

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/02/2018
NAME OF PROVIDER OR SUPPLIER ROMAN EAGLE REHABILITATION AND HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2526 NORTH MAIN STREET DANVILLE, VA 24540		
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 10/30/18 through 11/2/18. Corrections are required for compliance with 42 CFR Part 483.73 Requirements for Long Term Care facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 10/30/18 through 11/02/18. Corrections are required for compliance with 42 CRF Part 483 Requirements for Federal Long Term Care facilities. The Life Safety Code survey/report will follow.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.	F 550		12/14/18	

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

TITLE

(X6) DATE

Electronically Signed

12/10/2018

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

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F 550	<p>Continued From page 1</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to ensure the dignity of 3 of 39 residents was maintained (Resident #18, Resident #285, and Resident #55).</p> <p>The findings included:</p> <p>1. The wound care registered nurse #1 signed the tape after the tape had been applied to Resident #18's dressings on both legs.</p> <p>Resident #18 was admitted to the facility 11/12/14</p>	F 550	<p>Resident #18's and Resident #55's dressings are now being labeled and dated with a piece of tape prior to applying the tape to the residents. Resident #285 was discharged on 11/2/18.</p> <p>Registered Nurse #1 and LPN #1 have been provided education by Staff Development Coordinator on how to correctly label and date a dressing to maintain resident's dignity on 11/9/18.</p> <p>The Director of Nursing (DON) will ensure</p>		

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F 550	<p>Continued From page 2</p> <p>with diagnoses, that included but not limited to peripheral vascular disease, cellulitis, chronic venous hypertension with ulcer of left lower extremity, major depressive disorder, obesity, type 2 diabetes mellitus, hypertension, hypothyroidism, and edema.</p> <p>Resident #18's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/16/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #18's current comprehensive care plan dated 2/4/18 identified the resident to be at risk for skin breakdown per Braden scale-13. Interventions included to perform wound care as ordered.</p> <p>The surveyor observed wound care to Resident #18's bilateral legs on 10/31/18 at 10:27 a.m. with the wound care registered nurse #1 and the restorative certified nursing assistant #1.</p> <p>Resident #18's physician orders for wound care read "Clean LLL (left lower leg) with NS (normal saline), pat dry, apply moisturizing lotion and wrap with ace wrap qd (everyday) for skin integrity and circulation. Clean RLL (right lower leg) with NS, pat dry, apply Silver calcium alginate and ABD pad (as needed), wrap with ace wrap qd and prn (whenever necessary)."</p> <p>Upon completion of wound care to both lower extremities, the wound care registered nurse #1 applied a large piece of tape to both of the ace wraps. The wound care R.N. #1 then signed and dated the tape after the tape had been applied to the dressings. The wound was on the shin of Resident #18's right lower leg.</p>	F 550	<p>compliance.</p> <p>All nursing staff who perform wound care will be educated by the Staff Development Coordinator on labeling and dating a dressing in order to maintain resident's dignity.</p> <p>DON will ensure compliance.</p> <p>A 100% audit of all residents receiving wound care will be conducted by RN Nurse Supervisors to ensure labeling and dating of dressing is done prior to application. Results of this will be reviewed by the DON and QA Coordinator with appropriate action taken as necessary. (See form)</p> <p>The DON will ensure compliance.</p> <p>Quarterly, as part of Quality Assurance, 10% of all dressings will be audited to ensure labeling and dating prior to their applications by the RN Supervisors for their units. Results of the audit will be reviewed by the QA Coordinator and DON, with appropriate action taken as necessary. (See form)</p> <p>The DON will ensure compliance and implementation of this POC.</p> <p>These systematic changes will ensure continued compliance with the regulation.</p>		

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F 550	<p>Continued From page 3</p> <p>The surveyor requested the facility policy on dressing changes from the director of nursing on 10/31/18. The policy for dressings-clean was reviewed 10/31/18. Procedure: 12. Apply dressings. Secure with tape if necessary.</p> <p>The surveyor informed the director of nursing (DON) and the quality assurance (QA) registered nurse of the above concern on 11/1/18 at 8:00 p.m. The DON stated she would expect the nurse to write the initials and date on the tape before the tape was applied to the dressing and requested the facility's policy on resident rights.</p> <p>The facility's "Residents' Rights" was reviewed 11/2/18. Residents' Rights read in part under "N. Quality of Life" that it is the desire of the facility to care for you in a manner and in an environment that maintains and enhances your dignity and respect, recognizing your individuality.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>2. The facility staff initialed and dated a dressing after it had been placed on Resident # 285.</p> <p>Resident # 285 was a 72-year-old-female who was admitted to the facility on 10/4/18. Diagnoses included but were not limited to: type 2 diabetes mellitus, atrial fibrillation, fracture of coccyx, and obstructive sleep apnea.</p> <p>The clinical record for Resident # 285 was reviewed on 10/31/18 at 10:34 am. The most recent MDS assessment (minimum data set) was a 14-day scheduled assessment with an ARD (assessment reference date) of 10/18/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that</p>	F 550			

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F 550	<p>Continued From page 4</p> <p>Resident # 285 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 285 was cognitively intact. Section M of the MDS assesses skin conditions. In Section M1040, the facility staff documented that Resident # 285 had skin tear(s) during the look back period for the 10/18/18 ARD.</p> <p>The plan of care for Resident # 285 was reviewed and revised on 10/6/18. The facility staff documented a focus area for Resident # 285 as, "Resident # 285 is at risk for skin breakdown." Interventions included but were not limited to: "Cleanse right forearm and apply dsg (dressing) as ordered."</p> <p>Resident # 285 had current orders that were initiated by the physician on 10/5/18 that included but was not limited to: "Cleanse right forearm with NS (normal saline) pat dry and apply xeroform and top dressing Q3D (every 3 days) and PRN (as needed) until healed.</p> <p>On 10/31/18 at 9:55 am, the surveyor observed LPN # 1 (licensed practical nurse) providing wound care to Resident # 285's right forearm. The surveyor observed LPN # 1 cover Resident # 285's wound to her right forearm with a dressing and initial and date the dressing after it had been applied to Resident # 285's right forearm.</p> <p>On 11/2/18 at 10:32 am, the director of nursing was made aware of the findings as stated above.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference on 11/2/18.</p> <p>3. The facility staff failed to provide dignity during</p>	F 550			

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F 550	Continued From page 5 a wound care observation to Resident #55. Resident #55 was readmitted to the facility on 7/28/18 with the following diagnoses of, but not limited to atrial fibrillation, coronary heart failure, peripheral vascular disease, dementia, depression and left below the knee amputation. On the significant change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/4/18 the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 8 out of a possible score of 15. Resident #55 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing. During the wound care observation on 10/31/18 at approximately 11:15 am, the wound care nurse performed the dressing change to the resident's left heel, left foot and right stump as ordered by the physician. The wound care nurse applied tape to the above documented areas, wrote in pen her initials along with the date and time that the dressings were applied. The surveyor notified the DON (director of nursing) and the QA nurse on 11/1/18 at approximately 11 am. The surveyor asked the DON if the above documented actions of the wound care nurse were appropriate and/or acceptable to do. The DON stated, "She should had wrote on the tape before applying it to the resident." No further information was provided to the surveyor prior to the exit conference on 11/2/18.	F 550			
F 561	Self-Determination	F 561		12/14/18	

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F 561 SS=D	Continued From page 6 CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section. §483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part. §483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident. §483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility. §483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and clinical record review, facility staff failed to provide for the resident's right to choose activities and associates within the community for 1 of 39 residents in the survey sample (Resident #263). Resident #263 was admitted to the facility on	F 561	For Resident #263, RN Assessment Coordinator completed a new safe smoking assessment on 11/2/18. Resident # 263 <input type="checkbox"/> s Nicoderm patches were discontinued by MD on 11/2/18.		

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F 561	<p>Continued From page 7</p> <p>8/18/16. Diagnoses included hypertension, obstructive uropathy, cerebrovascular accident, non-Alzheimer's dementia, hemiparesis, depression, spinal stenosis, chronic ischemic heart disease, generalized edema, chronic pain syndrome, tobacco use, neuralgia and neuritis. On the quarterly minimum data set assessment with assessment reference date 10/4/2018, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis, and with verbal behavior directed toward others on 1-3 of the 7 days prior to the assessment. The resident required extensive assistance of two staff for bed mobility and transfers and was totally dependent for locomotion on and off the nursing unit.</p> <p>During an interview on 10/30/2018, Rresident #263 reported that his main social activity was sitting outside smoking and talking with the other men. He wasn't interested in group activities. He reported that he had not been allowed to smoke since he was hospitalized with an infection. He said that he isn't allowed in the [wheel] chair now. The surveyor asked if he had been told why he couldn't smoke. He said the people running the place decided he had to wear a patch instead. He did not want to wear the patch and said he had been telling them every day that he didn't want it and that he wanted to smoke. On 10/31/18 8:30 AM, the surveyor spoke with the resident again. He stated that every time he asked to go to smoke, he was given different reasons he couldn't smoke. He said they hadn't let him smoke since he came from the hospital. They have said now that he can't go smoke until at least Monday (the next Monday was 11/5). He did not know why Monday. The resident stated "I'd like to be able to go smoke one. I'd like to get</p>	F 561	<p>Resident #263's Care Plan was updated on 11/2/18.</p> <p>Resident #263 is assisted frequently to get up in his recliner, assisted to the designated smoking area, and is assisted to smoke with his smoking apron and supplies. Staff holds cigarette as needed and monitors his safety while smoking until 12/4/18.</p> <p>Resident #263 was discharged to hospital on 12/4/18.</p> <p>All residents are assessed on admission and quarterly for smoking safety and preferences; their care plans are updated after assessment to reflect changes by the RN MDS Coordinator.</p> <p>Education will be provided by Staff Development Coordinator to all nursing staff on the resident's right to choose activities and associates within the community regarding smoking.</p> <p>Assistant Administrator will ensure compliance.</p> <p>100% audit will be completed by Social Services to ensure all residents are allowed to choose their activities and associates within the community regarding smoking.</p> <p>Results of this audit will be reviewed by the QA Coordinator, Assistant Administrator and DON and corrective action taken as necessary.</p>		

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F 561	Continued From page 8 back in my chair, but they say I'd fall out of it. I'm supposed to be having therapy". On 10/31/18 at 02:20 PM, the director of nursing (DON) reported she won't allow him to go outside to smoke, or to stores with family because his family are drug users. On 11/1/18 at 2:30 PM, the DON said she did not "say it right" yesterday. She said she did not tell the resident he could not smoke. She said she told him he needed to sign out when he left. She said she had told him not to wheel around the parking lot because people drive too fast in the parking lot and he could get hit. On 11/01/18 at 3:21 PM the DON stated that she didn't mean to say what she did. She she said she meant that staff had told her that they heard he smelled like marijuana when he had been out with the family members, who were known drug addicts. She said she had a note written sometime in the past and she could provide a witness because she never talked to anyone without a witness. On 11/1/18 at 4 PM, the DON brought a printed Registered Nurse progress note dated 11/1/18 3:41 PM "[nurse] and myself spoke with resident about his desire to smoke. We told him that if he desired to smoke that the CNA could get him up and a staff member could assist him to the smoking area. We reminded him if he had on a nicoderm patch it could make him sick. If he desires we could ask his doctor to d/c (discontinue) the nicoderm patch. We discussed it with him if the staff had been getting him up and he said he thought he had gotten up. We told him if he had any concerns to ask for [DON] or [nurse]. He thanked us for stopping by". The DON stated that she wanted to take care of this herself and said she told Resident #263 that he could smoke today if he wanted to because he wasn't wearing a patch.	F 561	The Assistant Administrator will ensure compliance. A 10% audit will be completed quarterly as part of the Quality Assurance Program by Social Services to ensure all residents are allowed to choose their activities and associates within the community regarding smoking. Results of this audit will be reviewed by the QA Coordinator, Assistant Administrator, and DON, and appropriate action taken as necessary. The Assistant Administrator will ensure compliance and implementation of this POC. (See Form) These systemic changes will ensure continued compliance with the regulation.		

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F 561	<p>Continued From page 9</p> <p>The DON stated, while addressing other issues with surveyors, on 11/1/18 after 4 PM, that the resident couldn't smoke because he had agreed to the order for nicotine patches while he was in the hospital.</p> <p>On 10/31/18, the surveyor spoke by phone with the resident's power of attorney (POA). The surveyor asked about activities and preferences. The POA said that staff were getting the resident up to a recliner every other day. She said they did not get him up on days her daughter visited him instead of the POA. She said the resident feels angry and frustrated because he has no control over his life and and he doesn't want anyone to tell him what to do.</p> <p>She said he asks to smoke every day. Staff have been telling him he can not. [LPN 1] told him "no, not until at least Monday" The POA approves of staff preventing the resident from smoking. She said that yesterday (10/30) the resident had refused the nicotine patch and she had persuaded (LPN 1) to sneak a patch on him while he was distracted. She said that made him less angry and agitated.</p> <p>Clinical record review revealed a Safe Smoking Assessment dated 10/4/18 conducted by a registered nurse indicated that the resident met all safe smoking criteria. Comments: Alert, oriented to person, place, time; always with family/friend when smoking; good safety awareness re:smoking materials; smoking materials kept at Nurse's station.</p> <p>Physician orders included Nicoderm CQ 14 mg/24 hr patch apply one patch to skin every 24 hours for nicotine cessation (remove old patch</p>	F 561			

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F 561	Continued From page 10 before applying new). The residents' comprehensive plan of care, initiated 9/1/16, had not been updated to indicate that the resident's smoking was to be restricted or to reflect a smoking cessation plan. A physician readmission note dated 10/23/18 at 10:01 AM indicated under status that the resident was a an active tobacco user. There was no indication that the physician discussed a smoking cessation plan with the resident. A social services note dated 10/31/18 at 11:00 PM indicated "...Prior to going out to the hospital, he would go out to smoke with family several times daily. Since, he came back from [hospital], he has an order for a Nicotine Patch. He would like to begin smoking again, but family wants his infection to clear first. Staff members and family are providing him encouragement and the benefits not to smoke. ..." The surveyor was unable to locate any other evidence of smoking cessation interventions.	F 561			
F 578 SS=D	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive	F 578		12/14/18	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 578	<p>Continued From page 11</p> <p>the provision of medical treatment or medical services deemed medically unnecessary or inappropriate.</p> <p>§483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives).</p> <p>(i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive.</p> <p>(ii) This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>(iii) Facilities are permitted to contract with other entities to furnish this information but are still legally responsible for ensuring that the requirements of this section are met.</p> <p>(iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law.</p> <p>(v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and facility document review the facility staff failed to ensure a complete and accurate DDNR (Durable Do Not Resuscitate) for 4 of 39 residents in the survey sample (Residents #14,</p>	F 578	<p>New DDNR forms were completed on residents #14 and #72. On 11/1/18, Resident #55's Resident Representative was contacted and changed his mind about No CPR order and made resident a</p>		

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F 578	<p>Continued From page 12 #72, #55 and #209).</p> <p>The findings included:</p> <p>1. For resident #14, facility staff failed to obtain a written advance directive prior to initiating a no cardiopulmonary resuscitation order.</p> <p>Resident #14 was admitted to the facility on 7/1/13. Diagnoses included anemia, heart failure, hypertension, peripheral vascular disease, atrial fibrillation, edema, arthropathy, and gastroesophageal reflux. On the quarterly minimum data set assessment with assessment reference date 10/16/18, the resident scored 9/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis. The resident exhibited behavioral symptoms not directed toward others on 4-6 of the 7 days prior to the assessment.</p> <p>During clinical record review on 11/1/18, the surveyor noted a physician order for no CPR (cardiopulmonary resuscitation). The surveyor was unable to locate an advance directive document or a durable do not resuscitate order in the clinical record. No physician notes indicated a discussion with the resident or family concerning the resident's wishes.</p> <p>The surveyor reported the concern to the director of nursing and the quality assurance nurse on 10/31/18. On 11/1/18, the surveyor received copies of the resident's record with a note which stated [resident #14] only has MD order for no CPR.</p> <p>2. The facility staff failed to ensure Resident #72 had a complete and accurate DDNR (Durable Do</p>	F 578	<p>Do CPR on 11/1/18, Resident #209 and her Representative discussed order and changed her mind about No CPR and made herself a Do CPR.</p> <p>Education will be provided by Staff Development Coordinator to all staff responsible for completion of DDNR forms on how to accurately complete the DDNR.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit of all residents with a DDNR order will be completed by the Assistant Administrator to ensure that a DNR form is correctly signed by all parties.</p> <p>Results of this audit will be reviewed by QA Coordinator and DON with corrective measures taken as necessary.</p> <p>Quarterly, as part of the Quality Assurance program, 10% of all residents with DDNR will be audited by the Assistant Administrator to ensure all DDNR forms are completed accurately.</p> <p>These audits will be reviewed by the Quarterly Assurance Coordinator and DON with appropriate actions taken as necessary</p> <p>The DON will ensure compliance and implementation of this POC. (See attached form)</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 578	<p>Continued From page 13 Not Resuscitate).</p> <p>Resident #72 was readmitted to the facility on 3/17/17 with the following diagnoses of, but not limited to anemia, depression, high blood pressure, diabetes, Alzheimer's disease, stroke and seizure disorder. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/8/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 9 out of a possible score of 15. Resident #72 was also coded as requiring extensive assistance of 1 staff member for dressing and being totally dependent on 1 staff member for personal hygiene and bathing.</p> <p>The surveyor conducted a clinical record review on Resident #43 on 11/1/18. During this review, it was noted by the surveyor that the DDNR dated for 6/15/17 was not filled out completely. Section 1 of the DDNR read in part, "I further certify [must check 1 or 2]:</p> <ol style="list-style-type: none"> 1. The patient is CAPABLE of making an informed decision... 2. The patient is INCAPABLE of making an informed decision..." <p>The boxes beside #1 and #2 were blank.</p> <p>Section 2 read "If you checked 2 above, check A, B, or C below:" These three boxes below were blank.</p> <p>The surveyor notified the DON (director of nursing) and the QA nurse of the above documented findings on 11/1/18 at 2 pm.</p> <p>No further information was provided to the</p>	F 578			

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F 578	<p>Continued From page 14 surveyor prior to the exit conference on 11/2/18.</p> <p>3. The facility staff failed to have a DDNR (Durable Do Not Resuscitate) executed for Resident #55.</p> <p>Resident #55 was readmitted to the facility on 7/28/18 with the following diagnoses of, but not limited to anemia, high blood pressure, atrial fibrillation, coronary artery disease, heart failure, peripheral vascular disease, pneumonia, dementia and depression. On the significant change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/4/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 8 out of a possible score of 15. Resident #55 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent of 1 staff member for bathing.</p> <p>The surveyor performed a clinical record review on Resident #55. During this review, it was noted by the surveyor that there was a physician order dated for 7/30/18, which stated "No CPR (cardiopulmonary resuscitation)". There was no DDNR signed by the resident or responsible party that stated the resident's request or wishes for No CPR.</p> <p>The surveyor interviewed the DON (director of nursing) on 11/1/18 at 1:30 pm by the surveyor. The surveyor asked the DON if this resident or his responsible party had signed a DDNR, in which the resident's wishes were documented regarding No CPR. The DON stated to the surveyor that when the physician writes the order for No CPR, the staff follows the direction of the</p>	F 578			

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F 578	<p>Continued From page 15</p> <p>physician order.</p> <p>The surveyor notified the DON and the QA nurse of the above documented findings on 11/1/18 at 2 pm. The surveyor asked them if there was any other documentation besides the physician order stating the resident and/or resident representative's choice not to receive CPR. The DON stated, "I don't have anything else."</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>4. The facility staff failed to have a DDNR (Durable Do Not Resuscitate) executed for Resident #209.</p> <p>Resident #209 was admitted to the facility on 9/21/18 with the following diagnoses of, but not limited to anemia, diabetes and thyroid disorder. On the admission MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 9/28/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 9 out of a possible score of 15. Resident #209 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent of 1 staff member for bathing.</p> <p>The surveyor performed a clinical record review on Resident #209 on 11/1/18. During this review, the surveyor noted there was a physician order dated for 9/21/18, which stated "No CPR (Cardiopulmonary Resuscitation)." There was no DDNR signed by the resident or responsible party that stated the resident's request or wishes for No CPR.</p> <p>The surveyor interviewed the DON (director of</p>	F 578			

