaluate the effectiveness of pain interventions 1 hour after giving. Review for compliance, alleviating symptoms, dosing schedules, and resident satisfaction with results, impact on functional ability and impact on cognition."</p> <p>On 9/27/18 at 8:20 a.m., an interview was conducted with LPN (licensed practical nurse) #7, Resident #106's nurse. When asked about the process staff follows prior to administering prn (as needed) pain medication, LPN #7 stated that she will ask the resident their pain level, and administer medication based on their level of pain. LPN #7 stated the residents will usually tell the nurses if they need a pain pill. When asked if they try to attempt other interventions prior to administering as needed pain medication, LPN #7 stated they generally try to re-adjust the resident, offer them a drink etc. LPN #7 stated some</p>	F 697			

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F 697	<p>Continued From page 194</p> <p>residents "will flat out" refuse. When asked if it is documented anywhere in the clinical record that non-pharmacological interventions were offered or attempted prior to administering prn pain medications, LPN #7 stated the nurses were supposed to document on the MAR or in a nursing note. When asked about the process staff follows after a pain medication is administered, LPN #7 stated that nursing should be following up with the resident in an hour, assessing, and then documenting their level of pain. When asked where staff document the follow up pain evaluations, LPN #7 stated follow up pain evaluations should also be documented on the MAR. When asked what it meant if documentation could not be found for non-pharmacological interventions attempted or follow up pain evaluations, LPN #7 stated, "Probably assume it wasn't done. They should be doing it. It does pop up on MAR to be done."</p> <p>On 9/27/18 at 12:12 p.m., an interview was conducted with Resident #106. When asked if staff try other things to relieve her pain prior to giving her pain medication, Resident #106 stated they usually give her pain medication when she asks for it. Resident #106 stated staff just give it to her. When asked if staff go back and evaluate if the pain medication is working, Resident #106 stated the staff did not come back but that her pain medication works when she needs it.</p> <p>On 9/27/18 at approximately 12:30 p.m., ASM (administrative staff member) #1, the administrator was made aware of the above concerns. No further information was provided prior to exit.</p> <p>(1) Oxycodone is a narcotic analgesic used to</p>	F 697			

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F 697	Continued From page 195 relieve moderate to severe pain. This information was obtained from The National Institutes of Health. https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0001326/ .	F 697			
F 740 SS=D	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review, it was determined that the facility staff failed to provide psychosocial services for one of 43 residents in the survey sample, Resident #2. Resident #2's mood score increased from a five on a quarterly MDS (minimum data set) assessment completed on 6/19/18 (indicating mild depression) to a ten on a quarterly MDS assessment completed on 9/19/18 (indicating moderate depression). The facility staff failed to address the change in the residents mood score. The findings include: Resident #2 was admitted to the facility on 9/8/14.	F 740	Resident #2 mood was addressed And will be seen by Psychological Services on 10/26/18. Residents who have had an MDS Complete over the past 30 days Were reviewed for any mood changes By the DON/designee on 10/18/2018. If any noted will be addressed and services provided as needed. Education given to the SSD/ASSD On identifying mood changes and The need for referral to Psychological Services if noted during an MDS Assessment. Random audits will be conducted Monthly x 3 months by the Care Plan team to ensure compliance of mood changes. Results will be reviewed by the QAPI committee for interventions and recommendations. Date of Compliance: 10/30/2018		

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F 740	<p>Continued From page 196</p> <p>Resident #2's diagnoses included but were not limited to Alzheimer's disease, diabetes and nutritional deficiency. Resident #2's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 9/19/18, coded the resident's cognition as moderately impaired.</p> <p>The CMS (Centers for Medicare and Medicaid Services) RAI (Resident Assessment Instrument) manual used to complete MDS assessments documented the following: "SECTION D: MOOD Intent: The items in this section address mood distress, a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity. It is particularly important to identify signs and symptoms of mood distress among nursing home residents because these signs and symptoms can be treatable.</p> <p>It is important to note that coding the presence of indicators in Section D does not automatically mean that the resident has a diagnosis of depression or other mood disorder. Assessors do not make or assign a diagnosis in Section D; they simply record the presence or absence of specific clinical mood indicators. Facility staff should recognize these indicators and consider them when developing the resident's individualized care plan.</p> <p>-Depression can be associated with: - psychological and physical distress (e.g., poor adjustment to the nursing home, loss of independence, chronic illness, increased sensitivity to pain), - decreased participation in therapy and activities (e.g., caused by isolation), - decreased functional status (e.g., resistance to</p>	F 740			