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F 578	Continued From page 16 nursing) on 11/1/18 at 1:30 pm. The surveyor asked the DON if this resident or his responsible party had signed a DDNR, in which the resident's wishes were documented regarding No CPR. The DON stated to the surveyor that when the physician writes the order for No CPR, the staff follows the direction of the physician order. The surveyor notified the DON (director of nursing) and the QA nurse on 11/1/18 at 2 pm. The surveyor asked them if there was any other documentation besides the physician order stating the resident and/or resident representative's choice not to receive CPR. The DON stated, "I don't anything else."	F 578			
F 583 SS=D	No further information was provided to the surveyor prior to the exit conference on 11/2/18. Personal Privacy/Confidentiality of Records CFR(s): 483.10(h)(1)-(3)(i)(ii) §483.10(h) Privacy and Confidentiality. The resident has a right to personal privacy and confidentiality of his or her personal and medical records. §483.10(h)(l) Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident. §483.10(h)(2) The facility must respect the residents right to personal privacy, including the right to privacy in his or her oral (that is, spoken), written, and electronic communications, including the right to send and promptly receive unopened mail and other letters, packages and other	F 583		12/14/18	

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F 583	<p>Continued From page 17</p> <p>materials delivered to the facility for the resident, including those delivered through a means other than a postal service.</p> <p>§483.10(h)(3) The resident has a right to secure and confidential personal and medical records.</p> <p>(i) The resident has the right to refuse the release of personal and medical records except as provided at §483.70(i)(2) or other applicable federal or state laws.</p> <p>(ii) The facility must allow representatives of the Office of the State Long-Term Care Ombudsman to examine a resident's medical, social, and administrative records in accordance with State law.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to provide privacy for 1 of 39 residents during wound care (Resident #18).</p> <p>The findings included:</p> <p>Privacy was not provided during Resident #18's wound care on 10/31/18 by the wound care registered nurse and the restorative certified nursing assistant #1.</p> <p>Resident #18 was admitted to the facility 11/12/14 with diagnoses, that included but not limited to peripheral vascular disease, cellulitis, chronic venous hypertension with ulcer of left lower extremity, major depressive disorder, obesity, type 2 diabetes mellitus, hypertension, hypothyroidism, and edema.</p> <p>Resident #18's annual minimum data set (MDS) assessment with an assessment reference date</p>	F 583	<p>Resident #18: Privacy curtain is pulled completely around resident for wound care.</p> <p>Education will be provided to the wound care RN #1 and Restorative Certified Nursing Assistant #1 on pulling the privacy curtain totally around the resident when providing wound care. The education will be provided by the Staff Development coordinator.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit of all residents receiving wound care will be completed by the nursing supervisors on their assigned units, observing the wound care nurse providing privacy by pulling the privacy curtain completely around the resident.</p> <p>Results of this audit will be reviewed by</p>		

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F 583	<p>Continued From page 18</p> <p>(ARD) of 10/16/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #18's current comprehensive care plan dated 2/4/18 identified the resident to be at risk for skin breakdown per Braden scale-13. Interventions included to perform wound care as ordered.</p> <p>Resident #18's physician orders for wound care read "Clean LLL (left lower leg) with NS (normal saline), pat dry, apply moisturizing lotion and wrap with ace wrap qd (everyday) for skin integrity and circulation. Clean RLL (right lower leg) with NS, pat dry, apply Silver calcium alginate and ABD pad (as needed), wrap with ace wrap qd and prn (whenever necessary)."</p> <p>Resident #18 gave permission to the surveyor to observe wound care with the wound care registered nurse #1 and the restorative certified nursing assistant (RCNA) #1. The surveyor observed wound care to Resident #18's bilateral legs on 10/31/18 at 10:27 a.m. with the wound care registered nurse #1 and the restorative certified nursing assistant #1.</p> <p>The wound care RN #1 and RCNA #1 prepared the over the bed table, pulled the privacy curtain nearest the door, and explained the procedure to the resident. The surveyor observed the privacy curtain that separated the two residents and which gave Resident #18 privacy during the wound care was not pulled. Resident #18's roommate was in bed and awake.</p> <p>The surveyor requested the facility policy on dressing changes from the director of nursing on 10/31/18. The policy for Dressings-Clean was</p>	F 583	<p>QA Coordinator and DON with corrective action taken as necessary. (Form included).</p> <p>The DON will ensure compliance.</p> <p>Quarterly, as part of the Quality Assurance Program, 10% of all residents receiving wound care by the wound care nurse will have their wound care monitored by the Staff Development Coordinator to ensure privacy is provided. (See form)</p> <p>Results of these audits will be reviewed by QA Coordinator and DON with appropriate corrective action taken as necessary.</p> <p>The DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 583	Continued From page 19 reviewed 10/31/18. Procedure: 1. Explain procedure to resident and bring equipment to bedside. Screen resident. The surveyor informed the director of nursing (DON) and the quality assurance (QA) registered nurse of the above concern on 11/1/18 at 8:00 p.m. The DON stated she would expect the nurse to pull the curtain between the residents when care was being provided. The surveyor requested the facility policy on privacy/residents' rights. The surveyor reviewed the Residents' Rights on 11/2/18. Residents' Rights read, "J. Privacy Our staff provides privacy curtains when necessary during care and treatments so that you are not exposed to other individuals." No further information was provided prior to the exit conference on 11/2/18.	F 583			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident	F 584		12/14/18	

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F 584	<p>Continued From page 20</p> <p>independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and clinical record review, the facility staff failed to provide clean privacy curtains in 2 of 39 residents rooms (Resident #18 and Resident #192).</p> <p>The findings included:</p> <p>1. The facility staff failed to ensure the privacy curtains in Resident #18's room were clean.</p> <p>Resident #18 was admitted to the facility 11/12/14 with diagnoses, that included but not limited to</p>	F 584	<p>Resident #18's privacy curtain was replaced with a new one. Resident # 192's privacy curtain was also replaced. Both were replaced on 11/2/18</p> <p>A 100% audit will be completed of all rooms with privacy curtains by the Housekeeping Supervisor (Form attached).</p> <p>Results of this audit will be reviewed by the QA Coordinator and Assistant</p>		

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F 584	<p>Continued From page 21</p> <p>peripheral vascular disease, cellulitis, chronic venous hypertension with ulcer of left lower extremity, major depressive disorder, obesity, type 2 diabetes mellitus, hypertension, hypothyroidism, and edema.</p> <p>Resident #18's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/16/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #18's current comprehensive care plan dated 2/4/18 identified the resident to be at risk for skin breakdown per Braden scale-13. Interventions included to perform wound care as ordered.</p> <p>Resident #18's physician orders for wound care read "Clean LLL (left lower leg) with NS (normal saline), pat dry, apply moisturizing lotion and wrap with ace wrap qd (everyday) for skin integrity and circulation. Clean RLL (right lower leg) with NS, pat dry, apply Silver calcium alginate and ABD pad (as needed), wrap with ace wrap qd and prn (whenever necessary)."</p> <p>Resident #18 gave permission to the surveyor to observe wound care with the wound care registered nurse #1 and the restorative certified nursing assistant (RCNA) #1. The surveyor observed wound care to Resident #18's bilateral legs on 10/31/18 at 10:27 a.m. with the wound care registered nurse #1 and the restorative certified nursing assistant #1. The privacy curtain near the door was pulled to the end of the bed. The surveyor observed brown smudge like marks at the end of the curtain and large black linear marks running from the middle of the curtain downward.</p>	F 584	<p>Administrator with corrective action taken as needed.</p> <p>The Assistant Administrator will ensure compliance.</p> <p>A quarterly 10% audit (as part of the Quality Assurance program) will be completed of all rooms with privacy curtains by the Housekeeping Supervisor. (Form attached)</p> <p>Results of this audit will be reviewed by the QA Coordinator and Assistant Administrator with corrective action taken as needed.</p> <p>The Assistant Administrator will ensure compliance and implementation of the POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 584	<p>Continued From page 22</p> <p>On 10/31/18 at 11:00 a.m., the surveyor observed certified nursing assistant providing care to Resident #18. The privacy curtain near the door was pulled to the end of the bed. The surveyor observed brown smudge like marks at the end of the curtain and large black linear marks running from the middle of the curtain downward. On the privacy curtain near the resident's roommate, a large orange stain the size of a saucer was observed. Certified nursing assistant #2 confirmed the stains and when asked what the stains might have come from, she did not have a response.</p> <p>The surveyor informed licensed practical nurse #1 of the above concern on 10/31/18 at 11:21 a.m. L.P.N. #1 stated housekeeping would be notified. Housekeeping aide #1 stated no problem to change out the curtains.</p> <p>The surveyor informed the director of nursing and the quality assurance registered nurse of the concerns on 11/1/18 at 8:00 p.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to ensure the privacy curtains in Room 192's room were clean.</p> <p>The clinical record of Resident #192 was reviewed 10/30/18 through 11/2/18. Resident #192 was admitted to the facility 1/26/17 and readmitted 6/22/18 with diagnoses that included but not limited to s/p (status post) tracheostomy, hypertension, seizure disorder, neurogenic bladder, and diabetes mellitus.</p>	F 584			

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F 584	Continued From page 23 Resident #192's current October 2018 physician's orders included orders for tube feeding of Organic Blended Tube Feeding 1 bag every 8 hours. The surveyor observed perineal care on 10/31/18 at 10:23 a.m. with licensed practical nurse #1 and certified nursing assistant #3. When the privacy curtains were pulled around the resident, the surveyor observed beige marks splattered on both curtains. The beige marks were similar in color to the tube feeding Resident #192 received. Both the L.P.N. and C.N.A. stated the privacy curtains need to be changed. The surveyor interviewed the housekeeping aide (other #1) on 10/31/18 11:19 a.m. Other #1 was shown the privacy curtains and stated they definitely needed to be changed. The surveyor informed the director of nursing and the quality assurance registered nurse of the above concern on 11/1/18 at 8:00 p.m. No further information was provided prior to the exit conference on 11/2/18.	F 584			
F 602 SS=E	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.	F 602		12/21/18	

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F 602	<p>Continued From page 24</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to protect a resident's right to be free from misappropriation of resident property and/or exploitation on 7 of 8 nursing units in the facility. (East Wing, Mid-East, South Wing, Rehab, South Terrace, Garden Terrace and North Terrace Nursing Units)</p> <p>1. The facility staff misappropriated 12 resident's (Resident #161, Resident #19, Resident #90, Resident #91, Resident #111, Resident #152, Resident #163, Resident #205, Resident #238, Resident #253, Resident #257 and Resident #344) narcotics when the nursing staff on East Wing, Mid-East, South Wing and the Rehab nursing units used prescription dispensed medications for 16 residents (Resident #18, Resident #19, Resident # 145, Resident #170, Resident #171, Resident #185, Resident #238, Resident # 345, Resident #346, Resident #347, Resident #348, Resident #349, Resident #350, Resident #351, Resident #352, Resident #544 and Resident #545) without gaining their permission to use their medications.</p> <p>Resident #161 was admitted to the facility on 3/16/18 with the following diagnoses of, but not limited to high blood pressure, diabetes, Alzheimer's Disease, stroke, anxiety and depression. On the quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 9/11/18 coded the resident as having a BIMS (Brief Interview for Mental Status) score of 15 out of a possible score of 15. Resident #161 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and totally dependent on 1 staff member</p>	F 602	<p>The pharmacy has made available the prescribed controlled narcotic medications for resident #'s 161, 19, 90, 91, 111, 152, 163, 205, 238, 253, 257, 18, 145, 171, 238, and 350 and these medications are only administered to the resident for whom they are prescribed</p> <p>Resident #344 was discharged on 12/1/18. Resident #170 was discharged on 11/1/18, Resident #185 was discharged on 11/3/18, Resident #345 was discharged on 5/16/18, Resident #346 was discharged on 4/17/18, Resident #347 was discharged on 10/16/18, Resident #352 was discharged on 11/12/18, and Resident #544 was discharged on 11/18/18. Resident #545 was discharged on 11/2/18. Resident #348 was discharged on 4/11/2018. Resident #349 was discharged on 1/24/18. Resident #351 was discharged on 11/10/18.</p> <p>Resident #'s 161, 19, 90, 91, 111, 152, 163, 205, 238, 253, 257, 18, 145, 171, 238, 350 and discharged resident #'s 344, 170, 185, 345, 346, 347, 352, 544, 545, 348, 349, and 351 have been advised and charged only for the prescribed controlled narcotic medications that they received. A credit has been given if they have not received the medication and another resident did receive their medication. This has been completed by the Business Office Manager and associates.</p>		

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F 602	<p>Continued From page 25 for bathing.</p> <p>The surveyor conducted a clinical record review on 10/31 thru 11/2/18 on Resident #161. During this review, the surveyor reviewed the narcotic sheet for the Fentanyl that Resident #161 was receiving. On the narcotic sheet, it had Resident #161's name on it along with the following physician ordered medication, "Fentanyl 12 mcg/hr. (micrograms/hour) patch Apply 1 patch transdermally every 72 hours for pain. Apply with 25 mcg patch to total 37 mcg/hr." This narcotic sheet had the following documentation of dates and times of other resident's being administrated the narcotic patch from Resident #161's narcotic record:</p> <p>" 10/27/18 at 8 am, Resident #18 received one Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>" 10/30/18 at 8 am, Resident #18 received 1 Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>Upon the surveyor discovering the sharing of the above documented narcotic on 11/1/18 at approximately 2:30 pm, the surveyor reviewed all the narcotic sheets on the South Wing, East Wing, Mid-East Wing and the Rehab nursing units and the following was discovered:</p> <p>A. Resident #19 had a narcotic sheet for Norco 5-325 mg (milligram) tablets and on 10/16/18 at 3:15 pm, Resident #238 was administrated 1 tablet of Norco 5-325 mg tablet. Resident #238 had a physician order for the same dose of Norco that Resident #19 had on the narcotic sheet.</p>	F 602	<p>Education will be provided by the Staff Development Coordinator and Pharmacist to all RN's and LPN's on the 5 R's of medication administration of controlled medications. Right Resident, Right Medication, Right Dosage, Right administration Time, Right Route, to ensure residents are free from misappropriation/exploitation of resident property, regarding controlled medications.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit will be completed by the DON, QA Coordinator, Staff Development Coordinator, and RN Clinical Advisor of all residents receiving controlled medications to ensure that they are only administered to the resident for whom they are prescribed to ensure residents are free from misappropriation/exploitation of resident property.</p> <p>Results of this audit will be reviewed by QA Coordinator, Pharmacist, and DON with appropriate action taken as necessary. (See Form)</p> <p>The Pharmacist and DON will ensure compliance.</p> <p>A 10% quarterly audit (as part of the Quality Assurance program) will be completed by the DON, QA Coordinator, Staff Development Coordinator, and RN Clinical Advisor to ensure that all residents' controlled medications are only administered to the resident for whom they are prescribed to ensure all residents</p>		

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F 602	Continued From page 26 B. Resident #90 had a narcotic sheet for Oxycodone 5 mg tablets in which Resident #316 had been administrated 1 tablet on 2/27/18 at 4:00 pm and again on 2/28/18 at 6:15 pm but on this date and time the resident was given ½ tablet. Upon further review in Resident #316's clinical record, the resident had a physician order for Oxycodone 5 mg ½ tablet instead of 1 tablet. " Resident #171 had also been administrated 1 tablet of Oxycodone 5 mg on 3/7/18 at 8:20 pm from Resident #90's above documented narcotic sheet. Resident #171 had a physician order for the same dose of Norco that Resident #90 had on the narcotic sheet. " Resident # 345 had also been administrated 2 tablets of Oxycodone 5 mg on 5/15/18 at 7 pm from Resident #90's above documented narcotic sheet. Resident #345 had a physician order for the same dose of Oxycodone that Resident #90 had on the narcotic sheet. C. Resident #91 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #161 1 tablet on 10/4/18 at 9:30 pm. Resident #161 had a physician order for the same dose of Norco that Resident #91 had on the narcotic sheet. D. Resident #111 had a narcotic sheet for Morphine 4 mg/ml (milligram/milliliter) in which Resident #170 had been administrated 2 mg of Morphine on 10/8/18 at 1 pm. Resident #170 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet. " Resident #347 was administrated Morphine 2 mg on 10/13/18 at 12:15 pm and again on 10/14/18 at 8:47 am from Resident #111's narcotic sheet. Resident #347 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet.	F 602	are free from misappropriation/exploitation of resident property. Results of this audit will be reviewed by QA Coordinator, Pharmacist, and DON with appropriate action taken as necessary. (See Form) The Pharmacist and DON will ensure compliance and implementation of this POC. These systemic changes will ensure continued compliance with the regulation.		

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F 602	Continued From page 27 E. Resident #152 had a narcotic sheet for Fentanyl 25 mcg/hr. patch that Resident #161 was administrated 1 patch of Fentanyl on 10/29 18 at 6 pm. Resident #161 had a physician order for the same dose of Fentanyl that Resident #152 had on the narcotic sheet. F. Resident #163 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 3/12/18 and again on 6/20/18 at 8 pm. Resident #19 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above. G. Resident #205 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #349 had been administrated 1 tablet of Norco 5-325 mg on 1/8/18 at 8 am and again on 1/8/18 at 2 pm. Resident #349 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above. " Resident #348 had been administrated 1 tablet of Norco 5-325 mg tablet on 2/19/18 at 4 pm from Resident #205's narcotic sheet. Resident #348 had a physician order for the same medication of Norco that Resident #205 had documented on the narcotic sheet as stated above. H. Resident #238 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 10/16/18 at 8:15 pm. Resident #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above. " Resident #344 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #238's narcotic sheet. Resident	F 602			

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PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 602	Continued From page 28 #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above. I. Resident #253 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 1 tablet of Norco on the following dates and times: 10/26/18 at 11:19 pm, 10/28/18 at 9:46 am, 10/28/18 at 4:08 pm, 10/28/18 at 8:38 pm, 10/29/18 at 1:51 am, 10/29/18 at 8:30 am, 10/30/18 at 12:05 am, 10/30/18 at 5:49 pm, 10/30/18 at 6:49 pm, 10/31/18 at 6:02 X 2 entries to total 2 tablets given, and on 10/31/18 at 9 am X 2 entries to total 2 tablets given. Resident #350 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above. " Resident #351 had been administrated 1 tablet of Norco 5-325 mg on 10/27/18 at 8:07 pm from Resident #253's narcotic sheet. Resident #351 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above. " Resident #352 had been administrated 1 tablet of Norco 5-325 mg on 10/28/18 at 8:33 pm from Resident #253's narcotic sheet. Resident #352 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above. " Resident #544 had been administrated 1 tablet of Norco 5-325 mg on 10/30/18 at 4:36 am and again on 10/30/18 at 6:55 pm from Resident #253's narcotic sheet. Resident #544 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.	F 602			

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F 602	Continued From page 29 J. Resident #544 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 2 tablets of Norco 5-235 mg on 10/31/18 at 8:28 pm and again on 11/1/18 at 3:15 am. Resident #350 had a physician order for the same medication of Norco that Resident #544 had documented on the narcotic sheet as stated above. K. Resident #257 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times from Resident #257's narcotic sheet: 10/19/18 at 8:25 am, 10/20/18 at 9:45 am, 10/21/18 at 3:23 am, at 9:25 am and at 11:36 pm, 10/22/18 at 7:39 am and at 7:26 pm, and 10/23/18 at 6:30 am. Resident #145 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above. " Resident #344 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times: 10/20/18 at 5:17 pm, 10/21/18 at 9:55 am, 10/22/18 at 5:18 pm and at 11:30 pm from Resident #257's narcotic sheet. Resident #344 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above. L. Resident #344 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 2:46 pm. " Resident #238 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #344's narcotic sheet. Resident #238 had a physician order for the same medication of Norco that Resident #344 had documented on the narcotic sheet as stated above.	F 602			

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F 602	<p>Continued From page 30</p> <p>M. Resident #545 had a narcotic sheet for Norco 7.5-325 mg tablets in which Resident #185 had been administrated 1 tablet of Norco 7.5-325 mg on 10/31/18 at 5 am and again at 2:58 pm from Resident #545's narcotic sheet. Resident #185 had a physician order for the same medication of Norco that Resident #545 had documented on the narcotic sheet as stated above.</p> <p>The surveyor requested and reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs.</p> <p>2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count</p>	F 602			

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F 602	<p>Continued From page 31</p> <p>and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>On 11/2/18 at approximately 3:30pm, the surveyor interviewed LPN (Licensed Practical Nurse) #1. The surveyor asked LPN #1 if you were administrating medications and noted that you were out of a particular medication, like a narcotic, what would she do. LPN #1 stated that she would borrow that particular medication from another resident that had it. LPN #1 also stated if the medication that you needed was a narcotic you would sign out for it on the resident's narcotic sheet that you were borrowing it from. The surveyor requested that the pharmacist on duty for this day (11/1/18) come and speak to the surveyor. The pharmacist on duty for 11/1/18 came to the surveyor approximately 3:45 pm and the surveyor asked the pharmacist the same question as proposed to LPN#1 as documented above. The surveyor also asked the pharmacist if the staff was able to share medications. The pharmacist replied "No, they are not to share any medications at all. If they are out of a particular medication then they are to notify pharmacy of this."</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance nurse (QA) and registered nurse (RN) #1 on 11/2/18 at</p>	F 602			

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F 602	<p>Continued From page 32</p> <p>11:46 am in the conference room along with 3 of the survey team members in attendance. The pharmacist was asked during this time that the time the drug regimen reviews were being performed by himself if the narcotic records were checked. The pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what which residents were documented as being signed out for narcotics on each of the narcotic sheets. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. The director of nursing and the pharmacist had stated no. The surveyor asked the pharmacist if he had notified anyone as to correcting the charges for the residents that had been charged for the narcotics that had been dispensed to the resident's on the narcotic sheets and when a resident was discovered as to had been receiving narcotic medications from other resident's narcotic sheets. The pharmacist stated that he did not know that there had been sharing of narcotic medications until now.</p> <p>The surveyor requested and received the end of the month charges for October 2018 for Resident #253. The surveyor noted that on 10/12/18 Resident #253 had been dispensed and charged for 75 tablets of Oxycodone 5-325 mg. During the discovery of sharing of narcotics, the surveyor noted that Resident #253 had a total of 17 tablets of Oxycodone 5-325 mg tablets that had been administered to 4 other residents from 10/26/18 thru 10/31/18. The residents involved that received these tablets from Resident #253 were Resident #350, Resident #351, Resident #352 and Resident #544. On the end of the month charges for October 2018, Resident #253 had no</p>	F 602			

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F 602	<p>Continued From page 33</p> <p>documentation of credits being given for the Oxycodone 5-325 mg tablets that the other stated above residents received from Resident #253's narcotic sheets. The surveyor did not review any other end of the month charges for the remaining residents involved in either receiving or sharing of the above documented narcotic medications due to the magnitude and numbers involved.</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to protect a resident's right to be free from misappropriation of resident property and/or exploitation. The facility staff misappropriated seven resident's narcotics when the nursing staff on the South Terrace, Garden Terrace, and North Terrace used prescription dispensed medications for seven residents without gaining their permission to use their medications (Resident #85, Resident #14, Resident #43, Resident #142, Resident #159, Resident #60 and Resident #42) to administer to thirteen (13) residents (Resident #9, Resident #143, Resident #353, Resident #444, Resident #18, Resident #68, Resident #293, Resident #142, Resident #97, Resident #52, Resident #43, Resident #230, and Resident #106). The thirteen residents identified as the recipient of the medications also had prescriptions for those same narcotics as the giver.</p> <p>F Tag 602 reads in part "Misappropriation of resident property," as defined at §483.5, means "the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent."</p> <p>Another example of misappropriation of resident</p>	F 602			

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F 602	<p>Continued From page 34</p> <p>property is the diversion of a resident's medication(s), including, but not limited to, controlled substances for staff use or personal gain.</p> <p>(2a). The facility staff borrowed a Duragesic patch from Resident #85's Duragesic box for Resident #9.</p> <p>The clinical record of Resident #85 was reviewed 10/30/18 through 11/2/18. Resident #85 was admitted to the facility 2/9/16 with diagnoses that included but not limited to cerebral infarction, hemiplegia, urinary tract infection, atrial fibrillation, dysphagia, hyperglyceridemia, Type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, obesity, aphasia, and major depressive disorder.</p> <p>Resident #85's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/14/18 assessed the resident with short term memory problems, long term memory problems and severely impaired cognitive skills for daily decision making.</p> <p>Resident #85's October 2018 physician's orders were reviewed. Resident #85's orders included an order for Fentanyl 12 mcg/hr (micrograms/hour) patch. Apply topically q3d (every third day) for chronic pain**Remove old patch prior to applying new one."</p> <p>Resident #85's Fentanyl patch narcotic log was reviewed. Resident #85 received Fentanyl patches on 10/21/18 at 9:00 a.m., 10/24/18 at 9:00 a.m., 10/27/18 at 9:00 a.m., and 10/30/18 at 9:00 a.m. as documented on the October 2018 electronic medication administration record (eMAR) and on the narcotic log.</p>	F 602			

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F 602	<p>Continued From page 35</p> <p>On the Fentanyl log dispensed for Resident #85, the staff have also documented that Resident #9 had received a Fentanyl patch from Resident #85's box on 10/26/18 at 8:00 p.m. There was not a narcotic log for Resident #9's Duragesic patch.</p> <p>The surveyor requested the October 2018 physician's order for Duragesic 12.5 mcg, face sheet, October 2018 medication administration orders, and October pharmacy reviews for Resident #9 and Resident #85 from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>Resident #85's October 2018 pharmacy review was conducted on 10/17/18. There were no discrepancies addressed on the review.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs. 2. Controlled substances must be counted upon</p>	F 602			

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F 602	<p>Continued From page 36</p> <p>delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p>	F 602			

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F 602	<p>Continued From page 37</p> <p>(2b). The facility staff borrowed Oxycodone with Tylenol 5-325 (Percocet) from Resident #14's box to administer to Resident #143 (ten pills), Resident #353 (1 pill), Resident #444 (3 pills), Resident #18 (1 pill), and Resident #68 (1 pill) and Resident #293 (two pills). The clinical record of Resident #14 was reviewed 10/30/18 through 11/2/18. Resident #14 was admitted to the facility 7/1/13 with diagnoses that included atrial fibrillation, age-related osteoporosis, athropathy, heart failure, hypertension, edema, anemia, gastroesophageal reflux disease, aural vertigo, hypokalemia, peripheral vascular disease, traumatic fracture and tine unguium.</p> <p>Resident #14's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 7/18/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.</p> <p>Resident #14's October 2018 physician's orders included an order for Percocet 5-325 mg (milligrams) Give 1 tablet po (by mouth) q (every) 4 hours for pain x 2 days-Start date 5/10/17.</p> <p>The narcotic record for Resident #14's narcotic Oxycodone with Tylenol 5-325 was reviewed. The narcotic log documented that 30 pills of Oxycodone with Tylenol 5-325 had been dispensed on 3/9/18. The narcotic record log had six other residents name written on the narcotic log from April 2018 through October 2018. Resident #143 was administered ten (10) pills from Resident #14's card on 10/13/18 at 12:00 a.m., 10/13/18 at 4:00 a.m., 10/13/18 at 12:00 noon, 10/13/18 at 4:00 p.m., 10/13/18 at 8:00 p.m., 10/14/18 at 12:00 a.m., 10/14/18 at 8:00</p>	F 602			

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F 602	<p>Continued From page 38</p> <p>a.m., 10/14/18 at 12:00 noon, 10/14/18 at 4:00 p.m., and 10/14/18 at 8:00 p.m..</p> <p>Resident #353 received one (1) pill on 7/2/18.</p> <p>Resident #444 received three (3) pills from Resident #14's card in April 2018 on 4/26/18 at 9:00 a.m., 4/26/18 at 9:00 p.m., and 4/27/18 at 9:00 a.m.</p> <p>Resident #18 received one (1) pill on 5/8/18 from Resident #14's card.</p> <p>Resident #68 received one (1) pill from Resident #14's card on 8/16/18.</p> <p>Resident #293 received two (2) pills from resident #14's card on 10/6/18 and 10/7/18.</p> <p>The surveyor requested the face sheet, the monthly drug regimen reviews for April 2018, May 2018, July 2018, August 2018, and October 2018, and the October physician's orders.</p> <p>Resident #14's October 2018 pharmacy review was conducted on 10/17/18. There were no discrepancies addressed on the review.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor requested the end of the month charges for October 2018 for Resident #14.</p>	F 602			

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F 602	Continued From page 39 The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs. 2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. 3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain: a. Name of resident b. Name and strength of drug c. Quantity received d. Number on hand e. Name of physician f. Prescription number g. Name of issuing pharmacy h. Date and time received i. Time of administration j. Method of administration k. Signature of person receiving medication, and l. Signature of nurse administering medication 7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services. 8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences. 9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator	F 602			

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F 602	<p>Continued From page 40 and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(2c). The facility staff borrowed fifteen (15) Norco 5-325 from Resident #43's box to administer to Resident #142. The facility staff failed to ensure Resident #142's Norco 5-325 mg (milligrams) was available for administration in October 2018.</p> <p>The clinical record of Resident #43 was reviewed 10/30/18 through 11/2/18. Resident #43 was admitted to the facility 5/12/08 with diagnoses that included but not limited to gastroesophageal reflux disease, morbid obesity, unspecified intellectual disabilities, cerebral palsy, allergic rhinitis, major depressive disorder, anemia, hypertension, delusional disorders, anxiety disorder, irritable bowel syndrome, extrapyramidal and movement disorder, and kidney stone.</p> <p>Resident #43's significant change in assessment minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 15 /15.</p> <p>Resident #43's October 2018 physician's orders had orders for Norco 5-325 tablet Give one tablet po (by mouth) bid (twice a day) for chronic pain.</p> <p>The facility nurses borrowed fifteen doses of Norco 5-325 mg from Resident #43 to administer to Resident #142 on 10/23/18 at 6:00 p.m., 10/24/18 at 8:00 a.m., 10/24/18 at 6:00 p.m., 10/25/18 at 8:00 a.m., 10/25/18 at 6:00 p.m.,</p>	F 602			

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F 602	<p>Continued From page 41</p> <p>10/26/18 at 8:00 a.m., 10/26/18 at 6:00 p.m., 10/27/18 at 8:00 a.m., 10/27/18 at 6:00 p., 10/28/18 at 8:00 a.m., 10/28/18 at 6:00 p.m., 10/29/18 at 8:00 a.m., 10/29/18 at 6:00 p.m., 10/30/18 at 8:00 a.m., and 10/30/18 at 6:00 p.m.</p> <p>The surveyor requested the Resident #142's face sheet, October physician orders, October 2018 medication administration records, Resident #43's face sheet, October 2018 physician orders and October 2018 medication administration record from the administrative staff on 11/1/18 at 8:00 p.m.</p> <p>Resident #43's October 2018 monthly drug regimen review was completed on 10/25/18 with no issues identified.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor requested the end of the month charges for October 2018 for Resident #43.</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled</p>	F 602			

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F 602	Continued From page 42 drugs. 2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. 3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain: a. Name of resident b. Name and strength of drug c. Quantity received d. Number on hand e. Name of physician f. Prescription number g. Name of issuing pharmacy h. Date and time received i. Time of administration j. Method of administration k. Signature of person receiving medication, and l. Signature of nurse administering medication 7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services. 8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences. 9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist. 10. The administrator or designee will contact appropriate authorities. No further information was provided prior to the	F 602			

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F 602	<p>Continued From page 43 exit conference on 11/2/18.</p> <p>(2d). The facility staff borrowed fourteen Norco 5-325mg (milligrams) from Resident #43's Norco 5-325 mg to administer to Resident #97.</p> <p>The clinical record of Resident #43 was reviewed 10/30/18 through 11/2/18. Resident #43 was admitted to the facility 5/12/08 with diagnoses that included but not limited to gastroesophageal reflux disease, morbid obesity, unspecified intellectual disabilities, cerebral palsy, allergic rhinitis, major depressive disorder, anemia, hypertension, delusional disorders, anxiety disorder, irritable bowel syndrome, extrapyramidal and movement disorder, and kidney stone.</p> <p>Resident #43's significant change in assessment minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 15 /15.</p> <p>Resident #43's October 2018 physician's orders had orders for Norco 5-325 tablet Give one tablet po (by mouth) bid (twice a day) for chronic pain.</p> <p>The facility nurses borrowed fourteen doses of Norco 5-325 mg from Resident #43 to administer to Resident #97 on 10/27/18 at 2:00 p.m., 10/27/18 at 8:00 p.m., 10/28/18 at 2:00 p.m., 10/28/18 at 8:00 p.m., 10/29/18 at 8:00 a.m., 10/29/18 at 2:00 p.m., 10/29/18 at 8:00 p.m., 10/30/18 at 8:00 a.m., 10/30/18 at 2:00 p.m., 10/30/18 at 8:00 p.m., 10/31/18 at 8:00 a.m., 10/31/18 at 2:00 p.m., 11/1/18 at 8:00 a.m., and 11/1/18 at 2:00 p.m.</p> <p>The surveyor requested the Resident #97's face</p>	F 602			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 602	<p>Continued From page 44 sheet, October physician orders, October 2018 medication administration records, Resident #43's face sheet, October 2018 physician orders and October 2018 medication administration record from the administrative staff on 11/1/18 at 8:00 p.m.</p> <p>Resident #43's October 2018 monthly drug regimen review was completed on 10/25/18 with no issues identified.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor requested the end of the month charges for Resident #43.</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs. 2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. 3. If the count is correct a control sheet must be made for each substance. Do not enter more</p>	F 602			

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F 602	<p>Continued From page 45</p> <p>than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(2e). The facility staff borrowed one Norco 5-325mg (milligrams) from Resident #142's Norco 5-325 mg to administer to Resident #97.</p> <p>The clinical record of Resident #142 was</p>	F 602			

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F 602	<p>Continued From page 46</p> <p>reviewed 10/30/18 through 11/2/18. Resident #142 was admitted to the facility 2/14/13 and readmitted 3/8/13 with diagnoses that included but not limited to hypertension, hyperlipidemia, depressive disorder, and arthropathy.</p> <p>Resident #142's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #142's October 2018 physician's orders read in part "Norco 5-325 Tablet Give one tablet po (by mouth) bid (twice a day) for pain."</p> <p>The surveyor reviewed Resident #142's narcotic record for Norco 5-325 on 11/1/18. One Norco 5-325 had been administered to Resident #97 on 10/31/18 at 7:00 p.m. for Resident #142's dispensed medication card.</p> <p>Resident #142's October 2018 drug regimen review did not identify any irregularities completed on 10/9/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p>	F 602			

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F 602	<p>Continued From page 47</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs.</p> <p>2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p>	F 602			

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F 602	<p>Continued From page 48</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(2f). The facility staff borrowed one Fentanyl 25 mcg/hr patch from Resident #142 to administer to Resident #52.</p> <p>The clinical record of Resident #142 was reviewed 10/30/18 through 11/2/18. Resident #142 was admitted to the facility 2/14/13 and readmitted 3/8/13 with diagnoses that included but not limited to hypertension, hyperlipidemia, depressive disorder, and arthropathy.</p> <p>Resident #142's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #142's October 2018 physician's orders read in part "Norco 5-325 Tablet Give one tablet po (by mouth) bid (twice a day) for pain and Duragesic 25 mcg patch transdermally to skin every 3 days for pain. Remove old patch before applying new one."</p> <p>The surveyor reviewed Resident #142's narcotic record for Fentanyl (Duragesic) patch on 11/1/18. One Fentanyl 25 mcg patch had been administered to Resident #52 on 10/30/18 at 10:00 a.m. from Resident #142's dispensed medication card.</p> <p>Resident #142's October 2018 drug regimen review did not identify any irregularities completed on 10/9/18.</p>	F 602			

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F 602	Continued From page 49 The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no. The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs. 2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. 3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain: a. Name of resident b. Name and strength of drug c. Quantity received d. Number on hand e. Name of physician f. Prescription number g. Name of issuing pharmacy h. Date and time received i. Time of administration j. Method of administration k. Signature of person receiving medication, and	F 602			

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 602	<p>Continued From page 50</p> <p>7. Signature of nurse administering medication</p> <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(2g). The facility staff borrowed five (5) Norco 5-325 tablet from Resident #159 to administer to Resident #43 and one (1) to administer to Resident #97.</p> <p>The clinical record of Resident #159 was reviewed 10/30/18 through 11/2/18. Resident #159 was admitted to the facility 4/29/13 and readmitted 12/13/13 with diagnoses that included but not limited to type 2 diabetes mellitus, hypertension, hyperlipidemia, atresia of aorta, hypothyroidism, hypokalemia, heart failure, edema, and chronic pain.</p> <p>Resident #159's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/14/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p>	F 602			

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F 602	<p>Continued From page 51</p> <p>Resident #159's October 2018 physician's orders read in part "Norco 5-325 tablet po (by mouth) q6h (every 6 hours) prn (as needed) pain."</p> <p>The surveyor reviewed Resident #159's narcotic record for Norco 5-325 tablet on 11/1/18. Five Norco 5-325 had been administered to Resident #43 on 10/19/18 at 9:00 p.m., 10/20/18 at 8:00 a.m., 10/21/18 at 9:00 a.m., 10/22/18 at 8:30 a.m., and 10/22/18 at 8:00 p.m. One Norco 5-325 had been administered to Resident #97 on 10/28/18 at 8:00 a.m.</p> <p>Resident #159's October 2018 drug regimen review did not identify any irregularities completed on 10/9/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs. 2. Controlled substances must be counted upon delivery. The nurse receiving the order, along</p>	F 602			

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F 602	<p>Continued From page 52</p> <p>with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(2h). The facility staff borrowed one (1) Norco</p>	F 602			

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F 602	<p>Continued From page 53</p> <p>5-325 tablet for Resident #230 from Resident #42.</p> <p>The clinical record of Resident #42 was reviewed 10/30/18 through 11/2/18. Resident #42 was admitted to the facility 8/11/15 with diagnoses that included but not limited to lumbar vertebrae fracture, hypertension, chronic pain, edema, malignant neoplasm of skin, allergic rhinitis, and osteoporosis.</p> <p>Resident #42's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 9/15.</p> <p>Resident #42's October 2018 physician's orders read in part "Norco 5-325 tablet (Give one tablet) po (by mouth) qdaily (everyday) prn (whenever needed) as needed for arthritic pain."</p> <p>The surveyor reviewed Resident #42's narcotic record for Norco 5-325 tablet on 11/1/18. One Norco 5-325 had been administered to Resident #230 on 10/4/18 at 8:54 p.m. from Resident #42's Norco 5-325 tablet card.</p> <p>Resident #42's October 2018 drug regimen review did not identify any irregularities completed on 10/8/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details</p>	F 602			

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F 602	<p>Continued From page 54</p> <p>as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs.</p> <p>2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing</p>	F 602			

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F 602	<p>Continued From page 55</p> <p>services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(2i). The facility staff borrowed one (1) Ativan injectable from Resident #60 to administer to Resident #106.</p> <p>The clinical record of Resident #60 was reviewed 10/30/18 through 11/2/18. Resident #60 was admitted to the facility 8/1/18 with diagnoses that included but not limited to pneumonia, Vitamin D deficiency, sleep apnea, heart failure, hypertension, hyperlipidemia, glaucoma, benign prostatic hyperplasia, chronic obstructive pulmonary disease, edema, and atrial fibrillation.</p> <p>Resident #60's admission minimum data set (MDS) with an assessment reference date (ARD) of 8/8/18 assessed the resident with a BIMS (brief interview for mental status) as 12/15.</p> <p>Resident #60's October 2018 physician's orders read in part "Lorazepam 2 mg/ml (milligram/milliliter) vial (Give 1 mg/0.5 mg) every 8 hours prn (as needed) for agitation and restless."</p> <p>The surveyor reviewed Resident #60's narcotic record for Lorazepam 2mg/ml vial on 11/1/18. One Lorazepam 2mg/ml vial had been</p>	F 602			

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F 602	<p>Continued From page 56</p> <p>administered to Resident #106 on 11/1/18 at 8:30 a.m. Resident #106 was administered 1 mg of Lorazepam. The narcotic record did not show the wastage of the 1 mg not administered to Resident #106.</p> <p>Resident #60's October 2018 drug regimen review did not identify any irregularities.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both responded no.</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs.</p> <p>2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <p>a. Name of resident b. Name and strength of drug c. Quantity received</p>	F 602			

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F 602	Continued From page 57 d. Number on hand e. Name of physician f. Prescription number g. Name of issuing pharmacy h. Date and time received i. Time of administration j. Method of administration k. Signature of person receiving medication, and l. Signature of nurse administering medication 7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services. 8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences. 9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist. 10. The administrator or designee will contact appropriate authorities. No further information was provided prior to the exit conference on 11/2/18.	F 602			
F 636 SS=D	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments	F 636		12/14/18	

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 636	<p>Continued From page 58</p> <p>§483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:</p> <ul style="list-style-type: none"> (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). (xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts. <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the</p>	F 636			