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F 740	<p>Continued From page 197</p> <p>daily care, decreased desire to participate in activities of daily living [ADLs]), and</p> <ul style="list-style-type: none"> - poorer outcomes (e.g., decreased appetite, decreased cognitive status). - Findings suggesting mood distress should lead to: <ul style="list-style-type: none"> - identifying causes and contributing factors for symptoms, - identifying interventions (treatment, personal support, or environmental modifications) that could address symptoms, and - ensuring resident safety..." <p>Section D0200 "Resident Mood Interview (PHQ-9)" of Resident #2's quarterly MDS with an ARD of 6/19/18 documented the resident reported:</p> <ul style="list-style-type: none"> - little interest or pleaser in doing things 2-6 days (several days) over the last 14 days - feeling down, depressed, or hopeless 2-6 days over the last 14 days - trouble falling or staying asleep, or sleeping too much 2-6 days over the last 14 day - feeling tired or having little energy 7-11 days (half or more of the days) over the last 14 days <p>The total severity score was documented as five.</p> <p>Section D0200 of Resident #2's quarterly MDS with an ARD of 9/19/18 documented the resident reported:</p> <ul style="list-style-type: none"> - little interest or pleaser in doing things 2-6 days (several days) over the last 14 day - feeling down, depressed, or hopeless 2-6 days over the last 14 days - trouble falling or staying asleep, or sleeping too much 2-6 days over the last 14 days - feeling tired or having little energy 12-14 days (nearly every day) over the last 14 days - poor appetite or overeating 7-11 days (half or 	F 740			

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F 740	<p>Continued From page 198</p> <p>more of the days) over the last 14 days</p> <p>-feeling bad about yourself- or that you are a failure or have let yourself or your family down 7-11 days over the last 14 days</p> <p>The total severity score was documented as ten.</p> <p>The CMS RAI manual further documented, "D0300: Total Severity Score Health-related Quality of Life</p> <ul style="list-style-type: none"> ·The score does not diagnose a mood disorder or depression but provides a standard score, which can be communicated, to the resident's physician, other clinicians and mental health specialists for appropriate follow up. ·The Total Severity Score is a summary of the frequency scores on the PHQ-9© that indicates the extent of potential depression symptoms and can be useful for knowing when to request additional assessment by providers or mental health specialists. <p>Planning for Care</p> <ul style="list-style-type: none"> ·The PHQ-9© Total Severity Score also provides a way for health care providers and clinicians to easily identify and track symptoms and how they are changing over time... <p>Responses to PHQ-9© can indicate possible depression. Responses can be interpreted as follows:</p> <ul style="list-style-type: none"> - Major Depressive Syndrome is suggested if-of the 9 items-5 or more items are identified at a frequency of half or more of the days (7-11 days) during the look-back period and at least one of these, (1) little interest or pleasure in doing things, or (2) feeling down, depressed, or hopeless is identified at a frequency of half or more of the days (7-11 days) during the look-back period. - Minor Depressive Syndrome is suggested if, of the 9 items, (1) feeling down, depressed or 	F 740			

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F 740	<p>Continued From page 199</p> <p>hopeless, (2) trouble falling or staying asleep, or sleeping too much, or (3) feeling tired or having little energy are identified at a frequency of half or more of the days (7-11 days) during the look-back period and at least one of these, (1) little interest or pleasure in doing things, or (2) feeling down, depressed, or hopeless is identified at a frequency of half or more of the days (7-11 days). - In addition, PHQ-9© Total Severity Score can be used to track changes in severity over time. Total Severity Score can be interpreted as follows: 1-4: minimal depression 5-9: mild depression 10-14: moderate depression 15-19: moderately severe depression 20-27: severe depression..."</p> <p>Resident #2's comprehensive care plan with an admission date of 9/8/14 failed to document information regarding mood/depression.</p> <p>On 9/25/18 at 1:41 p.m. and 2:20 p.m., Resident #2 was lying in bed with her eyes closed. On 9/25/18 at 3:20 p.m., Resident #2 was lying in bed talking to her husband. On 9/26/18 at 8:42 a.m. and 1:02 p.m., Resident #2 was lying in bed.</p> <p>On 9/26/18 at 2:07 p.m., an interview was conducted with OSM (other staff member) #2 (the social services assistant and the person who completed section D of Resident #2's MDS assessments). OSM #2 was asked if she assesses a change in residents' mood scores on the MDS assessments. OSM #2 stated no one has ever told her to do that. OSM #2 was asked what she would have done if she was aware of the change in Resident #2's mood scores from the 6/19/18 MDS assessment to the 9/19/18 MDS</p>	F 740			