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F 636	<p>Continued From page 59</p> <p>timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, and clinical record review, facility staff failed to provide care for the resident's right to choose activities and associates within the community for 1 of 39 residents in the survey sample (Resident #263).</p> <p>Resident #263 was admitted to the facility on 8/18/16. Diagnoses included hypertension, obstructive uropathy, cerebrovascular accident, non-Alzheimer's dementia, hemiparesis, depression, spinal stenosis, chronic ischemic heart disease, generalized edema, chronic pain syndrome, tobacco use, neuralgia and neuritis. On the quarterly minimum data set assessment with assessment reference date 10/4/2018, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis, and with verbal behavior directed toward others on 1-3 of the 7 days prior to the assessment. The resident required extensive assistance of two staff for bed mobility and transfers and was totally dependent for locomotion on and off the nursing unit.</p> <p>During an interview on 10/30/2018, R resident</p>	F 636	<p>For Resident #263, RN Assessment Coordinator completed a new safe smoking assessment on 11/2/18.</p> <p>Resident #263's Nicoderm patches were discontinued on 11/2/18 by MD.</p> <p>Resident #263's Care Plan was updated 11/2/18.</p> <p>Resident #263 is assisted frequently to get up in his recliner, assisted to the designated smoking area, and is assisted to smoke with his smoking apron and supplies. Staff holds cigarette as needed and monitors his safety while smoking.</p> <p>Resident is assisted to smoke frequently by nursing staff and family. Resident #263 was discharged to hospital on 12/4/18.</p> <p>Education will be provided to all staff by the Staff Development Coordinator, informing them of resident's right to choose activities and associates within the</p>		

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F 636	<p>Continued From page 60</p> <p>#263 reported that his main social activity was sitting outside smoking and talking with the other men. He wasn't interested in group activities. He reported that he had not been allowed to smoke since he was hospitalized with an infection. He said that he isn't allowed in the [wheel] chair now. The surveyor asked if he had been told why he couldn't smoke. He said the people running the place decided he had to wear a patch instead. He did not want to wear the patch and said he had been telling them every day that he didn't want it and that he wanted to smoke. On 10/31/18 8:30 AM, the surveyor spoke with the resident again. He stated that every time he asked to go to smoke, he was given different reasons he couldn't smoke. He said they hadn't let him smoke since he came from the hospital. They have said now that he can't go smoke until at least Monday (the next Monday was 11/5). He did not know why Monday. The resident stated "I'd like to be able to go smoke one. I'd like to get back in my chair, but they say I'd fall out of it. I'm supposed to be having therapy".</p> <p>On 10/31/18 at 02:20 PM, the director of nursing (DON) reported she won't allow him to go outside to smoke, or to stores with family because his family are drug users. On 11/1/18 at 2:30 PM, the DON said she did not "say it right" yesterday. She said she did not tell the resident he could not smoke. She said she told him he needed to sign out when he left. She said she had told him not to wheel around the parking lot because people drive too fast in the parking lot and he could get hit. On 11/01/18 at 3:21 PM the DON stated that she didn't mean to say what she did. She she said she meant that staff had told her that they heard he smelled like marijuana when he had been out with the family members, who were</p>	F 636	<p>community regarding smoking, and the staff's responsibility to provide the care necessary to carry this out if possible.</p> <p>100% audit to be done on all residents who smoke to ensure they are given the necessary care that will allow them to choose activities and associates within the community or offer alternative activity as necessary by RN MDS Coordinator and MDS Assistants. Results of this audit will be reviewed by QA Coordinator and DON with appropriate action taken as necessary.</p> <p>The DON will ensure compliance.</p> <p>Quarterly, (as part of Quality Assurance), a 10% audit of all residents who smoke will be done by the RN MDS Coordinator and MDS Assistants to ensure residents are given the necessary care that will allow them to choose activities or associates within the community or offer alternative activity as necessary by RN MDS Coordinator and MDS Assistants. (See form)</p> <p>Results of this audit will be reviewed by the QA Coordinator and DON.</p> <p>The DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 636	<p>Continued From page 61</p> <p>known drug addicts. She said she had a note written sometime in the past and she could provide a witness because she never talked to anyone without a witness. On 11/1/18 at 4 PM, the DON brought a printed Registered Nurse progress note dated 11/1/18 3:41 PM "[nurse] and myself spoke with resident about his desire to smoke. We told him that if he desired to smoke that the CNA could get him up and a staff member could assist him to the smoking area. We reminded him if he had on a nicoderm patch it could make him sick. If he desires we could ask his doctor to d/c (discontinue) the nicoderm patch. We discussed it with him if the staff had been getting him up and he said he thought he had gotten up. We told him if he had any concerns to ask for [DON] or [nurse]. He thanked us for stopping by". The DON stated that she wanted to take care of this herself and said she told Resident #263 that he could smoke today if he wanted to because he wasn't wearing a patch. The DON stated, while addressing other issues with surveyors, on 11/1/18 after 4 PM, that the resident couldn't smoke because he had agreed to the order for nicotine patches while he was in the hospital.</p> <p>On 10/31/18, the surveyor spoke by phone with the resident's power of attorney (POA). The surveyor asked about activities and preferences. The POA said that staff were getting the resident up to a recliner every other day. She said they did not get him up on days her daughter visited him instead of the POA. She said the resident feels angry and frustrated because he has no control over his life and and he doesn't want anyone to tell him what to do.</p> <p>She said he asks to smoke every day. Staff have</p>	F 636			

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F 636	<p>Continued From page 62</p> <p>been telling him he can not. [LPN 1] told him "no, not until at least Monday" The POA approves of staff preventing the resident from smoking. She said that yesterday (10/30) the resident had refused the nicotine patch and she had persuaded (LPN 1) to sneak a patch on him while he was distracted. She said that made him less angry and agitated.</p> <p>Clinical record review revealed a Safe Smoking Assessment dated 10/4/18 conducted by a registered nurse indicated that the resident met all safe smoking criteria. Comments: Alert, oriented to person, place, time; always with family/friend when smoking; good safety awareness re:smoking materials; smoking materials kept at Nurse's station.</p> <p>Physician orders included Nicoderm CQ 14 mg/24 hr patch apply one patch to skin every 24 hours for nicotine cessation (remove old patch before applying new).</p> <p>The residents' comprehensive plan of care, initiated 9/1/16, had not been updated to indicate that the resident's smoking was to be restricted or to reflect a smoking cessation plan.</p> <p>A physician readmission note dated 10/23/18 at 10:01 AM indicated under status that the resident was a an active tobacco user. There was no indication that the physician discussed a smoking cessation plan with the resident.</p> <p>A social services note dated 10/31/18 at 11:00 PM indicated "...Prior to going out to the hospital, he would go out to smoke with family several times daily. Since, he came back from [hospital], he has an order for a Nicotine Patch. He would</p>	F 636			

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F 636	Continued From page 63 like to begin smoking again, but family wants his infection to clear first. Staff members and family are providing him encouragement and the benefits not to smoke. ..." The surveyor was unable to locate any other evidence of smoking cessation interventions.	F 636			
F 656 SS=D	The director of nursing and the quality assurance nurse were made aware of the concern throughout the survey process. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 656		12/14/18	

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F 656	<p>Continued From page 64</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, family interview, and staff interview, facility staff failed to develop a person center care plan to assist the resident in participating in his preferred social activity for 1 of 39 residents in the survey sample (Resident #263).</p> <p>Resident #263 was admitted to the facility on 8/18/16. Diagnoses included hypertension, obstructive uropathy, cerebrovascular accident, non-Alzheimer's dementia, hemiparesis, depression, spinal stenosis, chronic ischemic heart disease, generalized edema, chronic pain syndrome, tobacco use, neuralgia and neuritis. On the quarterly minimum data set assessment with assessment reference date 10/4/2018, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis, and with verbal behavior directed toward others on 1-3 of the 7 days prior to the assessment. The resident required extensive assistance of two staff for bed mobility</p>	F 656	<p>For Resident #263, RN Assessment Coordinator completed a new safe smoking assessment on 11/2/18.</p> <p>Resident #263's Nicoderm patches were discontinued by MD on 11/2/18.</p> <p>Resident #263's Care Plan was updated on 11/2/18.</p> <p>Resident #263 is assisted to smoke frequently by nursing staff and family. Resident was discharged to hospital on 12/4/18.</p> <p>All residents are assessed on admission and quarterly for smoking safety and preferences; their care plans are updated after assessment to reflect changes by the RN MDS Coordinator.</p> <p>Education will be provided to RN's and</p>		

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F 656	<p>Continued From page 65</p> <p>and transfers and was totally dependent for locomotion on and off the nursing unit.</p> <p>During an interview on 10/30/2018, R resident #263 reported that his main social activity was sitting outside smoking and talking with the other men. He wasn't interested in group activities. He reported that he had not been allowed to smoke since he was hospitalized with an infection. He said that he isn't allowed in the [wheel] chair now. The surveyor asked if he had been told why he couldn't smoke. He said the people running the place decided he had to wear a patch instead. He did not want to wear the patch and said he had been telling them every day that he didn't want it and that he wanted to smoke. On 10/31/18 8:30 AM, the surveyor spoke with the resident again. He stated that every time he asked to go to smoke, he was given different reasons he couldn't smoke. He said they hadn't let him smoke since he came from the hospital. They have said now that he can't go smoke until at least Monday (the next Monday was 11/5). He did not know why Monday. The resident stated "I'd like to be able to go smoke one. I'd like to get back in my chair, but they say I'd fall out of it. I'm supposed to be having therapy".</p> <p>On 10/31/18 at 02:20 PM, the director of nursing (DON) reported she won't allow him to go outside to smoke, or to stores with family because his family are drug users. On 11/1/18 at 2:30 PM, the DON said she did not "say it right" yesterday. She said she did not tell the resident he could not smoke. She said she told him he needed to sign out when he left. She said she had told him not to wheel around the parking lot because people drive too fast in the parking lot and he could get hit. On 11/01/18 at 3:21 PM the DON stated that</p>	F 656	<p>LPN's by the RN MDS Coordinator on updating the care plans to reflect the assistance needed by the resident to carry out their preferred social activity if possible, especially regarding smoking.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit to be done on all care plans of residents who choose to smoke by RN MDS Coordinator and MDS assistant. (See form)</p> <p>Results of this audit will be reviewed by the QA Coordinator and DON.</p> <p>The DON will ensure compliance.</p> <p>Quarterly, a 10% audit (as part of QA program) will be done on care plans of residents who choose to smoke by the RN MDS Coordinator and MDS Assistant, to ensure smoking preferences are followed. (See form)</p> <p>Results of this audit will be reviewed by the QA Coordinator and DON.</p> <p>The DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 656	<p>Continued From page 66</p> <p>she didn't mean to say what she did. She she said she meant that staff had told her that they heard he smelled like marijuana when he had been out with the family members, who were known drug addicts. She said she had a note written sometime in the past and she could provide a witness because she never talked to anyone without a witness. On 11/1/18 at 4 PM, the DON brought a printed Registered Nurse progress note dated 11/1/18 3:41 PM "[nurse] and myself spoke with resident about his desire to smoke. We told him that if he desired to smoke that the CNA could get him up and a staff member could assist him to the smoking area. We reminded him if he had on a nicoderm patch it could make him sick. If he desires we could ask his doctor to d/c (discontinue) the nicoderm patch. We discussed it with him if the staff had been getting him up and he said he thought he had gotten up. We told him if he had any concerns to ask for [DON] or [nurse]. He thanked us for stopping by". The DON stated that she wanted to take care of this herself and said she told Resident #263 that he could smoke today if he wanted to because he wasn't wearing a patch. The DON stated, while addressing other issues with surveyors, on 11/1/18 after 4 PM, that the resident couldn't smoke because he had agreed to the order for nicotine patches while he was in the hospital.</p> <p>On 10/31/18, the surveyor spoke by phone with the resident's power of attorney (POA). The surveyor asked about activities and preferences. The POA said that staff were getting the resident up to a recliner every other day. She said they did not get him up on days her daughter visited him instead of the POA. She said the resident feels angry and frustrated because he has no control</p>	F 656			

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F 656	<p>Continued From page 67</p> <p>over his life and and he doesn't want anyone to tell him what to do.</p> <p>She said he asks to smoke every day. Staff have been telling him he can not. [LPN 1] told him "no, not until at least Monday" The POA approves of staff preventing the resident from smoking. She said that yesterday (10/30) the resident had refused the nicotine patch and she had persuaded (LPN 1) to sneak a patch on him while he was distracted. She said that made him less angry and agitated.</p> <p>Clinical record review revealed a Safe Smoking Assessment dated 10/4/18 conducted by a registered nurse indicated that the resident met all safe smoking criteria. Comments: Alert, oriented to person, place, time; always with family/friend when smoking; good safety awareness re:smoking materials; smoking materials kept at Nurse's station.</p> <p>Physician orders included Nicoderm CQ 14 mg/24 hr patch apply one patch to skin every 24 hours for nicotine cessation (remove old patch before applying new).</p> <p>The residents' comprehensive plan of care, initiated 9/1/16, had not been updated to indicate that the resident's smoking was to be restricted or to reflect a smoking cessation plan.</p> <p>A physician readmission note dated 10/23/18 at 10:01 AM indicated under status that the resident was a an active tobacco user. There was no indication that the physician discussed a smoking cessation plan with the resident.</p> <p>A social services note dated 10/31/18 at 11:00</p>	F 656			

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F 656	Continued From page 68 PM indicated "...Prior to going out to the hospital, he would go out to smoke with family several times daily. Since, he came back from [hospital], he has an order for a Nicotine Patch. He would like to begin smoking again, but family wants his infection to clear first. Staff members and family are providing him encouragement and the benefits not to smoke. ..." The surveyor was unable to locate any other evidence of smoking cessation interventions.	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		12/14/18	

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F 657	<p>Continued From page 69</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 resident interview, family interview, and staff interview, facility staff failed to revise the care plan to accommodate the resident in participating in his preferred social activity for 1 out of 39 residents in the survey sample (Resident #263).</p> <p>Resident #263 was admitted to the facility on 8/18/16. Diagnoses included hypertension, obstructive uropathy, cerebrovascular accident, non-Alzheimer's dementia, hemiparesis, depression, spinal stenosis, chronic ischemic heart disease, generalized edema, chronic pain syndrome, tobacco use, neuralgia and neuritis. On the quarterly minimum data set assessment with assessment reference date 10/4/2018, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis, and with verbal behavior directed toward others on 1-3 of the 7 days prior to the assessment. The resident required extensive assistance of two staff for bed mobility and transfers and was totally dependent for locomotion on and off the nursing unit.</p> <p>During an interview on 10/30/2018, R resident #263 reported that his main social activity was sitting outside smoking and talking with the other men. He wasn't interested in group activities. He reported that he had not been allowed to smoke since he was hospitalized with an infection. He</p>	F 657	<p>For Resident #263, RN Assessment Coordinator completed a new safe smoking assessment on 11/2/18.</p> <p>Resident #263's Nicoderm patches were discontinued by MD on 11/2/18.</p> <p>Resident #263's Care Plan was updated on 11/2/18.</p> <p>Resident #263 is assisted to smoke frequently by nursing staff and family.</p> <p>Resident #263 is assisted frequently to get up in his recliner, assisted to the designated smoking area, and is assisted to smoke with his smoking apron and supplies. Staff holds cigarette as needed and monitors his safety while smoking.</p> <p>Resident #263 is assisted to smoke frequently by nursing staff and family. Resident was discharged to hospital on 12/4/18.</p> <p>All residents are assessed on admission and quarterly for smoking safety and preferences; their care plans are updated after assessment to reflect changes by the RN MDS Coordinator.</p>		

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F 657	<p>Continued From page 70</p> <p>said that he isn't allowed in the [wheel] chair now. The surveyor asked if he had been told why he couldn't smoke. He said the people running the place decided he had to wear a patch instead. He did not want to wear the patch and said he had been telling them every day that he didn't want it and that he wanted to smoke. On 10/31/18 8:30 AM, the surveyor spoke with the resident again. He stated that every time he asked to go to smoke, he was given different reasons he couldn't smoke. He said they hadn't let him smoke since he came from the hospital. They have said now that he can't go smoke until at least Monday (the next Monday was 11/5). He did not know why Monday. The resident stated "I'd like to be able to go smoke one. I'd like to get back in my chair, but they say I'd fall out of it. I'm supposed to be having therapy".</p> <p>On 10/31/18 at 02:20 PM, the director of nursing (DON) reported she won't allow him to go outside to smoke, or to stores with family because his family are drug users. On 11/1/18 at 2:30 PM, the DON said she did not "say it right" yesterday. She said she did not tell the resident he could not smoke. She said she told him he needed to sign out when he left. She said she had told him not to wheel around the parking lot because people drive too fast in the parking lot and he could get hit. On 11/01/18 at 3:21 PM the DON stated that she didn't mean to say what she did. She she said she meant that staff had told her that they heard he smelled like marijuana when he had been out with the family members, who were known drug addicts. She said she had a note written sometime in the past and she could provide a witness because she never talked to anyone without a witness. On 11/1/18 at 4 PM, the DON brought a printed Registered Nurse</p>	F 657	<p>Education will be provided to RN's and LPN's by the RN MDS Coordinator on updating the care plans to reflect the assistance needed by the resident to carry out their preferred social activity if possible regarding smoking.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit to be done on all care plans of residents who choose to smoke by RN MDS Coordinator and MDS assistant. (See form)</p> <p>Results of this audit will be reviewed by the QA Coordinator and DON.</p> <p>The DON will ensure compliance.</p> <p>Quarterly, a 10% audit (as part of QA program) will be done on care plans of residents who choose to smoke by the RN MDS Coordinator and MDS Assistant, to ensure smoking preferences are followed. (See form)</p> <p>Results of this audit will be reviewed by the QA Coordinator and DON.</p> <p>The DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 657	<p>Continued From page 71</p> <p>progress note dated 11/1/18 3:41 PM "[nurse] and myself spoke with resident about his desire to smoke. We told him that if he desired to smoke that the CNA could get him up and a staff member could assist him to the smoking area. We reminded him if he had on a nicoderm patch it could make him sick. If he desires we could ask his doctor to d/c (discontinue) the nicoderm patch. We discussed it with him if the staff had been getting him up and he said he thought he had gotten up. We told him if he had any concerns to ask for [DON] or [nurse]. He thanked us for stopping by". The DON stated that she wanted to take care of this herself and said she told Resident #263 that he could smoke today if he wanted to because he wasn't wearing a patch. The DON stated, while addressing other issues with surveyors, on 11/1/18 after 4 PM, that the resident couldn't smoke because he had agreed to the order for nicotine patches while he was in the hospital.</p> <p>On 10/31/18, the surveyor spoke by phone with the resident's power of attorney (POA). The surveyor asked about activities and preferences. The POA said that staff were getting the resident up to a recliner every other day. She said they did not get him up on days her daughter visited him instead of the POA. She said the resident feels angry and frustrated because he has no control over his life and and he doesn't want anyone to tell him what to do.</p> <p>She said he asks to smoke every day. Staff have been telling him he can not. [LPN 1] told him "no, not until at least Monday" The POA approves of staff preventing the resident from smoking. She said that yesterday (10/30) the resident had refused the nicotine patch and she had</p>	F 657			

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F 657	<p>Continued From page 72</p> <p>persuaded (LPN 1) to sneak a patch on him while he was distracted. She said that made him less angry and agitated.</p> <p>Clinical record review revealed a Safe Smoking Assessment dated 10/4/18 conducted by a registered nurse indicated that the resident met all safe smoking criteria. Comments: Alert, oriented to person, place, time; always with family/friend when smoking; good safety awareness re:smoking materials; smoking materials kept at Nurse's station.</p> <p>Physician orders included Nicoderm CQ 14 mg/24 hr patch apply one patch to skin every 24 hours for nicotine cessation (remove old patch before applying new).</p> <p>The residents' comprehensive plan of care, initiated 9/1/16, had not been updated to indicate that the resident's smoking was to be restricted or to reflect a smoking cessation plan.</p> <p>A physician readmission note dated 10/23/18 at 10:01 AM indicated under status that the resident was a an active tobacco user. There was no indication that the physician discussed a smoking cessation plan with the resident.</p> <p>A social services note dated 10/31/18 at 11:00 PM indicated "...Prior to going out to the hospital, he would go out to smoke with family several times daily. Since, he came back from [hospital], he has an order for a Nicotine Patch. He would like to begin smoking again, but family wants his infection to clear first. Staff members and family are providing him encouragement and the benefits not to smoke. ..." The surveyor was unable to locate any other evidence of smoking</p>	F 657			

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F 657	Continued From page 73 cessation interventions.	F 657			
F 658 SS=E	<p>The director of nursing and the quality assurance nurse were made aware of the concern throughout the survey process.</p> <p>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:</p> <p>Based on staff interview and clinical record review, the facility staff failed to follow professional standards of practice involving medication administration on 7 of 8 nursing unit in the facility. (South Wing, East Wing, Mid-East Wing, Rehab, South Terrace, Garden Terrace and North Terrace)</p> <p>1. The facility staff borrowed or shared medications during a review of Resident #161's narcotic sheets for Fentanyl. There were a total of 2 residents that were discovered by the surveyor to either be the giver or borrower of the narcotic medications. The following residents were subjected to the practice of borrowing and sharing medications: Resident #161, Resident #19, Resident #90, Resident #91, Resident #111, Resident #152, Resident #163, Resident #205, Resident #238, Resident #253, Resident #257, Resident #344, Resident #18, Resident # 145, Resident #170, Resident #171, Resident #185, Resident # 345, Resident #347, Resident #348, Resident #349, Resident #350, Resident #351,</p>	F 658	<p>The controlled medications for residents #'s 161, 19, 90, 91, 111, 152, 163, 205, 238, 253, 257, 18, 145, #171 and # 350 are only administered to the resident for whom they are prescribed.</p> <p>Resident #344 discharged on 12/1/18, resident #170 discharged 11/1/18, resident #185 discharged 11/3/18, resident #345 discharged 5/16/18, resident #347 discharged 10/16/18, resident #348 discharged 4/11/18, resident #349 discharged 1/24/18, resident #351 discharged 11/10/18, resident #352 discharged 11/12/18, resident #544 discharged 11/18/18, resident #545 discharged 11/2/18.</p> <p>Education has been provided by the Staff Development Coordinator and Pharmacist to all RN's and LPN's on the 5 R's of medication administration of controlled medication. Right Resident, Right</p>	12/14/18	

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F 658	<p>Continued From page 74</p> <p>Resident #352, Resident #544 and Resident #545.</p> <p>Resident #161 was admitted to the facility on 3/16/18 with the following diagnoses of, but not limited to high blood pressure, diabetes, Alzheimer's Disease, stroke, anxiety and depression. On the quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 9/11/18 coded the resident as having a BIMS (Brief Interview for Mental Status) score of 15 out of a possible score of 15. Resident #161 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and totally dependent on 1 staff member for bathing.</p> <p>The surveyor conducted a clinical record review on 10/31 thru 11/2/18 on Resident #161. During this review, the surveyor reviewed the narcotic sheet for the Fentanyl that Resident #161 was receiving. On the narcotic sheet, it had Resident #161's name on it along with the following physician ordered medication, "Fentanyl 12 mcg/hr. (micrograms/hour) patch Apply 1 patch transdermally every 72 hours for pain. Apply with 25 mcg patch to total 37 mcg/hr." This narcotic sheet had the following documentation of dates and times of other resident's being administrated the narcotic patch from Resident #161's narcotic record:</p> <p>10/27/18 at 8 am, Resident #18 received one Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>10/30/18 at 8 am, Resident #18 received 1 Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the</p>	F 658	<p>Medication, Right Dosage, Right Administration Time, Right Route and documentation of PRN medication, when administered and following proper procedure when wasting a controlled medication by 11/5/18. (See Policy).</p> <p>The DON will ensure compliance.</p> <p>A 100% audit will be completed of all residents receiving controlled medication by the DON, QA Coordinator, Staff Development Coordinator, RN Clinical Advisor and RN Nurse Supervisors to ensure that the controlled medication is only administered to the resident for whom they are prescribed, that PRN controlled medication is documented when administered and PRN controlled medication if wasted, is documented according to policy. (See policy).</p> <p>Results of this audit will be reviewed by QA Coordinator, Pharmacist, and DON (see form).</p> <p>The Pharmacist and DON will ensure compliance.</p> <p>A 10% quarterly audit, (as part of QA program,) will be completed of all residents receiving controlled medications by the DON, QA Coordinator, Staff Development Coordinator, and RN Clinical Advisor, and RN Nurse Supervisor to ensure that controlled medications are only administered to the resident for whom they are prescribed, that PRN controlled medication is documented</p>		

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F 658	<p>Continued From page 75</p> <p>narcotic.</p> <p>Upon the surveyor discovering the sharing of the above documented narcotic on 11/1/18 at approximately 2:30 pm, the surveyor reviewed all the narcotic sheets on the South Wing, East Wing, Mid-East Wing and the Rehab nursing units and the following was discovered:</p> <p>A. Resident #19 had a narcotic sheet for Norco 5-325 mg (milligram) tablets and on 10/16/18 at 3:15 pm, Resident #238 was administrated 1 tablet of Norco 5-325 mg tablet. Resident #238 had a physician order for the same dose of Norco that Resident #19 had on the narcotic sheet.</p> <p>B. Resident #90 had a narcotic sheet for Oxycodone 5 mg tablets in which Resident #316 had been administrated 1 tablet on 2/27/18 at 4:00 pm and again on 2/28/18 at 6:15 pm but on this date and time the resident was given ½ tablet. Upon further review in Resident #316's clinical record, the resident had a physician order for Oxycodone 5 mg ½ tablet instead of 1 tablet.</p> <p>Resident #171 had also been administrated 1 tablet of Oxycodone 5 mg on 3/7/18 at 8:20 pm from Resident #90's above documented narcotic sheet. Resident #171 had a physician order for the same dose of Norco that Resident #90 had on the narcotic sheet.</p> <p>Resident # 345 had also been administrated 2 tablets of Oxycodone 5 mg on 5/15/18 at 7 pm from Resident #90's above documented narcotic sheet. Resident #345 had a physician order for the same dose of Oxycodone that Resident #90 had on the narcotic sheet.</p> <p>C. Resident #91 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #161 1 tablet</p>	F 658	<p>when administered and PRN controlled medication, if wasted, is documented according to policy (See policy)</p> <p>Results of this audit will be reviewed by QA Coordinator, Pharmacist, and DON. (See form)</p> <p>The Pharmacist and DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 658	<p>Continued From page 76</p> <p>on 10/4/18 at 9:30 pm. Resident #161 had a physician order for the same dose of Norco that Resident #91 had on the narcotic sheet.</p> <p>D. Resident #111 had a narcotic sheet for Morphine 4 mg/ml (milligram/milliliter) in which Resident #170 had been administrated 2 mg of Morphine on 10/8/18 at 1 pm. Resident #170 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet.</p> <p>Resident #347 was administrated Morphine 2 mg on 10/13/18 at 12:15 pm and again on 10/14/18 at 8:47 am from Resident #111's narcotic sheet. Resident #347 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet.</p> <p>E. Resident #152 had a narcotic sheet for Fentanyl 25 mcg/hr. patch that Resident #161 was administrated 1 patch of Fentanyl on 10/29 18 at 6 pm. Resident #161 had a physician order for the same dose of Fentanyl that Resident #152 had on the narcotic sheet.</p> <p>F. Resident #163 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 3/12/18 and again on 6/20/18 at 8 pm. Resident #19 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above.</p> <p>G. Resident #205 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #349 had been administrated 1 tablet of Norco 5-325 mg on 1/8/18 at 8 am and again on 1/8/18 at 2 pm.</p>	F 658			

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F 658	<p>Continued From page 77</p> <p>Resident #349 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above.</p> <p>Resident #348 had been administrated 1 tablet of Norco 5-325 mg tablet on 2/19/18 at 4 pm from Resident #205's narcotic sheet. Resident #348 had a physician order for the same medication of Norco that Resident #205 had documented on the narcotic sheet as stated above.</p> <p>H. Resident #238 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 10/16/18 at 8:15 pm. Resident #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above.</p> <p>Resident #344 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #238's narcotic sheet. Resident #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above.</p> <p>I. Resident #253 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 1 tablet of Norco on the following dates and times: 10/26/18 at 11:19 pm, 10/28/18 at 9:46 am, 10/28/18 at 4:08 pm, 10/28/18 at 8:38 pm, 10/29/18 at 1:51 am, 10/29/18 at 8:30 am, 10/30/18 at 12:05 am, 10/30/18 at 5:49 pm, 10/30/18 at 6:49 pm, 10/31/18 at 6:02 X 2 entries to total 2 tablets given, and on 10/31/18 at 9 am X 2 entries to total 2 tablets given. Resident #350 had a physician order for the same medication of Norco</p>	F 658			

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F 658	<p>Continued From page 78</p> <p>that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #351 had been administrated 1 tablet of Norco 5-325 mg on 10/27/18 at 8:07 pm from Resident #253's narcotic sheet. Resident #351 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #352 had been administrated 1 tablet of Norco 5-325 mg on 10/28/18 at 8:33 pm from Resident #253's narcotic sheet. Resident #352 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #544 had been administrated 1 tablet of Norco 5-325 mg on 10/30/18 at 4:36 am and again on 10/30/18 at 6:55 pm from Resident #253's narcotic sheet. Resident #544 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>J. Resident #544 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 2 tablets of Norco 5-235 mg on 10/31/18 at 8:28 pm and again on 11/1/18 at 3:15 am. Resident #350 had a physician order for the same medication of Norco that Resident #544 had documented on the narcotic sheet as stated above.</p> <p>K. Resident #257 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times from Resident #257's narcotic sheet: 10/19/18 at 8:25 am, 10/20/18 at 9:45 am, 10/21/18 at 3:23 am, at 9:25 am and at 11:36 pm, 10/22/18 at 7:39 am and at</p>	F 658			

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F 658	<p>Continued From page 79</p> <p>7:26 pm, and 10/23/18 at 6:30 am. Resident #145 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above.</p> <p>Resident #344 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times: 10/20/18 at 5:17 pm, 10/21/18 at 9:55 am, 10/22/18 at 5:18 pm and at 11:30 pm from Resident #257's narcotic sheet. Resident #344 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above.</p> <p>L. Resident #344 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 2:46 pm.</p> <p>Resident #238 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #344's narcotic sheet. Resident #238 had a physician order for the same medication of Norco that Resident #344 had documented on the narcotic sheet as stated above.</p> <p>M. Resident #545 had a narcotic sheet for Norco 7.5-325 mg tablets in which Resident #185 had been administrated 1 tablet of Norco 7.5-325 mg on 10/31/18 at 5 am and again at 2:58 pm from Resident #545's narcotic sheet. Resident #185 had a physician order for the same medication of Norco that Resident #545 had documented on the narcotic sheet as stated above.</p> <p>The surveyor requested and reviewed the facility policy on controlled medications on 11/2/18. The</p>	F 658			

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F 658	Continued From page 80 policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs. 2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. 3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain: a. Name of resident b. Name and strength of drug c. Quantity received d. Number on hand e. Name of physician f. Prescription number g. Name of issuing pharmacy h. Date and time received i. Time of administration j. Method of administration k. Signature of person receiving medication, and l. Signature of nurse administering medication 7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services. 8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences. 9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist. 10. The administrator or designee will contact appropriate authorities.	F 658			

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F 658	Continued From page 81 On 11/2/18 at approximately 3:30pm, the surveyor interviewed LPN (Licensed Practical Nurse) #1. The surveyor asked LPN #1 if you were administrating medications and noted that you were out of a particular medication, like a narcotic, what would she do. LPN #1 stated that she would borrow that particular medication from another resident that had it. LPN #1 also stated if the medication that you needed was a narcotic you would sign out for it on the resident's narcotic sheet that you were borrowing it from. The surveyor requested that the pharmacist on duty for this day (11/1/18) come and speak to the surveyor. The pharmacist on duty for 11/1/18 came to the surveyor approximately 3:45 pm and the surveyor asked the pharmacist the same question as proposed to LPN#1 as documented above. The surveyor also asked the pharmacist if the staff was able to share medications. The pharmacist replied "No, they are not to share any medications at all. If they are out of a particular medication then they are to notify pharmacy of this." The surveyor interviewed the pharmacist, the director of nursing, the quality assurance nurse (QA) and registered nurse (RN) #1 on 11/2/18 at 11:46 am in the conference room along with 3 of the survey team members in attendance. The pharmacist was asked during this time that the time the drug regimen reviews were being performed by himself if the narcotic records were checked. The pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what which residents were documented as being signed out for narcotics on each of the narcotic sheets. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow	F 658			

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F 658	<p>Continued From page 82</p> <p>medications from one resident for another. The director of nursing and the pharmacist had stated no. The surveyor requested for the standard of practice for nursing in administrating medications. The director of nursing stated "We go by our policies and procedures for that."</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to follow professional standards of practice for medication administration on the South Terrace, Garden Terrace and North Terrace that affected eighteen residents. The nursing staff failed to obtain narcotic medications from the pharmacy and instead borrowed the medication from other residents who had the medication in the medication cart. Three residents did not have documentation that the medication borrowed was actually administered (Resident #18, Resident #68 and Resident #353).</p> <p>(A). The facility staff failed to ensure Resident #9's Duragesic patch was available for administration. However, a Duragesic patch had been used from Resident #85's Duragesic box.</p> <p>The clinical record of Resident #9 was reviewed 10/30/18 through 11/2/18. Resident #9 was admitted to the facility on 4/13/18 with diagnoses that included but not limited to autonomic dysreflexia, rheumatoid arthritis, hypothyroidism, neurogenic bowel, cervicgia, sacral pressure ulcer, constipation, concussion and edema of cervical spinal cord, urine retention, depressive disorder, and fractured neck.</p>	F 658			

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F 658	<p>Continued From page 83</p> <p>Resident #9's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 7/15/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #9's October 2018 and November 2018 physician's orders were reviewed. Resident #9's orders included an order for Duragesic 12 mcg/hr (micrograms/hour) patch. Apply one patch topically q72h (every 72 hours) for chronic pain**Remove old patch prior to applying new one."</p> <p>Resident #9 received a Duragesic patch on 10/26/18 at 8:00 p.m. as documented on the October 2018 electronic medication administration record (eMAR). There was not a narcotic log for Resident #9's Duragesic patch. However, a Duragesic patch had been used from Resident #85's Duragesic box.</p> <p>Licensed practical nurse #4 borrowed a Duragesic 12.5 mcg patch from Resident #85's Duragesic box to administer to Resident #9.</p> <p>When the Duragesic patch was removed on 10/29/18 at 8:00 p.m., there was no documentation where the Duragesic was discarded/wasted. The surveyor was unable to locate the disposition of the used Duragesic patch.</p> <p>The surveyor requested the October 2018 physician's order for Duragesic 12.5 mcg, face sheet, October 2018 medication administration orders, and October pharmacy reviews for Resident #9 and Resident #85 from the director of nursing on 11/1/18 at 8:00 p.m.</p>	F 658			

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F 658	<p>Continued From page 84</p> <p>The surveyor reviewed the concerns with the director of nursing on 11/2/18 at 8:00 a.m. regarding the licensed practical nurse borrowing Duragesic for Resident #9's administration on 10/26/18 from Resident #85's Duragesic box.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(B). The facility staff failed to ensure Resident #143's medications were available for administration. Ten administrations of Oxycodone with Tylenol (Percocet) 5-325 were borrowed from Resident #14's Percocet.</p> <p>The clinical record of Resident #143 was reviewed 10/30/18 through 11/2/18. Resident #143 was admitted to the facility 8/8/12 and readmitted 10/26/15 with diagnoses that included pelvis fracture, anemia, Vitamin D deficiency, insomnia, depressive disorder, gastroesophageal reflux disease, hypothyroidism, acute bronchitis, urinary tract infection, acute on chronic diastolic heart failure, atrial fibrillation, hypertension, and hypokalemia.</p> <p>Resident #143's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 9/8/18 assessed the resident with a BIMS (brief interview for mental status) as 6 out of 15.</p> <p>Resident #143's October 2018 physician's orders included an order for Percocet 5-325 mg (milligrams) Give 1 tablet po (by mouth) q (every) 4 hours for pain x 2 days-start date 10/12/18. Stop date: 10/14/18.</p> <p>The surveyor reviewed the October 2018</p>	F 658			

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F 658	<p>Continued From page 85</p> <p>electronic medication administration records (eMARs). Resident #143 received Percocet 5-325 mg on 10/13/18 at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m., and on 10/14/18 at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.</p> <p>The surveyor was unable to locate the narcotic log for Resident #143's narcotic log for Oxycodone with Tylenol. However, the surveyor found Resident #143's name recorded on Resident #14's oxycodone with Tylenol narcotic record ten different times. The times recorded on the narcotic sheet were the dates and times recorded on Resident #143's eMARs. Six different nurses borrowed Oxycodone with Tylenol from Resident #14's card and administered the medication to Resident #143. The medication was borrowed.</p> <p>The surveyor requested the October 2018 physician's order for Oxycodone with Tylenol 5-325 mg (milligrams), face sheet, October 2018 medication administration orders, and October pharmacy reviews for Resident #143 and Resident #14 from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the above concern with the nurses borrowing medication (Oxycodone with Tylenol) from Resident #143 to administer to Resident #14 on 11/2/18 at 8:00 a.m.</p> <p>(C). The facility staff failed to ensure Resident #142's Norco 5-325 mg (milligrams) was available for administration in October 2018. The facility staff borrowed fifteen (15) doses of Norco 5-325 mg from Resident #43.</p>	F 658			

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F 658	<p>Continued From page 86</p> <p>The clinical record of Resident #142 was reviewed 10/30/18 through 11/2/18. Resident #142 was admitted to the facility 2/14/13 and readmitted 3/8/13 with diagnoses that included but not limited to hypertension, hyperlipidemia, depressive disorder, and arthropathy.</p> <p>Resident #142's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #142's October 2018 physician's orders included an order for Norco 5-325 tablet give one tablet po (by mouth) bid (twice a day) for pain and an order for Duragesic 25 mcg (micrograms) patch transdermally to skin every 3 days for pain. Remove old patch before applying new one.</p> <p>The October 2018 electronic medication administration records (eMARs). The nursing staff documented Resident #142 was administered Norco 5-325 on 10/23/18-10/30/18. A review of the narcotic book failed to produce a narcotic log for Resident #142's Norco 5-325 mg. The surveyor reviewed Resident #43's narcotic log for Norco 5-325 mg. Fifteen doses of Resident #43's Norco 5-325 mg were used to administer to Resident #142 on 10/23/18 at 6:00 p.m., 10/24/18 at 8:00 a.m. and 6:00 p.m., 10/25/18 at 8:00 a.m. and 6:00 p.m., 10/26/18 at 8:00 a.m. and 6:00 p.m., 10/27/18 at 8:00 a.m. and 6:00 p.m., 10/28/18 at 8:00 a.m. and 6:00 p.m., 10/29/18 at 8:00 a.m. and 6:00 p.m., and 10/30/18 at 8:00 a.m. and 6:00 p.m.</p> <p>The facility nurses borrowed fourteen doses of Norco 5-325 mg from Resident #43 to administer</p>	F 658			

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F 658	<p>Continued From page 87 to Resident #142.</p> <p>The October 2018 eMARS were reviewed for Duragesic 25 mcg administration dates. Resident #142 was administered Duragesic 25 mcg patch on 10/2/18, 10/5/18, 10/8/18, 10/11/18, 10/14/18, 10/17/18, 10/20/18, 10/23/18, 10/26/18 and 10/29/18. Resident #142's Narcotic record for Duragesic 25 mcg was reviewed. Duragesic 25 mcg had been signed out on 10/11/18-through 10/29/18. The narcotic record did not have evidence of Duragesic wastage when removed from the resident.</p> <p>The surveyor requested the Resident #142's face sheet, October physician orders, October 2018 medication administration records, Resident #43's face sheet, October 2018 physician orders and October 2018 medication administration record from the administrative staff on 11/1/18 at 8:00 p.m.</p> <p>The surveyor reviewed the concerns with the director of nursing on 11/2/18 at 8:00 a.m. regarding the nursing staff borrowing medications from Resident #43 to administer to Resident #142 and the facility staff failing to document Duragesic wastage.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(D). The facility staff failed to ensure Resident #97's medication [Norco 5-325 mg (milligrams)] was available for administration. The facility staff borrowed Norco 5-325 mg from resident #142 to administer to Resident #97.</p> <p>The clinical record of Resident #97 was reviewed</p>	F 658			