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F 740	<p>Continued From page 200</p> <p>assessment. OSM #2 stated she would have talked to the MDS department to see if a significant change assessment should be done and talked to the nursing unit manager to see if the physician should be made aware and if the resident should be seen by psychiatry services. OSM #2 stated Resident #2 does not like to talk. When asked if Resident #2 gets out of bed, OSM #2 stated the activities department completes one on one visits with Resident #2 and the resident's roommate is her husband. OSM #2 stated Resident #2 prefers to stay in bed but she gets up for showers.</p> <p>On 9/27/18 at 9:10 a.m., an interview was conducted with OSM #1 (the social services director). OSM #1 was asked if she assesses for a change in residents' mood scores on the MDS assessment. OSM #1 stated, "When a mood score changes, a decline or improvement, we note on it and then if it's something that needs to be addressed in the care plan we do that. If it's a drastic mood change we try to either talk with the psychologist or try to get them in more activities." OSM #1 was asked what should happen if a mood score increases. OSM #1 stated, "We go and talk with her, try to, depending on what the situation is, she might be referred to the psychologist and try to figure out a plan for her to get in activities." When asked if the facility staff should develop a plan to address the change in the mood score, OSM #1 stated, "Yes." When asked if a mood score changing from five to ten is a drastic change, OSM #1 stated, "Yes." When asked if Resident #2's change in mood scores should have been identified and addressed, OSM #1 stated, "Yes."</p> <p>On 9/27/18 at approximately 9:30 a.m., a policy</p>	F 740			

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F 740	Continued From page 201 regarding psychosocial services was requested from ASM (administrative staff member) #1 (the administrator) via a list of requested policies. On 9/27/18 at 9:35 a.m., ASM #1 was made aware of the above concern. On 9/27/18 at 12:40 p.m., LPN (licensed practical nurse) #2 presented a copy of the requested policies list. The list documented the facility did not have a psychosocial services policy.	F 740			
F 804 SS=C	No further information was presented prior to exit. Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance; §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to serve food at palatable temperatures and flavor. The findings include: On 9/26/18 at 11:23 a.m., an observation was made of the lunch tray-line service. The following temperatures were obtained by OSM #3 (Other	F 804	Unable to correct the taste And temperature of the food currently as it is past. All residents have the potential To be affected by this regulation Not complying. Dietary staff will be educated on the preparation of food so that it Is within a safe appetizing temperature, Palpable, attractive and has nutritive value and flavor by the Administrator By 10/30/2018. Test trays will be tested weekly x 2 months by the Administrator and DON to ensure that the food is		

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F 804	<p>Continued From page 202</p> <p>Staff Member - a dietary manager) with a calibrated facility thermometer, of the menu items: Sliced turkey was 194 degrees; mashed potatoes was 190 degrees; zucchini was 191, turkey gravy was 170 degrees. The pureed menu items were as follows: pureed turkey with gravy was 180 degrees; pureed mashed potatoes was 188 degrees; pureed zucchini was 173.</p> <p>On 9/26/18 at 12:25 p.m., a test tray was requested, from OSM #3 for the regular and pureed meals. At 12:45 p.m., after all residents were served, the temperatures of the test tray was conducted and temperatures obtained by OSM #3 and were as follows: The regular meal of sliced turkey was 125 degrees (a 69-degree decrease), mashed potatoes was 140 degrees (a 50-degree decrease); zucchini was 129 degrees (a 62-degree decrease). The pureed meal was pureed turkey with gravy was 124 degrees (a 56-degree decrease); pureed mashed potatoes was 132 degrees (a decrease of 56 degrees), pureed zucchini was 121 degrees (a decrease of 52 degrees).</p> <p>On 9/26/18 at 12:50 p.m., the test tray was tasted with two surveyors and OSM #3 and OSM #4, both dietary managers. All agreed that the food was not hot enough for palatability. OSM #4 stated that if she were served this meal in a restaurant, at this temperature, she would send it back. All agreed the food was similar to room temperature. OSM #4 also stated that the pureed turkey tasted like potted meat. She stated she does not like potted meat and that is what it tasted like to her. All agreed that the pureed turkey's flavor would have been difficult to ascertain what meat it was if they did not know that it was turkey before eating it. All agreed that</p>	F 804	<p>appetizing correct temperature, attractive and has nutritive value and flavor. Results will be taken to the QAPI Committee for review and Recommendations.</p> <p>Date of Compliance: 10/30/2018</p>		