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F 658	<p>Continued From page 88</p> <p>10/30/18 through 11/2/18. Resident #97 was admitted to the facility 2/20/09 and readmitted 11/18/14 with diagnoses that included but not limited to hypertension, hyperlipidemia, Alzheimer's disease, chronic pain, hereditary and idiopathic neuropathy, hypothyroidism, anxiety disorder, and lumbar disc degeneration.</p> <p>Resident #97's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/21/18 assessed the resident with a BIMS (brief interview for mental status) of 4 out of 15.</p> <p>Resident #97's October 2018 physician's orders included an order for Norco 5-325 tablet-Give one tablet po (by mouth) tid (three times a day) for chronic pain.</p> <p>The October 2018 electronic medication administration records were reviewed. Resident #97 was administered Norco 5-325 every day in October tid at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>The surveyor reviewed the Narcotic Record Logbook but was unable to find the narcotic record for Resident #97's Norco 5-325. A review of all the narcotic records in the log was done. Resident #97's Norco 5-325 was administered from Resident #142's card on 10/30/18 at 7:00 p.m.</p> <p>The surveyor informed the director of nursing on 11/1/18 at 8:00 p.m. and requested Resident #97 and Resident #142's face sheets, October 2018 physician orders and October 2018 medication administration records.</p> <p>The surveyor reviewed the concerns of borrowing</p>	F 658			

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F 658	<p>Continued From page 89</p> <p>Norco from Resident #142 and administering the medication to Resident #97 on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(E). The facility staff failed to ensure Resident #43's Norco was available for administration 5 days in October 2018. Norco was borrowed from Resident #159.</p> <p>The clinical record of Resident #43 was reviewed 10/30/18 through 11/2/18. Resident #43 was admitted to the facility 5/12/08 with diagnoses that included but not limited to gastroesophageal reflux disease, morbid obesity, unspecified intellectual disabilities, cerebral palsy, allergic rhinitis, major depressive disorder, anemia, hypertension, delusional disorders, anxiety disorder, irritable bowel syndrome, extrapyramidal and movement disorder, and kidney stone.</p> <p>Resident #43's significant change in assessment minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 15 /15.</p> <p>Resident #43's October 2018 physician's orders had orders for Norco 5-325 tablet Give one tablet po (by mouth) bid (twice a day) for chronic pain. The October 2018 electronic medication administration records (eMARs) were reviewed. Resident #43 was administered Norco 5-325 tablet bid from 10/1/18 through 10/31/18.</p> <p>The surveyor reviewed the Narcotic Record for Resident #43's Norco 5-325. Resident #43 had</p>	F 658			

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F 658	<p>Continued From page 90</p> <p>two cards for Norco 5-325; however, Resident #43's Norco 5-325 administered on 10/19/18 at 9:00 p.m., 10/20/18 at 8:00 a.m., 10/21/18 at 9:00 a.m., 10/22/18 at 8:30 a.m. and 10/22/18 at 8:00 p.m. were recorded on Resident #159's Norco 5-325 narcotic record. The staff had borrowed Norco 5-325 from Resident #159's Norco 5-325 card to administer to Resident #43.</p> <p>The surveyor informed the director of nursing of the above concern with borrowing medications on 11/1/18 at 8:00 p.m. and requested the face sheets, October 2018 physician's orders, October 2018 medication administration orders for Resident #43 and Resident #159.</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #159 and administering the medication to Resident #43 on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(F). The facility staff failed to ensure Resident #97's Norco 5-325 was available for administration in October 2018. Norco 5-325 was borrowed from Resident #159's Norco card on 10/28/18 at 8:00 a.m.</p> <p>The clinical record of Resident #97 was reviewed 10/30/18 through 11/2/18. Resident #97 was admitted to the facility 2/20/09 and readmitted 11/18/14 with diagnoses that included but not limited to hypertension, hyperlipidemia, Alzheimer's disease, chronic pain, hereditary and idiopathic neuropathy, hypothyroidism, anxiety disorder, and lumbar disc degeneration.</p>	F 658			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 91</p> <p>Resident #97's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/21/18 assessed the resident with a BIMS (brief interview for mental status) of 4 out of 15.</p> <p>Resident #97's October 2018 physician's orders included an order for Norco 5-325 tablet-Give one tablet po (by mouth) tid (three times a day) for chronic pain.</p> <p>The October 2018 electronic medication administration records were reviewed. Resident #97 was administered Norco 5-325 every day in October tid at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>The surveyor reviewed the Narcotic Record Logbook but was unable to find the narcotic record for Resident #97's Norco 5-325. A review of all the narcotic records in the log was done. Resident #97's Norco 5-325 was administered from Resident #159's card on 10/28/18 at 8:00 a.m.</p> <p>The surveyor informed the director of nursing on 11/1/18 at 8:00 p.m. and requested Resident #97 and Resident #159's face sheets, October 2018 physician orders and October 2018 medication administration records.</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #159 and administering the medication to Resident #97 on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(G). The facility staff failed to ensure Resident</p>	F 658			

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F 658	<p>Continued From page 92</p> <p>#97's Norco 5-325 was available for administration in October 2018. The facility staff borrowed Norco 5-325 from Resident #43 fourteen times in October 2018.</p> <p>The clinical record of Resident #97 was reviewed 10/30/18 through 11/2/18. Resident #97 was admitted to the facility 2/20/09 and readmitted 11/18/14 with diagnoses that included but not limited to hypertension, hyperlipidemia, Alzheimer's disease, chronic pain, hereditary and idiopathic neuropathy, hypothyroidism, anxiety disorder, and lumbar disc degeneration.</p> <p>Resident #97's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/21/18 assessed the resident with a BIMS (brief interview for mental status) of 4 out of 15.</p> <p>Resident #97's October 2018 physician's orders included an order for Norco 5-325 tablet-Give one tablet po (by mouth) tid (three times a day) for chronic pain.</p> <p>The October 2018 electronic medication administration records were reviewed. Resident #97 was administered Norco 5-325 every day in October tid at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>The surveyor reviewed the Narcotic Record Logbook but was unable to find the narcotic record for Resident #97's Norco 5-325. A review of all the narcotic records in the log was done. Resident #197's Norco 5-325 was administered from Resident #43's card fourteen times in October 2018-10/27/18 at 2:00 p.m., 10/27/18 at 8:00 p.m., 10/28/18 at 2:00 p.m., 10/28/18 at 8:00 p.m., 10/29/18 at 8:00 a.m., 10/29/18 at 2:00</p>	F 658			

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F 658	<p>Continued From page 93</p> <p>p.m., 10/29/18 at 8:00 p.m., 10/30/18 at 8:00 a.m., 10/30/18 at 2:00 p.m., 10/30/18 at 8:00 p.m., 10/31/18 at 8:00 a.m., 10/31/18 at 2:00 p.m., 11/1/18 at 8:00a.m., and 11/1/18 at 2:00 p.m.</p> <p>The surveyor informed the director of nursing on 11/1/18 at 8:00 p.m. and requested Resident #97 and Resident #159's face sheets, October 2018 and November physician orders and October 2018 and November medication administration records.</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #43 and administering the medication to Resident #97 with the director of nursing on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(H). The facility staff failed to ensure Resident #52's Fentanyl patch was available for administration. The facility staff borrowed a Fentanyl patch from Resident #142.</p> <p>The clinical record of resident #52 was reviewed 10/30/18 through 11/2/18. Resident #52 was admitted to the facility 8/24/13 and readmitted 2/11/14 with diagnoses that included but not limited to chronic obstructive pulmonary disease, anemia, osteoarthritis, chronic pain, end stage renal disease, polyneuropathy, major depressive disorder, heart failure, peripheral vascular disease, Vitamin D deficiency, and bilateral below the knee amputations.</p> <p>Resident #52's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/2/18 assessed the resident with a</p>	F 658			

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F 658	<p>Continued From page 94</p> <p>BIMS (brief interview for mental status) as 14 out of 15.</p> <p>Resident #52's October 2018 physician's orders included an order for Fentanyl 25 mcg/hr (micrograms/hour) patch-Apply patch topically change q (every) 3 days chronic pain.</p> <p>The October 2018 electronic medication administration records had documentation that Resident #52 was administered the Fentanyl patch on 10/3/18, 10/6/18, 10/9/18, 10/12/18, 10/15/18, 10/18/18, 10/21/18, 10/24/18, 10/27/18 and 10/30/18.</p> <p>The surveyor reviewed the Narcotic Record Logbook and was unable to locate a narcotic record for Resident #52's Fentanyl patch. The surveyor reviewed all of the narcotic records in the log book and found that Resident #52's Fentanyl patch applied on 10/30/18 had been removed from Resident #142's Fentanyl box and recorded on Resident #142's Fentanyl narcotic record.</p> <p>The surveyor informed the director of nursing of the above concern on 11/1/18 at 8:00 p.m. and requested the face sheet, October 2018 physician's orders, and October 2018 medication administration records for both Resident #142 and Resident #52.</p> <p>The surveyor reviewed the concerns with borrowing medications between residents with the director of nursing on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p>	F 658			

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F 658	<p>Continued From page 95</p> <p>(I). The facility staff failed to ensure Resident #106's medication was available for administration. The facility staff borrowed Ativan injectable from Resident #60.</p> <p>The clinical record of Resident #106 was reviewed 10/30/18 through 11/2/18. Resident #106 was admitted to the facility 9/6/14 with diagnoses that included but not limited to end stage renal disease, chronic kidney disease (stage 4), hypertension, seizures, atrial fibrillation, cerebrovascular disease, gastro-esophageal reflux disease, gout, anemia, urine retention, dysphagia, benign prostate hyperplasia, hypokalemia, thrombocytopenia, gastrostomy status, chronic obstructive pulmonary disease, type 2 diabetes mellitus, and hyperlipidemia.</p> <p>Resident #106's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/27/18 assessed the resident with a brief interview for mental status (BIMS) as 00. Resident #106 was determined to be at risk for pressure ulcers (Section M Skin Conditions).</p> <p>Resident #106's October 2018 physician's orders were reviewed. Resident #106 had an order for Lorazepam 2 mg/ml (milligrams/milliliter) vial (Give 1 mg) or (0.5 ml) IM (intramuscular) q2h (every 2 hours) prn (whenever needed) as needed for seizure activity-Order date and start date: 10/30/18.</p> <p>The November 2018 electronic medication administration records were reviewed. Resident #106 was administered Lorazepam (Ativan) 1 mg on 11/1/18 at 8:30 a.m.</p> <p>The surveyor reviewed the Narcotic Record</p>	F 658			

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F 658	<p>Continued From page 96</p> <p>Logbook on 11/1/18 but was unable to locate one for Resident #106's Ativan. The surveyor reviewed all of the narcotic record in the logbook and found Resident #106's Ativan 1 mg had been borrowed from Resident #60's Lorazepam (Ativan) box. The narcotic record for Lorazepam did not have documentation of the discarded Lorazepam 1 mg that should have been wasted. Resident #106's order was for 1 mg of Lorazepam.</p> <p>The surveyor informed the director of nursing of the above concern with borrowing of medications on 11/1/18 at 8:00 p.m. and requested the face sheet, October 2018 and November 2018 physician's orders, and October 2018 and November 2018 medication administration record for Resident #106 and Resident #60.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(J). The facility staff failed to ensure Resident #230's medication was available for administration on 10/4/18. Norco 5-325 was borrowed from Resident #42.</p> <p>The clinical record of Resident #230 was reviewed 10/30/18 through 11/2/18. Resident #230 was admitted to the facility 10/4/18 with diagnoses, that included but not limited to right femur fracture, hyperlipidemia, iron deficiency anemia, atherosclerotic heart disease, idiopathic peripheral neuropathy, and depressive disorder.</p> <p>Resident #230's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/11/18 assessed the resident with a BIMS (brief interview for mental</p>	F 658			

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F 658	<p>Continued From page 97 status) as 14 out of 15.</p> <p>Resident #230's October 2018 physician orders included an order for Norco 5-325 tablet give 1 tab po (by mouth) q (every) 4 hours prn (as needed) for pain.</p> <p>The narcotic records were reviewed for Resident #230. The surveyor was unable to locate the narcotic record for Resident #230. The surveyor reviewed all of the narcotic records in the log book. Resident #230 received Norco 5=325 on 10/4/18 at 8:54 p.m. The medication had been removed from Resident #42's Norco 5-325 card.</p> <p>The surveyor informed the director of nursing of the above concern with borrowing medications on 11/1/18 at 8:00 p.m. and requested the face sheets, October 2018 physician orders and the October 2018 medication administration orders for Resident #230 and Resident #42.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(K). The facility staff failed to ensure Resident #353's medication was available for administration. The facility staff borrowed Oxycodone with Tylenol 5-325 mg (milligrams) (Percocet) from Resident #14's card on 7/2/18 at 5:30 p.m.</p> <p>The clinical record of Resident #353 was reviewed 10/30/18 through 11/2/18. Resident #353 was admitted 7/2/18 and readmitted 8/3/18 with diagnoses that included but not limited to fractured femur, anemia, gastroesophageal reflux disease, major depressive disorder, age-related osteoporosis, hypertension, tachycardia, and</p>	F 658			

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F 658	<p>Continued From page 98 macular degeneration.</p> <p>Resident #353's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 9/28/18 assessed the resident with a BIMS (brief interview for mental status) as 15.</p> <p>Resident #353's July 2018 physician's orders were reviewed. Resident #353 had orders for Percocet 5-325 mg tablet po q4hr (hour) prn (as needed) moderate pain x 14 days.</p> <p>The surveyor reviewed the July 2018 electronic medication administration records. Resident #353 received Percocet 5=325 mg twenty-five times during that 2-week period from 7/3/18 through 7/16/18.</p> <p>The facility staff borrowed Percocet 5-325 from Resident #14's Oxycodone with Tylenol 5-325mg on 7/2/18 at 5:30 p.m.</p> <p>The facility staff did not document the administration of the Percocet administered on 7/2/18 at 5:30 p.m. to Resident #353.</p> <p>The surveyor informed the director of nursing of the above concern on 11/1/18 at 8:00 p.m. and requested the face sheet, the July2018 physician orders, the July 2018 medication administration record for Resident #353 and Resident #14.</p> <p>The surveyor reviewed the concerns of borrowing medications from one resident to give to another and no documentation that the Percocet removed from Resident #14's Percocet card to administer to Resident #353 was not documented with the director of nursing on 11/2/18 at 8:00 a.m.</p>	F 658			

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F 658	<p>Continued From page 99</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(L). The facility staff failed to ensure medications were available for Resident #444. The facility staff borrowed Percocet 5-325 mg from Resident #14.</p> <p>The clinical record of Resident #444 was reviewed 10/30/18 through 11/2/18. Resident #444 was admitted to the facility 4/25/18 with diagnoses that included but not limited to dorsalgia, hypertension, hyperlipidemia, atherosclerotic heart disease, gastroesophageal reflux disease, hypothyroidism, asthma, major depressive disorder, atrial fibrillation, benign prostatic hyperplasia, and chronic pain syndrome.</p> <p>An admission minimum data set (MDS) assessment was not completed.</p> <p>The surveyor reviewed the April 2018 admission physician's orders for Resident #444. Resident #444 had orders for Percocet 5-325 mg (milligrams) tablet po (by mouth) bid (twice a day) chronic pain.</p> <p>The April 2018 electronic medication administration records (eMARs) were reviewed. Resident #444 was administered Percocet 5-325 mg on 4/26/18 at 9:00 a.m. and 9:00 p.m. and on 4/27/18 at 9:00 a.m.</p> <p>The surveyor was unable to locate the narcotic record review for Resident #444's Percocet. The surveyor reviewed the entire narcotic record logbook and found that Resident #444's 3 doses of Percocet 5-325 mg had been borrowed and</p>	F 658			

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NAME OF PROVIDER OR SUPPLIER ROMAN EAGLE REHABILITATION AND HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2526 NORTH MAIN STREET DANVILLE, VA 24540		
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F 658	<p>Continued From page 100</p> <p>signed out from Resident #14's Percocet 5-325 card. Resident #444 had received Percocet 5-325 mg from Resident #14's card on 4/26/18 at 9:00 a.m. and 4/26/18 at 9:00 p.m. and 4/27/18 at 9:00 a.m.</p> <p>The surveyor informed the director of nursing of the above concern on 11/1/18 at 8:00 p.m. and requested Resident #444 and Resident 314's face sheets, April 2018 physician orders and April 2018 medication administration records.</p> <p>The surveyor reviewed the concerns with the director of nursing on 11/2/18 at 8:00 a.m. regarding the borrowing of medications from Resident #14 to administer to Resident #444.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(M). The facility staff failed to ensure medication was available for administration to Resident #18. The facility staff borrowed Oxycodone with Tylenol 5-325 mg (milligrams) from Resident #14 to administer to Resident #18 on 5/8/18 at 9:00 p.m.</p> <p>Resident #18 was admitted to the facility 11/12/14 with diagnoses, that included but not limited to peripheral vascular disease, cellulitis, chronic venous hypertension with ulcer of left lower extremity, major depressive disorder, obesity, type 2 diabetes mellitus, hypertension, hypothyroidism, and edema.</p> <p>Resident #18's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/16/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p>	F 658			

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F 658	<p>Continued From page 101</p> <p>Resident #18's May 2018 physician's orders were reviewed. Resident #18 had orders for Oxycodone with Acetaminophen 5-325 mg Give 1 tablet by mouth every 4 hours as needed for pain.</p> <p>The surveyor reviewed the narcotic record logbook on 11/1/18. The narcotic record for Resident #14's oxycodone with Tylenol 5-325 mg had documentation that Resident #18 was administered one of Resident #14's medications on 5/8/18 at 9:00 p.m. Resident #18's May 2018 electronic medication administration record did not reveal the documentation of the medication.</p> <p>The surveyor requested the face sheet for Resident #14 and Resident #18, the May 2018 physician orders and the May 2018 electronic medication administration records from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the concerns on 11/2/18 at 8:00 a.m. Concerns sharing were the borrowing of Oxycodone with Tylenol from Resident #14 to administer to Resident #18 and the staff had failed to document the Oxycodone with Tylenol 5-325 mg administered on 5/8/18 at 9:00 p.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(N). The facility staff failed to ensure medication was available for Resident #68. The facility staff borrowed Norco 5-325 mg from Resident #14 to administer to Resident #68.</p> <p>The surveyor reviewed Resident #68's clinical record 10/30/18 through 11/2/18. Resident #68</p>	F 658			

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F 658	<p>Continued From page 102</p> <p>was admitted to the facility 11/3/14 with diagnoses which included but not limited to chronic pain syndrome, hereditary and idiopathic neuropathy, Spondyls without myelopathy or radiculopathy, lumbosacral region, blindness, edema, age-related osteoporosis, gastroesophageal reflux disease, gout, major depressive disorder, Vitamin deficiency, glaucoma, dry eye syndrome, and hypokalemia.</p> <p>Resident #68's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.</p> <p>Resident #68's August 2018 physician's orders were reviewed. Oxycodone with Tylenol 5-325 Give one tablet po (by mouth) daily for pain. Start date: 4/12/17.</p> <p>The August 2018 electronic medication administration records were reviewed. Resident #68 received Oxycodone with Tylenol 5-325 mg on 8/16/18 at 2:00 p.m.</p> <p>The surveyor reviewed the narcotic record logbook on 11/1/18. Oxycodone with Tylenol 5-325 mg was administered from Resident #14's Oxycodone 5-325 mg medication card on 8/16/18 at 2:00 p.m. The staff had borrowed medication from Resident #14 to administer to Resident #68.</p> <p>The surveyor requested the face sheet for Resident #14 and Resident #68, the August 2018 physician orders and the August 2018 electronic medication administration records from the director of nursing on 11/1/18 at 8:00 p.m.</p>	F 658			

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F 658	<p>Continued From page 103</p> <p>The surveyor informed the director of nursing of the concerns on 11/2/18 at 8:00 a.m. Concerns sharing were the borrowing of Oxycodone with Tylenol from Resident #14 to administer to Resident #68 and the staff had failed to document the Oxycodone with Tylenol 5-325 mg administered on 8/16/18 at 2:00 p.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(O). The facility staff failed to ensure medication was available for Resident #293. The facility staff borrowed Oxycodone with Tylenol 5-325 from Resident #14 on 10/6/18 and 10/7/18.</p> <p>The clinical record of Resident #293 was reviewed 10/30/18 through 11/2/18. Resident #293 was admitted to the facility 10/6/18 with diagnoses, that included but not limited to spine fusion, cervical region, hypertension, osteoarthritis, rheumatoid arthritis, migraines, dysphagia, and major depressive disorder.</p> <p>Resident #293's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/13/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.</p> <p>Resident #293's October 2018 physician orders were reviewed. Resident #2983 had orders for Percocet 5-325 mg (milligrams) tablet Give 1 (one) tablet po (by mouth) every 4 hours as needed for moderate to severe pain.</p> <p>The surveyor reviewed the narcotic record logbook on 11/1/18. Percocet 5-325 mg was administered from Resident #14's Oxycodone</p>	F 658			

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F 658	<p>Continued From page 104</p> <p>with Tylenol 5-325 mg (Percocet) medication card on 10/6/18 at 12:00 a.m. and 10/7/18 at 5:45 a.m. The staff had borrowed medication from Resident #14 to administer to Resident #293.</p> <p>The surveyor requested the face sheet for Resident #14 and Resident #293, the October 2018 physician orders and the October 2018 electronic medication administration records from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the concerns on 11/2/18 at 8:00 a.m. Concerns sharing were the borrowing of Oxycodone with Tylenol from Resident #14 to administer to Resident #293 and the staff had failed to document the Oxycodone with Tylenol 5-325 mg administered on 10/16/18 at 12:00 a.m. and 10/7/18 at 5:45 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>The surveyor interviewed pharmacist #2 on 11/1/18 at 4:33 p.m. The pharmacist was asked if nurses should borrow drugs from another resident when the prescribed drug was not available. Pharmacist #2 stated "Shouldn't borrow medications." The surveyor asked for the policy on dispensing of medications.</p> <p>The surveyor interviewed the facility pharmacist#1, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked the process for obtaining medications from the pharmacy. The pharmacist stated the staff call him if the medication was not available. The pharmacist stated he would fax the physician to</p>	F 658			

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F 658	<p>Continued From page 105</p> <p>get refill orders if a prescription were needed. The pharmacist stated if he's had no response from the physician via fax then he would call the doctor's office. The pharmacist stated he had informed the nursing staff not to borrow medications from other residents but the pharmacist stated the nurses still borrow. The pharmacist stated that a prescription was refilled when the nurses tell him. The pharmacist stated the staff were to let the pharmacy know 3 days in advance when a resident's medications were getting low.</p> <p>The pharmacist was asked if he told the nurses that medications could be borrowed from one resident to give to another. The pharmacist stated "No."</p> <p>The surveyor interviewed licensed practical nurse #9 on 11/2/18 at 7:26 a.m. The surveyor asked L.P.N. #9 if she had ever borrowed medications from one resident to give to another, she stated, "I probably have." When asked if she knew the 5 R's of medication administration, L.P.N. #9 stated, "What's that?"</p> <p>The surveyor interviewed licensed practical nurse #5 on 11/2/18 at 7:30 a.m. if she had ever borrowed medications from one resident to administer to another. L.P.N. #5 stated "Yes." When asked if she should do this, L.P.N. #5 stated "No."</p> <p>The surveyor interviewed licensed practical nurse #8 on 11/2/18 at 7:35 a.m. L.P.N. #8 stated, "If a medication was not available, call the supervisor. Notify the MD (medical doctor). Asked the MD what does he want to do. Sometimes the MD will give an order for an alternate drug." When asked</p>	F 658			

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F 658	<p>Continued From page 106</p> <p>if she had borrowed medication from one resident to give to another, L.P.N. #8 stated "Yes."</p> <p>The surveyor interviewed licensed practical nurse #10 on 11/2/18 at 7:40 a.m. When asked if she had borrowed medication from one resident to give to another, L.P.N. #10 stated yes she had. L.P.N. #10 stated she always checked the order to make sure they have a valid order.</p> <p>The surveyor interviewed licensed practical nurse #11 on 11/2/18 at 7:43 a.m. L.P.N. #11 was asked if she had borrowed medications from one resident to give to another. L.P.N. #11 stated she had. L.P.N. #11 stated she kept a notebook of borrowed medications. L.P.N. #11 stated she was told by the administrative staff and supervisor to keep a record of what was given and to which resident. L.P.N. #11 stated she always tried to look ahead to see if residents needed medications. When asked what the 5R's for medication administration were, L.P.N. #11 stated right resident, right route, right medication. L.P.N. #11 stated she couldn't remember the other two (right dose and right time).</p> <p>The surveyor interviewed licensed practical nurse #12 on 11/2/18 at 7:47 a.m. L.P.N. #12 was asked if she had borrowed medications from one resident to give to another. L.P.N. #12 stated, "I do. I try to stay stocked but when a narcotic runs out and you have to have a hard script, it's hard. I call the pharmacy. The pharmacist usually calls the MD. If a resident is suffering, I give them medications from another resident, make a note in my book and try to pay them back the borrowed medication."</p> <p>The surveyor interviewed licensed practical nurse</p>	F 658			

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F 658	<p>Continued From page 107</p> <p>#13 on 11/2/18 at 8:05 a.m. L.P.N. #13 stated she had borrowed medication from one resident to give to another resident. L.P.N. #13 stated, "We were told by pharmacy that we could borrow. We were told not to chart medications were unavailable."</p> <p>The surveyor interviewed licensed practical nurse #14 on 11/2/18 at 8:10 a.m. L.P.N. #14 stated she had borrowed medications from another resident to give. L.P.N. #14 stated, "If pharmacy is not here, I have borrowed. I pay back the ones that aren't narcotics. You can't pay those back."</p> <p>The surveyor reviewed the facility policy on medication administration. The policy titled "Medication Administration" read in part: "It is the policy of this facility to properly administer medications according to these guidelines. Procedure: Medication Pass and Pour Guidelines</p> <ol style="list-style-type: none"> 1. Types of medication errors <ol style="list-style-type: none"> A. Failure to identify the resident B. Omitted dose C. Unauthorized dose D. Incorrect dose time E. Incorrect route or form of dose F. Incorrect strength of dose G. Incorrect drug H. Wrong resident 2. Technique <ol style="list-style-type: none"> B. Checks medication with order-compares the medication container with the order on the EMAR (electronic medication administration record). <p>The surveyor reviewed the facility policy titled "Documentation of Nursing Care" on 11/2/18. The policy read in part "Procedure-Nurse</p>	F 658			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 108</p> <p>5. The MAR (medication administration record) must be signed electronically by the nurse giving medications or treatments. If not given, document the reason not given on the MAR. PRNs (whenever needed medications) must also be charted with the effectiveness."</p> <p>The administrator, director of nursing, the quality assurance registered nurse, and registered nurse #3 were informed of the above issues with nurses borrowing medications from one resident to give to another resident and failure to document medications not administered on the eMARs for Resident #18 (Oxycodone with Tylenol), Resident #68 (Norco 5-325) and Resident #353 (Percocet) on 11/2/18 prior to the exit conference at 2:00 p.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>3. The findings included:</p> <p>The facility staff failed to document the distribution of Norco on the narcotic sign off sheet for Resident # 545.</p> <p>Resident # 545 was a 44-year-old female who was admitted to the facility on 10/23/18. Diagnoses included but were not limited to: chronic pain syndrome, type 2 diabetes mellitus, hypothyroidism, and diabetic neuropathy.</p> <p>The clinical record for Resident # 585 was reviewed on 10/31/18 at 9:14 am. During the time of the survey, there was no completed MDS assessment for Resident # 585.</p> <p>The plan of care for Resident # 585 was reviewed and revised on 10/24/18. The facility staff</p>	F 658			

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F 658	<p>Continued From page 109</p> <p>documented a focus area for Resident # 585 as, "Resident # 585 has chronic pain." Interventions included but were not limited to: "Administer pain medication as needed."</p> <p>Resident # 585 had current orders that were initiated by the physician on 10/25/18 for "Norco 7.5-325 mg (milligram) tablet-give one tab (tablet) po (by mouth) tid (three times daily) PRN (as needed) x 10 days for pain."</p> <p>On 10/31/18 at 9:14 am, the surveyor was inspecting the medication cart on the 5A rehab hall. The surveyor counted the Norco 7.5-325 mg tabs for Resident # 585 that was in the narcotic box. The surveyor counted 15 tabs of Norco 7.5-325 mg for Resident # 585. The surveyor compared the amount of tablets counted to the narcotic sign off sheet. According to the narcotic sign off sheet, a total of 16 Norco 7.5-325 mg tabs should have been available for Resident # 585. LPN # 2 (licensed practical nurse) stated, "You're gonna get me, I haven't signed off for Resident # 585."</p> <p>The facility policy on "Medication Administration," contained documentation that included but was not limited to: ..."3. Preparation and Charting E. RECORD IMMEDIATELY." ...</p> <p>On 10/31/18 at 2:50 pm, the director of nursing and the quality assurance coordinator was made aware of the findings as stated above.</p> <p>No further information regarding this issue was presented to the survey team prior to the exit conference on 11/2/18.</p>	F 658			
F 679	Activities Meet Interest/Needs Each Resident	F 679		12/14/18	

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F 679 SS=D	Continued From page 110 CFR(s): 483.24(c)(1) §483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and clinical record review, facility staff failed to provide for the resident's right to choose activities or provide alternatives to preferred activities for 1 of 39 residents in the survey sample (Resident #263). Resident #263 was admitted to the facility on 8/18/16. Diagnoses included hypertension, obstructive uropathy, cerebrovascular accident, non-Alzheimer's dementia, hemiparesis, depression, spinal stenosis, chronic ischemic heart disease, generalized edema, chronic pain syndrome, tobacco use, neuralgia and neuritis. On the quarterly minimum data set assessment with assessment reference date 10/4/2018, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis, and with verbal behavior directed toward others on 1-3 of the 7 days prior to the assessment. The resident required extensive assistance of two staff for bed mobility and transfers and was totally dependent for locomotion on and off the nursing unit.	F 679	For Resident #263, RN Assessment Coordinator completed a new safe smoking assessment on 11/2/18. Resident #263's Nicoderm patches were discontinued on 11/2/18 by MD. Resident #263's Care Plan was updated 11/2/18. Resident #263 is assisted frequently to get up in his recliner, assisted to the designated smoking area, and is assisted to smoke with his smoking apron and supplies. Staff holds cigarette as needed and monitors his safety while smoking. Resident #263 was assisted to smoke frequently by nursing staff and family until discharge. Resident #263 was discharged to hospital on 12/4/18. All residents are assessed on admission and quarterly for smoking safety and preferences; their care plans are updated		

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F 679	Continued From page 111 During an interview on 10/30/2018, R resident #263 reported that his main social activity was sitting outside smoking and talking with the other men. He wasn't interested in group activities. He reported that he had not been allowed to smoke since he was hospitalized with an infection. He said that he isn't allowed in the [wheel] chair now. The surveyor asked if he had been told why he couldn't smoke. He said the people running the place decided he had to wear a patch instead. He did not want to wear the patch and said he had been telling them every day that he didn't want it and that he wanted to smoke. On 10/31/18 8:30 AM, the surveyor spoke with the resident again. He stated that every time he asked to go to smoke, he was given different reasons he couldn't smoke. He said they hadn't let him smoke since he came from the hospital. They have said now that he can't go smoke until at least Monday (the next Monday was 11/5). He did not know why Monday. The resident stated "I'd like to be able to go smoke one. I'd like to get back in my chair, but they say I'd fall out of it. I'm supposed to be having therapy". On 10/31/18 at 02:20 PM, the director of nursing (DON) reported she won't allow him to go outside to smoke, or to stores with family because his family are drug users. On 11/1/18 at 2:30 PM, the DON said she did not "say it right" yesterday. She said she did not tell the resident he could not smoke. She said she told him he needed to sign out when he left. She said she had told him not to wheel around the parking lot because people drive too fast in the parking lot and he could get hit. On 11/01/18 at 3:21 PM the DON stated that she didn't mean to say what she did. She she said she meant that staff had told her that they	F 679	after assessment to reflect changes by the /RN MDS Coordinator Education will be provided to all staff by the Staff Development Coordinator, on the resident's right to choose activities or an alternative to preferred activity including a resident's right to refuse activity regarding smoking and smoking cessation products. 100% audit will be conducted by Social Services on all residents who smoke to ensure these residents are provided the right to choose these activities, or are provided an alternative to preferred activity. (See form). Results of this audit will be reviewed by the QA Coordinator and Assistant Administrator and appropriate action taken as necessary. The Assistant Administrator will ensure compliance. A 10% quarterly audit (as part of Quality Assurance program), will be completed by Social Services to ensure that all residents who smoke are allowed to choose their activities or are provided an alternative to preferred activity. Results of this audit will be reviewed by the QA Coordinator and Assistant Administrator and appropriate action taken as necessary. (See form) The Assistant Administrator will ensure compliance and implementation of this POC.		

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F 679	<p>Continued From page 112</p> <p>heard he smelled like marijuana when he had been out with the family members, who were known drug addicts. She said she had a note written sometime in the past and she could provide a witness because she never talked to anyone without a witness. On 11/1/18 at 4 PM, the DON brought a printed Registered Nurse progress note dated 11/1/18 3:41 PM "[nurse] and myself spoke with resident about his desire to smoke. We told him that if he desired to smoke that the CNA could get him up and a staff member could assist him to the smoking area. We reminded him if he had on a nicoderm patch it could make him sick. If he desires we could ask his doctor to d/c (discontinue) the nicoderm patch. We discussed it with him if the staff had been getting him up and he said he thought he had gotten up. We told him if he had any concerns to ask for [DON] or [nurse]. He thanked us for stopping by". The DON stated that she wanted to take care of this herself and said she told Resident #263 that he could smoke today if he wanted to because he wasn't wearing a patch. The DON stated, while addressing other issues with surveyors, on 11/1/18 after 4 PM, that the resident couldn't smoke because he had agreed to the order for nicotine patches while he was in the hospital.</p> <p>On 10/31/18, the surveyor spoke by phone with the resident's power of attorney (POA). The surveyor asked about activities and preferences. The POA said that staff were getting the resident up to a recliner every other day. She said they did not get him up on days her daughter visited him instead of the POA. She said the resident feels angry and frustrated because he has no control over his life and he doesn't want anyone to tell him what to do.</p>	F 679	<p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 679	Continued From page 113 She said he asks to smoke every day. Staff have been telling him he can not. [LPN 1] told him "no, not until at least Monday" The POA approves of staff preventing the resident from smoking. She said that yesterday (10/30) the resident had refused the nicotine patch and she had persuaded (LPN 1) to sneak a patch on him while he was distracted. She said that made him less angry and agitated. Clinical record review revealed a Safe Smoking Assessment dated 10/4/18 conducted by a registered nurse indicated that the resident met all safe smoking criteria. Comments: Alert, oriented to person, place, time; always with family/friend when smoking; good safety awareness re:smoking materials; smoking materials kept at Nurse's station. Physician orders included Nicoderm CQ 14 mg/24 hr patch apply one patch to skin every 24 hours for nicotine cessation (remove old patch before applying new). The residents' comprehensive plan of care, initiated 9/1/16, had not been updated to indicate that the resident's smoking was to be restricted or to reflect a smoking cessation plan. A physician readmission note dated 10/23/18 at 10:01 AM indicated under status that the resident was a an active tobacco user. There was no indication that the physician discussed a smoking cessation plan with the resident. A social services note dated 10/31/18 at 11:00 PM indicated "...Prior to going out to the hospital, he would go out to smoke with family several	F 679			

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F 679	Continued From page 114 times daily. Since, he came back from [hospital], he has an order for a Nicotine Patch. He would like to begin smoking again, but family wants his infection to clear first. Staff members and family are providing him encouragement and the benefits not to smoke. ..." The surveyor was unable to locate any other evidence of smoking cessation interventions.	F 679			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review, the facility staff failed to provide treatment to prevent pressure ulcers for 1 of 39 residents (Resident #106). The findings included:	F 686	Resident #106 passed away on 11/2/18. Education will be provided by the Staff Development Coordinator to all nursing personnel on how to float resident's heels when necessary.	12/14/18	

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F 686	<p>Continued From page 115</p> <p>The facility staff failed to float Resident #106's heels with air boots while in bed prn (as needed).</p> <p>The clinical record of Resident #106 was reviewed 10/30/18 through 11/2/18. Resident #106 was admitted to the facility 9/6/14 with diagnoses that included but not limited to end stage renal disease, chronic kidney disease (stage 4), hypertension, seizures, atrial fibrillation, cerebrovascular disease, gastro-esophageal reflux disease, gout, anemia, urine retention, dysphagia, benign prostate hyperplasia, hypokalemia, thrombocytopenia, gastrostomy status, chronic obstructive pulmonary disease, type 2 diabetes mellitus, and hyperlipidemia.</p> <p>Resident #106's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/27/18 assessed the resident with a brief interview for mental status (BIMS) as 00. Resident #106 was determined to be at risk for pressure ulcers (Section M Skin Conditions).</p> <p>Resident #106's current comprehensive care plan identified a care plan description dated 10/23/15 that read resident is at high risk for skin breakdown per Braden scale. Interventions: Provide pillows or other supportive/protective devices to assist with positioning and Sentech mattress for comfort and pressure relief.</p> <p>Resident #106's October 2018 physician's orders read "Float heels with air boots while in bed prn-order date and start date 9/25/18." The surveyor observed Resident #106 during the initial tour on 10/30/18 at 1:29 p.m. Resident #106 was lying in bed. Air boots observed to be on over the bed table along with a suction</p>	F 686	<p>DON will ensure compliance.</p> <p>A 100% audit of residents receiving orders to float heels will be completed by the RN Supervisor to ensure that all residents with orders to float heels have been carried out appropriately. (See form)</p> <p>Results of the audit will be reviewed by QA Coordinator and DON with corrective measures taken if necessary.</p> <p>The DON will ensure compliance.</p> <p>Daily when making rounds, RN Supervisors will monitor residents for the need to float heels when necessary.</p> <p>Quarterly, a 10% audit (as part of Quality Assurance program) will be conducted on residents with orders to float heels by the RN Supervisor to ensure flotation of heels is carried out. (See form)</p> <p>These audits will be reviewed by the QA Coordinator and DON with appropriate corrections made if necessary.</p> <p>The DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 686	<p>Continued From page 116</p> <p>machine. Resident #106's heels were not floated.</p> <p>Resident #106 observed on 10/30/18 at 3:18 p.m. and 3:21 p.m. Air boots on the over the bed table along with suction machine. Heels were not floated.</p> <p>The surveyor observed Resident #106 on 10/31/18 at 7:29 a.m. Heels were not floated and air boots were observed on the over the bed table along with a suction machine.</p> <p>The surveyor observed Resident #106 on a10/31/18 at 11:19 AM. Heels were not floated and the air boots were on the over the bed table.</p> <p>Resident #106's October 2018 electronic medication administration record (eMAR) documented that resident's heels were floated with air boots at 2:00 p.m. on 10/30/18 when they were not on the resident at 1:29 p.m. or 3:18 p.m.</p> <p>The surveyor interviewed the minimum data set (MDS) registered nurse #2 on 11/1/18 at 11:30 a.m. about the order to float heels with air boots while in bed prn. The MDS RN #2 stated the facility uses prn in the order in case of showers, activities, anytime the resident may be off the unit and the care plan reflects pillows or support devices. MDS RN #2 was asked how the "prn" use was determined. MDS RN #2 stated, "I guess the staff determines it."</p> <p>The surveyor informed the director of nursing and the quality assurance registered nurse of the above concern during the end of the day meeting on 11/1/18 at 8:00 p.m.</p>	F 686			

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F 686	Continued From page 117 No further information was provided prior to the exit conference on 11/2/18.	F 686			
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 continence to the extent possible. §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	F 690		12/14/18	

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F 690	<p>Continued From page 118 possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility document review, the facility staff failed to provide services to prevent urinary tract infections for 2 of 39 Residents in the survey sample, Resident # 213 and Resident # 235.</p> <p>The findings included:</p> <ol style="list-style-type: none"> The facility staff failed to ensure that Resident # 213 had the correct size Foley catheter per physician's orders. <p>Resident # 213 was a 70-year-old-female who was admitted to the facility on 9/17/18. Diagnoses included but were not limited to: neuromuscular dysfunction of bladder, heart failure, retention of urine, and chronic pain.</p> <p>The clinical record for Resident # 213 was reviewed on 10/31/18 at 3:57 pm. The most recent MDS assessment (minimum data set) was a 30-day scheduled assessment with an ARD (assessment reference date) of 10/15/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 213 had a BIMS score (brief interview for mental status) of 15 out of 15, which indicated that Resident # 213 was cognitively intact. Section H of the MDS assesses bladder and bowel. In Section H0100, the facility staff documented that Resident # 213 had an indwelling catheter during the look back period for the 10/15/18 ARD.</p> <p>The plan of care for Resident # 213 was reviewed</p>	F 690	<p>The Foley catheters for Residents #213, and #235 were changed to the Foley catheter size ordered by the physician on 11/2/18.</p> <p>A 100% audit of all residents with Foley catheters will be completed by the RN MDS Coordinator to ensure all Foley catheters correctly match physician order size.</p> <p>Results of this audit will be reviewed by the QA Coordinator and DON with corrective actions taken if necessary. (See form)</p> <p>The DON will ensure compliance. (See form)</p> <p>Daily, RN Supervisors will check residents with Foley catheters to ensure resident has correct Foley size.</p> <p>Quarterly, as part of Quality Assurance program, a 10% audit of residents with Foley catheters will be done by RN MDS Coordinator to ensure resident has correct size of Foley catheter.</p> <p>Results will be reviewed by QA Coordinator and DON with corrective action taken if necessary. (See form)</p> <p>The DON will ensure compliance and implementation of this POC.</p>		

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F 690	<p>Continued From page 119 and revised on 9/19/18. The facility staff documented a focus area for Resident # 213 as, "Resident # 213 has incontinence of bladder with Foley and is at risk for constipation." Interventions included but were not limited to: "Change catheter tubing/bag as specified."</p> <p>Resident # 213 had current orders that were signed by the physician on 10/17/18. Orders included but were not limited to: "#16 FR (French) with 5 ML (milliliter) balloon Foley catheter for urinary retention D/T (due to) neurogenic bladder."</p> <p>On 11/01/18 at 9:40 am, the surveyor and RN # 1 (registered nurse) reviewed the Foley catheter orders in Resident # 231's clinical record. The surveyor and RN # 1 observed that Resident # 213 had current orders for # 16 FR with 5ML balloon Foley catheter.</p> <p>On 11/01/18 at 9:45 am, the surveyor and RN # 1 went into Resident # 213's room to look at her Foley catheter. Resident # 213 agreed to allow the surveyor and RN # 1 to look at her Foley catheter. The surveyor and RN # 1 observed the Foley catheter that was inserted into Resident # 213 was a size 12FR catheter with 10ml balloon. RN #1 agreed that the catheter Resident # 213 had inserted was not the appropriate size per physician's orders.</p> <p>The facility policy on "Catheter insertion (Foley)-Maintenance-Removal" contained documentation that included but was not limited to: ..." Catheter Maintenance 5. Change catheter as ordered by physician" ... On 11/2/18 at 10:32 am, the director of nursing</p>	F 690	These systemic changes will ensure continued compliance with the regulation.		