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F 804	Continued From page 203 the pureed zucchini tasted like green beans and not zucchini. Although all agreed it was not a bad flavor, all agreed that they would not have known they were eating zucchini. A group interview was conducted on 9/25/18 at 2:45 p.m., the group complained about the temperature and flavor of the food. In individual resident interviews conducted throughout the survey, residents complained of the temperature and flavor of the food. A review of the facility policy, "Minimum Temperatures at Point of Service to Patient" documented, "3....h. Have hot food hot and cold food cold when the tray reaches the patient." On 9/27/18 at 9:30 a.m., the ASM #1 (Administrative Staff Member), the Administrator, was made aware of the findings. No further information was provided by the end of the survey.	F 804			
F 812 SS=E	COMPLAINT DEFICIENCY . Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility	F 812	Unable to correct this Deficient practice currently as it is past. All residents have the potential To be affected by this deficient Practice.		

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F 812	<p>Continued From page 204</p> <p>gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. 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 prepare and serve food in a sanitary manner.</p> <p>The findings include:</p> <p>On 9/26/18 at 11:23 a.m., an observation was made of the lunch meal tray-line service in the kitchen. OSM #5, the cook, was preparing each meal tray. She was wearing gloves and wore the same pair throughout the tray-line service. She handled the plates, serving spoon handles, tongs, and other items with the same gloves on. As she prepared each tray, she obtained 2 half-sized slices of bread from under a sheet of wax paper on a tray and placed the 2 half slices of bread onto each plate. The bread was not wrapped in anything and she handled the bread with her gloved hands, wearing the same gloves that she had handled plates, serving spoons, and other items with.</p> <p>On 9/27/18 at 8:15 AM in an interview with OSM #3 she stated that food should not be handled with bare hands, and therefore, the gloves should also be clean and not contaminated before handling food.</p>	F 812	<p>Dietary staff were immediately Educated by the Administrator on 09/27/18 as soon as the inspector brought it to the attention of the staff. Education given to the staff on 10/18/18 by the ADON on safe Handling of food and using gloves To touch food.</p> <p>Dietary Managers and Administration Staff will monitor staff for compliance Daily when making rounds and observing Meal service. Results will be taken to The QAPI committee for review and Recommendations.</p> <p>Date of Compliance: 10/30/18</p>		

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F 812	<p>Continued From page 205</p> <p>On 9/27/18 at 8:30 AM in an interview with OSM #5, when asked about the bread was handled with the same gloves she handled other items with, OSM #5 stated she never really thought of it that way.</p> <p>A review of the facility policy, "Food Preparation: Dietary Food Handling" documented, "3. Foods should be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements so as to avoid manual contact of prepared foods with hands."</p> <p>OSM #6, a dietary aid, was observed setting up each tray for OSM #5. She was wearing gloves and wore the same pair throughout the tray-line service. She handled the bases for the hot palette that goes under the plates, the domed plate covers, packets of butter for the bread, trays, and other items, all with the same gloves on, contaminating them by handling non-clean items. She was then observed, as she set up each tray, grabbing silverware on the end of the silverware used to eat food with from a silverware rack, and placing the silverware onto each tray, wearing the same gloves that she wore while handling trays, palette bases and covers, butter packets and other items.</p> <p>On 9/27/18 at 8:21 a.m., in an interview with OSM #3, she stated the silverware should have been flipped over and not grabbed by the end used for food. They were not stored properly in the rack so they could be grabbed by the handle end.</p> <p>A review of the facility policy, "Food Preparation: Dietary Food Handling" documented, "12. Utensils, cups, glasses and dishes must be</p>	F 812			

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F 812	Continued From page 206 handled in such a way as to avoid touching surfaces which food or drink will come in contact with."	F 812			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident	F 842	Resident #100 record was corrected to reflect an accurate pain score on 9/26/18. Audit of residents receiving as needed pain medications will be conducted by unit manager by 10/30/18 to ensure accurate pain score documented. Educate staff on the need of documenting accurate pain score prior to and after administration of as needed pain medications. Education provided by ADON on 10/17/18.		

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F 842	<p>Continued From page 207</p> <p>representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p>	F 842	<p>Random audits will be conducted for those residents with as needed pain medications to ensure accurate documentation of pain score prior to and after administration of as needed pain medication by DON/Designee weekly x 4 weeks then monthly x2 months with results taken to QAPI for interventions and recommendations.</p> <p>Date of compliance 10/30/18.</p>		

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F 842	<p>Continued From page 208</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for one of 43 residents in the survey sample, Resident # 100.</p> <p>The facility staff documented an incorrect pain score in the clinical record for Resident #100.</p> <p>The findings include:</p> <p>Resident #100 was admitted to the facility on 8/21/18 with diagnoses that included, but were not limited to: wedge compression fracture of the lumbar vertebra, muscle weakness, rheumatoid arthritis [A chronic, destructive disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and shoulders.(1)], Sarcoidosis of lung [a chronic disease of unknown cause characterized by the formation of nodules in the lungs, liver, lymph glands, and salivary glands. (2)] and pulmonary fibrosis [A condition in which the tissue deep in your lungs becomes scarred over time. This tissue gets thick and stiff. That makes it hard for you to catch your breath, and your blood may not get enough oxygen. (3)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 30 day assessment, with an assessment reference date of 9/18/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive</p>	F 842			

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F 842	<p>Continued From page 209</p> <p>decisions. The resident was coded as requiring extensive assistance of one staff member for most of her activities of daily living except eating in which she was independent after set up assistance was provided. In Section J - Health Conditions, the resident was coded as having pain in the past five days of the assessment period. The pain was coded as being frequent, interrupts her sleep and is a "6" on the pain scale. In Section O - Special Treatments, Procedures and Programs, The resident was coded as using oxygen while a resident at the facility.</p> <p>The physician order dated, 9/4/18, documented, "Hydrocodone 5 mg (milligrams) - Acetaminophen 325 mg tablet [treats moderate to moderately severe pain. (4)]; give 2 tablets by oral route every 4 hours as needed."</p> <p>The September MAR (medication administration record) documented the above medication. On 9/1/18, the Medication was documented as having been given on 9/1/18 at 5:03 p.m. for a pain level of "0." With a follow-up pain level of "0." LPN (licensed practical nurse) # 9 administered this.</p> <p>Review of the nurse's notes for 9/1/18, failed to evidence documentation of the pain level.</p> <p>The comprehensive care plan dated, 8/23/18 and revised on 9/4/18, documented in part, "Focus: The resident has potential for pain r/t (related to) Medical Procedure due to wedge comp (compression) Fx (fracture) of the lumbar vertebra." The "Interventions" documented in part, "On-going assessment of the resident's pain with emphasis on the onset, location, description, intensity of pain and alleviating and aggravation</p>	F 842			

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F 842	<p>Continued From page 210 factors."</p> <p>An interview was conducted with LPN #9 on 9/26/18 at 3:24 p.m. The above MAR was reviewed with LPN #9. When asked why she would give a narcotic pain medication for a pain level of "0." LPN #9 stated, "Most likely it was supposed to be a ten." When asked if this was an accurate clinical record, LPN #9 stated, "No, Ma'am."</p> <p>Administrative staff member (ASM) #1, the administrator and ASM #2, the director of nursing, were made aware of the above finding on 9/26/18 at 5:57 p.m.</p> <p>On 9/27/18 at 12:40 p.m. LPN #2, a unit manager, informed the survey team, the facility did not have a policy on pain assessment, PRN (as needed) pain medication administration or pain and non-pharmacological interventions.</p> <p>A request was made on 9/27/18 at approximately 9:30 a.m. for a policy on a complete and accurate clinical record. On 9/27/18 at 1:53 p.m. RN (registered nurse) #1, the assistant director of nursing, provided a document that documented the facility did not have a policy on a complete and accurate clinical record.</p> <p>"Documentation is anything written or printed that is relied on as record or proof for authorized persons. Documentation within a client medical record is a vital aspect of nursing practice. Nursing documentation must be accurate, comprehensive, and flexible enough to retrieve critical data, maintain continuity of care, track client outcomes, and reflect current standards of nursing practice. Information in the client record</p>	F 842			

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F 842	Continued From page 211 provides a detailed account of the level of quality of care delivered to the clients." Potter and Perry (2005) also includes the following information: "As members of the health care team, nurses need to communicate information about clients accurately and in a timely, effective manner."(5) No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 520. (3) This information was obtained from the following website: https://medlineplus.gov/pulmonaryfibrosis.html . (4) This information was obtained from the following website: https://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0010590/?report=details (5) Potter and Perry's Fundamentals of Nursing 6th edition (2005, p. 477).	F 842			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention	F 880	Resident #36 cannot be corrected as it is past. The ice machines opening for The air gap was corrected to the correct air gap required by the maintenance director on 09/27/18 A Legionella program was developed By the QAPI committee to meet the Regulations.		

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F 880	Continued From page 212 and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed	F 880	All resident has the potential to be Affected by this regulation not Complying. Air gap was Immediately corrected, aide was Educated on the use of gloves and A Legionella program has been Developed. The ice machines were immediately Fixed for air gap to comply. Aide involved was educated by the DON On the use of gloves if going to touch food. Staff were educated on 10/18/18 by the ADON on infection control practices including Air gap, handling of resident food, ensure to use gloves, and the Legionella Program to prevent Legionella disease. (This education will be given yearly) Management team during rounds will Observe infection control practices to Ensure compliance. Results will be discussed At QAPI committee meeting for review And recommendations. Review of Legionella Program will be reviewed yearly by QAPI. Date of Compliance: 10/30/18		

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F 880	<p>Continued From page 213</p> <p>by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to develop a complete Legionella program; and failed to follow infection control practices for one of 43 sampled residents, Residents # 36, and failed to ensure an air gap was in place for two of three facility ice machines.</p> <p>1. The facility staff failed to develop a complete Legionella program.</p> <p>2. The facility staff failed to follow infection control practices during the dining observation on 9/25/18 at 12:15 p.m. with Resident #36.</p> <p>3. The facility staff failed to ensure there was an air gap for 2 of 3 facility ice machines, the Kitchen and the South unit.</p> <p>The findings include:</p> <p>1. The facility staff failed to develop a complete</p>	F 880			

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F 880	<p>Continued From page 214 Legionella program.</p> <p>On 9/27/18 at 8:30 a.m., review of the facility's Legionella program was conducted with OSM (other staff member) #11, the maintenance director, and OSM #7, the maintenance assistant. The facility staff could not evidence a policy, procedure or facility risk assessment to identify where Legionella and other opportunistic waterborne infections could grow and spread in the facility water system. The facility staff only provided a flow chart indicating the facility's water process, water flow, recirculating return flow, and back flow preventer. When asked if this was the only written evidence of the facility's Legionella program, OSM #11 stated, "Yes." When asked if the facility had any documented testing protocols and results of the testing, OSM #11 stated, "No." When asked if the facility had a written policy addressing Legionella and other waterborne infections, OSM #11 state, "No." During this review, OSM#11 acknowledged that the facility had not developed a complete Legionella program.</p> <p>On 9/27/18 at 1:05 p.m., ASM (administrative staff member) #1, the administrator, was made aware of the above findings.</p> <p>No further information was presented prior to exit.</p> <p>2. The facility staff failed to follow infection control practices during the dining observation on 9/25/18 at 12:15 p.m. with Resident #36.</p> <p>Resident #36 was admitted to the facility on 4/2/18 with diagnoses that included but were not limited to: seizures, diabetes, depression, high blood pressure, dementia, arthritis and pain. The most recent MDS (minimum data set)</p>			F 880			

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F 880	<p>Continued From page 215</p> <p>assessment, a quarterly assessment, with an assessment reference date of 7/10/18, coded the resident as scoring a "7" on the BIMS (brief interview for mental status score) indicating the resident was moderately impaired to make daily cognitive decisions. The resident was coded in Section G - Functional Status, as being independent in eating with set up assistance only.</p> <p>Resident #36 was observed on 9/25/18 at 12:15 p.m. receiving her lunch tray. CNA (certified nursing assistant) # 4 proceeded to remove the dome over the hot plate. She then took the resident's roll, while on the side plate, and held the roll against the plate with her bare hand and sliced the roll. CNA #4 then proceeded to hold the edges of the roll while applying butter to the roll with her bare hands.</p> <p>The comprehensive care plan dated, 9/7/18, documented in part, "Focus: ADL's (activities of daily living) Resident requires assistance with ADL task performance as follows; set-up at mealtime, limited assist for bed mobility, transfer, ambulation, toileting, grooming, and dressing. The "Interventions" documented in part, "Extensive assist with ADL's, Can feed self after set up."</p> <p>An interview was conducted with CNA #4 on 9/27/18 at 7:49 a.m. The above observation was shared with CNA #4. CNA #4 stated, "I should have had gloves on. I'm not supposed to touch the resident's food with my bare hands."</p> <p>Administrative staff member (ASM) #1, the administrator and ASM #2, the director of nursing were made aware of the above findings on 9/27/18 at 10:43 a.m.</p>			F 880			

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

PRINTED: 10/11/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/27/2018
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 880	<p>Continued From page 216</p> <p>No further information was obtained prior to exit. 3. The facility staff failed to ensure there was an air gap for two of three facility ice machines, the Kitchen and the South unit.</p> <p>On 9/25/18 at 11:44 a.m., during the initial kitchen inspection with OSM #3 (Other Staff Member), the dietary manager, the kitchen ice machine was observed. The PVC pipe running from the ice machine was observed with the end of the pipe hanging approximately 1 inch into the reducer contained in the floor drain that it was draining into, there was no air gap between the pipe and the reducer to prevent potential backflow into the pipe should the drain have a backflow. OSM #3 was asked about the air gap. OSM #3 stated she was unaware there should be an air gap. At this time, she made maintenance staff aware of the lack of air gap.</p> <p>On 9/27/18 at 8:50 a.m., an observation was made of the ice machine on the north and south units. On the South unit, the opening of the drainpipe from the ice machine was even with the opening of the drainpipe coming up from the floor. There was not an air gap between the ice machine drainpipe and the top of the drainpipe from the floor.</p> <p>On 9/27/18 at 8:55 a.m., in an interview with OHM #7, Maintenance Assistant, he stated that he was aware there should be an air gap but he did not know how much of one was required.</p> <p>On 9/27/18 at 9:30 a.m., the facility was provided a list of policies needed by the survey team. A policy for the ice machine was included on the list.</p>	F 880			

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F 880	Continued From page 217 On 9/27/18 at 11:20 a.m., ASM #1 (Administrative Staff Member), the Administrator, stated there was no policy on the ice machines. On 9/27/18 at 9:30 AM the ASM #1 (Administrative Staff Member), the Administrator, was made aware of the findings. No further information was provided by the end of the survey.	F 880			

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SKYVIEW SPRINGS REHAB AND NURSING CE

30 MONTVUE DRIVE
LURAY, VA 22835

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F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 9/25/18 through 9/27/18. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 120 certified bed facility was 119 at the time of the survey. The survey sample consisted of 39 current resident reviews (Residents #24, #17, #22, #27, #64, #111, #36, #94, #103, #38, #106, #55, #97, #2, #53, #90, #102, #8, #20, #79, #88, #57, #45, #31, #56, #30, #44, #29, #14, #100, #42, #99, #92, #23, #118, #83, #87, #85 and #48) and four closed record reviews (Residents #119, #121, #169 and #117).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-220-A, B Nursing Services cross reference to F695. 12VAC5-371-140-D.13 Policies and Procedures cross reference to F880. 12 VAC 5 - 371 - 360 E. 9. cross references to Federal deficiency 842 There is no cross reference for Federal deficiency F 689. 12VAC5-371-140. Policies and Procedures. Cross reference to F804 and F812 12VAC5-371-180. Infection Control. Cross reference to F812	F 001	See POC for F695 Cross reference See POC for F880 Cross reference See POC for F842 Cross reference See POC for F804 & F812 Cross referenced	

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

TITLE

(X6) DATE

STATE FORM

6899

XBGT11

If continuation sheet 1 of 2

Pamela Jean P. Selby

Administrator

11/02/2018

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0166	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2018
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Pamela Jean P. Selby

Administrator

11/05/2018

State of Virginia

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F 001	Continued From page 1 12VAC5-371-340. Dietary and Food Service Program. Cross reference to F804 and F812 12VAC5-371-250. Resident Assessment and Care Planning cross reference to F657. Cross Reference F687 with 12VAC5-371-220 Nurse services.	F 001	See POC for F657 Cross referenced See POC for F687 Cross referenced	

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