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F 690	<p>Continued From page 120 was made aware of the findings as stated above.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to ensure that Resident # 235 had the correct size Foley catheter per physician's orders.</p> <p>Resident # 235 was an 86-year-old-female who was admitted to the facility on 9/19/18. Diagnoses included but were not limited to: dementia, iron deficiency anemia, cognitive communication deficit, and cerebral infarction.</p> <p>The clinical record for Resident # 235 was reviewed on 10/31/18 at 10:47 am. The most recent MDS assessment (minimum data set) was a 30-day scheduled assessment with an ARD (assessment reference date) of 10/17/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 235 had a BIMS score (brief interview for mental status) of 12 out of 15 which indicated that Resident # 235's cognitive status was moderately impaired. Section H of the MDS assesses bladder and bowel. In Section H0100, the facility staff documented that Resident # 235 had an indwelling catheter during the look back period for the 10/17/18 ARD.</p> <p>The plan of care for Resident # 235 was reviewed and revised on 9/22/18. The facility staff documented a focus area for Resident # 235 as, "Resident # 235 has incontinence." Interventions included but were not limited to: "Change catheter tubing/bag as specified."</p>	F 690			

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F 690	<p>Continued From page 121</p> <p>Resident # 235 had current orders that were signed by the physician on 10/17/18. Orders included but were not limited to: "#16 FR (French) with 5 ML (milliliter) balloon Foley catheter D/T (due to) Stage 4 sacral decubitus ulcer."</p> <p>On 10/31/18 at 10:17 am, the surveyor was given permission by Resident # 235 to observe her Foley catheter. The surveyor observed that Resident # 235 had an 18 FR catheter with 30 ML balloon inserted into the bladder.</p> <p>On 11/01/18 at 9:35 am, RN # 2 (registered nurse) and the surveyor was given permission by Resident # 235 to look at her Foley catheter. RN # 2 and the surveyor observed that Resident # 235 had an 18 FR Foley catheter with 30 ML balloon inserted into the bladder.</p> <p>On 11/01/18 at 9:37 am, RN # 2 reviewed the physician's orders for Resident # 235 orders and agreed that Resident # 235 did not have in the correct size Foley catheter per physician's orders. RN # 2 stated, "I will get that fixed."</p> <p>The facility policy on "Catheter insertion (Foley)-Maintenance-Removal" contained documentation that included but was not limited to: ..." Catheter Maintenance 5. Change catheter as ordered by physician" ...</p> <p>On 11/2/18 at 10:32 am, the director of nursing was made aware of the findings as stated above.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference on 11/2/18.</p>	F 690			

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F 695 F 695 SS=D	Continued From page 122 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 and clinical record review, the facility staff failed to administer oxygen as ordered by the physician and failed to maintain nebulizer equipment for 2 of 39 residents in the survey sample (Resident #55 and Resident #108). 1. The facility staff failed to administer oxygen as ordered by the physician for Resident #55. Resident #55 was readmitted to the facility on 7/28/18 with the following diagnoses of, but not limited to atrial fibrillation, coronary heart failure, peripheral vascular disease, dementia, depression and left below the knee amputation. On the significant change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/4/18 the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 8 out of a possible score of 15. Resident #55 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing.	F 695 F 695	Resident #55's oxygen was set to 2L/min when in use on 11/2/18 per MD order. Education will be provided by Staff Development Coordinator to RN's and LPN's on accurately setting the oxygen concentrator on the appropriate liter per physician order. DON will ensure compliance. A 100% audit of all residents receiving oxygen will be completed by the RN Supervisor to ensure that all O2 is set on the correct number of liters as ordered by the physician. Results of the audit will be reviewed by QA Coordinator with corrective actions taken if necessary. The DON will ensure compliance. Daily, when making rounds, the RN Supervisor will monitor oxygen	12/14/18	

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F 695	<p>Continued From page 123</p> <p>During the initial tour of the facility on 10/30/18 at 1:15 pm, the surveyor observed the resident's oxygen concentrator administrating O2 at 1 ½ liters/minute by nasal cannula. The surveyor made two more observations, 10/31/18 at 11:15 am and 11/1/18 at 10 am and on both occasions, the oxygen concentrator was set and delivering O2 at 1 ½ liters/minute to Resident #55. The resident was unable to get out of bed to change the settings on the oxygen concentrator.</p> <p>The surveyor reviewed the physician orders for the month of October and noted the resident had an order for oxygen, which read in part " ...O2 (oxygen) 2-4 L/M (liters per minute) per N/C (nasal cannula) or Mask prn ..."</p> <p>The director of nursing and the quality assurance (QA) nurse were notified by the surveyor of the above observations made with the oxygen delivering the incorrect oxygen concentration to the resident on 11/1/18 at 1:45 pm.</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to maintain the nebulizer mask in a plastic bag when not in use by Resident #108.</p> <p>Resident #108 was readmitted to the on 11/21/17 with the following diagnoses of, but not limited to anemia, high blood pressure, diabetes, aphasia, seizure disorder, anxiety disorder and psychotic disorder. On the quarterly MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/27/18, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 00 out of a possible score of 15. Resident #108 was also coded as being totally dependent on 1 staff</p>	F 695	<p>concentrators to ensure the oxygen is set on the correct number of liters as ordered by the physician</p> <p>Quarterly 10% of residents using oxygen will be audited by the RN Nursing Supervisor to ensure the O2 is set on the correct number of liters as ordered by the physician. Results of these audits will be reviewed by the QA Coordinator and DON with appropriate corrections made if necessary.</p> <p>The DON will ensure compliance and implementation of this POC. (See form)</p> <p>Resident #108's nebulizer mask has been placed in a plastic bag while not in use on 11/2/18.</p> <p>Education will be provided by Staff Development Coordinator to RN's and LPN's on placing the NPPB equipment in plastic bag when not in use.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit will be conducted by RN Supervisors to ensure resident's nebulizer masks are in a plastic bag while not in use. Results of this audit will be reviewed by QA Coordinator and DON with corrective action taken if necessary.</p> <p>The DON will ensure compliance.</p> <p>Daily, when making rounds, RN Supervisors will check on residents with</p>		

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F 695	Continued From page 124 member for dressing, personal hygiene and bathing. During the initial tour on 10/30/18 at approximately 2:15 pm, the surveyor observed the nebulizer mask in a plastic bag but the bag did not have a date on it to reflect the last time the mask and tubing had been changed. On 11/1/18 at 10 am, the surveyor observed the nebulizer mask lying on top of a plastic bag in the resident's room. The wife of the resident stated, "It's always lying on top or beside the bag, never in it." The surveyor notified the director of nursing (DON) and the QA (quality assurance) nurse of the above documented findings on 11/1/18 at 1:45 pm. The surveyor requested and received copies of the oxygen policy. The DON stated that they follow the weekly tubing changes for the nebulizer masks as they do for the oxygen sets as in the policy that is titled, "Oxygen Therapy". The policy read in part, "...Label the set, tubing ...with the date changed ...Store oxygen tubing or nebulizer tubing no currently in use in plastic Ziploc bag."	F 695	NPPB mask to ensure it is placed in plastic bag when not in use. Quarterly, as part of Quality Assurance Program) 10% of residents using NPPB masks will be audited by the RN Nursing Supervisor to ensure the masks are placed in plastic bag when not in use. . The DON will ensure compliance and implementation of this POC. These systemic changes will ensure continued compliance with the regulation.		
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed	F 755		12/14/18	

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F 755	<p>Continued From page 125</p> <p>personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to ensure routine physician ordered medications were available for administration on 7 of 8 nursing unit in the nursing facility. (South Wing, East Wing, Mid-East Wing, Rehab Wing, South Terrace, Garden Terrace and North Terrace)</p> <p>1. The facility staff failed to ensure routine physician ordered medications were available for administration and not having to borrow from</p>	F 755	<p>Pharmacy has made available the prescribed controlled medications for the following residents. #161, 19, 90, 91, 111, 152, 163, 205, 238, 253, 257, 18, 145, 171, 350 on 11/2/18.</p> <p>Resident #344 was discharged on 12/1/18, resident #170 was discharged on 11/1/18, resident #185 was discharged on 11/3/18, resident #345 was discharged on 5/16/18, resident #346 was discharged on</p>		

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F 755	<p>Continued From page 126</p> <p>other resident's in the facility that involved a 27 residents. (Resident #161, Resident #19, Resident # 90, Resident #91, Resident #111, Resident #152, Resident #163, Resident #205, Resident #238, Resident #253, Resident #257, Resident #344, Resident #18, Resident # 145, Resident #170, Resident #171, Resident #185, Resident # 345, Resident #346, Resident #347, Resident #348, Resident #349, Resident #350, Resident #351, Resident #352, Resident #544 and Resident #545) The pharmacist failed to reconcile narcotic sheets with the above documented residents and failed to keep on hand a record available of the narcotic sheets.</p> <p>Resident #161 was admitted to the facility on 3/16/18 with the following diagnoses of, but not limited to high blood pressure, diabetes, Alzheimer's Disease, stroke, anxiety and depression. On the quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 9/11/18 coded the resident as having a BIMS (Brief Interview for Mental Status) score of 15 out of a possible score of 15. Resident #161 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and totally dependent on 1 staff member for bathing.</p> <p>The surveyor conducted a clinical record review on 10/31 thru 11/2/18 on Resident #161. During this review, the surveyor reviewed the narcotic sheet for the Fentanyl that Resident #161 was receiving. On the narcotic sheet, it had Resident #161's name on it along with the following physician ordered medication, "Fentanyl 12 mcg/hr. (micrograms/hour) patch Apply 1 patch transdermally every 72 hours for pain. Apply with 25 mcg patch to total 37 mcg/hr." This narcotic</p>	F 755	<p>4/17/18, resident #347 was discharged 10/16/18, resident #348 was discharged on 4/11/18, resident #349 was discharged 1/24/18, resident #351 was discharged 11/10/18, resident #352 was discharged 11/12/18, resident #544 was discharged on 11/18/18. Resident #545 was discharged 11/2/18.</p> <p>The pharmacist now reconciles controlled medication sheets for all of the above residents and keeps controlled medication sheets in the pharmacy. (See form)</p> <p>Education will be provided to all pharmacy personnel by the Staff Development Coordinator on having medications available and reconciliation and retention of records.</p> <p>The Assistant Administrator will ensure compliance.</p> <p>A 100% audit of all resident receiving controlled medications will be completed by the RN Nursing Supervisor for their assigned units to ensure that the prescribed controlled medications are available for each resident for whom they are prescribed, and controlled PRN medication is documented if given. (See form)</p> <p>Results of the audit will be reviewed by the QA Coordinator, the DON and the Pharmacist with corrective action taken as necessary.</p> <p>The Assistant Administrator and DON will</p>		

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F 755	<p>Continued From page 127</p> <p>sheet had the following documentation of dates and times of other resident's being administrated the narcotic patch from Resident #161's narcotic record:</p> <p>10/27/18 at 8 am, Resident #18 received one Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>10/30/18 at 8 am, Resident #18 received 1 Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>Upon the surveyor discovering the sharing of the above documented narcotic on 11/1/18 at approximately 2:30 pm, the surveyor reviewed all the narcotic sheets on the South Wing, East Wing, Mid-East Wing and the Rehab nursing units and the following was discovered:</p> <p>A. Resident #19 had a narcotic sheet for Norco 5-325 mg (milligram) tablets and on 10/16/18 at 3:15 pm, Resident #238 was administrated 1 tablet of Norco 5-325 mg tablet. Resident #238 had a physician order for the same dose of Norco that Resident #19 had on the narcotic sheet.</p> <p>B. Resident #90 had a narcotic sheet for Oxycodone 5 mg tablets in which Resident #316 had been administrated 1 tablet on 2/27/18 at 4:00 pm and again on 2/28/18 at 6:15 pm but on this date and time the resident was given ½ tablet. Upon further review in Resident #316's clinical record, the resident had a physician order for Oxycodone 5 mg ½ tablet instead of 1 tablet.</p> <p>Resident #171 had also been administrated 1 tablet of Oxycodone 5 mg on 3/7/18 at 8:20 pm</p>	F 755	<p>ensure compliance.</p> <p>Reconciliation of the controlled medication sheets is verified by the signature and date of the Pharmacist on each sheet. The Controlled medication sheets are retained by Pharmacy for 5 years.</p> <p>The Assistant Administrator will ensure compliance.</p> <p>Quarterly, as part of Quality Assurance program, 10% of all residents receiving controlled medications are audited by the RN Nursing Supervisors to ensure that the prescribed controlled medications are available for each resident for whom they are prescribed, and that PRN controlled medication is documented if given.</p> <p>Results of this audit will be reviewed by the QA Coordinator, DON, and Assistant Administrator, with corrective action taken as necessary.</p> <p>The Assistant Administrator and DON will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 755	<p>Continued From page 128</p> <p>from Resident #90's above documented narcotic sheet. Resident #171 had a physician order for the same dose of Norco that Resident #90 had on the narcotic sheet.</p> <p>Resident # 345 had also been administrated 2 tablets of Oxycodone 5 mg on 5/15/18 at 7 pm from Resident #90's above documented narcotic sheet. Resident #345 had a physician order for the same dose of Oxycodone that Resident #90 had on the narcotic sheet.</p> <p>C. Resident #91 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #161 1 tablet on 10/4/18 at 9:30 pm. Resident #161 had a physician order for the same dose of Norco that Resident #91 had on the narcotic sheet.</p> <p>D. Resident #111 had a narcotic sheet for Morphine 4 mg/ml (milligram/milliliter) in which Resident #170 had been administrated 2 mg of Morphine on 10/8/18 at 1 pm. Resident #170 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet.</p> <p>Resident #347 was administrated Morphine 2 mg on 10/13/18 at 12:15 pm and again on 10/14/18 at 8:47 am from Resident #111's narcotic sheet. Resident #347 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet.</p> <p>E. Resident #152 had a narcotic sheet for Fentanyl 25 mcg/hr. patch that Resident #161 was administrated 1 patch of Fentanyl on 10/29 18 at 6 pm. Resident #161 had a physician order for the same dose of Fentanyl that Resident #152 had on the narcotic sheet.</p> <p>F. Resident #163 had a narcotic sheet for Norco</p>	F 755			

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 755	<p>Continued From page 129</p> <p>5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 3/12/18 and again on 6/20/18 at 8 pm. Resident #19 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above.</p> <p>G. Resident #205 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #349 had been administrated 1 tablet of Norco 5-325 mg on 1/8/18 at 8 am and again on 1/8/18 at 2 pm. Resident #349 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above.</p> <p>Resident #348 had been administrated 1 tablet of Norco 5-325 mg tablet on 2/19/18 at 4 pm from Resident #205's narcotic sheet. Resident #348 had a physician order for the same medication of Norco that Resident #205 had documented on the narcotic sheet as stated above.</p> <p>H. Resident #238 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 10/16/18 at 8:15 pm. Resident #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above.</p> <p>Resident #344 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #238's narcotic sheet. Resident #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above.</p>	F 755			

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F 755	<p>Continued From page 130</p> <p>I. Resident #253 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 1 tablet of Norco on the following dates and times: 10/26/18 at 11:19 pm, 10/28/18 at 9:46 am, 10/28/18 at 4:08 pm, 10/28/18 at 8:38 pm, 10/29/18 at 1:51 am, 10/29/18 at 8:30 am, 10/30/18 at 12:05 am, 10/30/18 at 5:49 pm, 10/30/18 at 6:49 pm, 10/31/18 at 6:02 X 2 entries to total 2 tablets given, and on 10/31/18 at 9 am X 2 entries to total 2 tablets given. Resident #350 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #351 had been administrated 1 tablet of Norco 5-325 mg on 10/27/18 at 8:07 pm from Resident #253's narcotic sheet. Resident #351 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #352 had been administrated 1 tablet of Norco 5-325 mg on 10/28/18 at 8:33 pm from Resident #253's narcotic sheet. Resident #352 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #544 had been administrated 1 tablet of Norco 5-325 mg on 10/30/18 at 4:36 am and again on 10/30/18 at 6:55 pm from Resident #253's narcotic sheet. Resident #544 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>J. Resident #544 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 2 tablets of Norco 5-235 mg on 10/31/18 at 8:28 pm and again on 11/1/18 at</p>	F 755			

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F 755	<p>Continued From page 131</p> <p>3:15 am. Resident #350 had a physician order for the same medication of Norco that Resident #544 had documented on the narcotic sheet as stated above.</p> <p>K. Resident #257 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times from Resident #257's narcotic sheet: 10/19/18 at 8:25 am, 10/20/18 at 9:45 am, 10/21/18 at 3:23 am, at 9:25 am and at 11:36 pm, 10/22/18 at 7:39 am and at 7:26 pm, and 10/23/18 at 6:30 am. Resident #145 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above.</p> <p>Resident #344 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times: 10/20/18 at 5:17 pm, 10/21/18 at 9:55 am, 10/22/18 at 5:18 pm and at 11:30 pm from Resident #257's narcotic sheet. Resident #344 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above.</p> <p>L. Resident #344 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 2:46 pm.</p> <p>Resident #238 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #344's narcotic sheet. Resident #238 had a physician order for the same medication of Norco that Resident #344 had documented on the narcotic sheet as stated above.</p>	F 755			

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F 755	<p>Continued From page 132</p> <p>M. Resident #545 had a narcotic sheet for Norco 7.5-325 mg tablets in which Resident #185 had been administrated 1 tablet of Norco 7.5-325 mg on 10/31/18 at 5 am and again at 2:58 pm from Resident #545's narcotic sheet. Resident #185 had a physician order for the same medication of Norco that Resident #545 had documented on the narcotic sheet as stated above.</p> <p>The surveyor requested and reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs.</p> <p>2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies</p>	F 755			

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F 755	<p>Continued From page 133</p> <p>must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>On 11/2/18 at approximately 3:30pm, the surveyor interviewed LPN (Licensed Practical Nurse) #1. The surveyor asked LPN #1 if you were administrating medications and noted that you were out of a particular medication, like a narcotic, what would she do. LPN #1 stated that she would borrow that particular medication from another resident that had it. LPN #1 also stated if the medication that you needed was a narcotic you would sign out for it on the resident's narcotic sheet that you were borrowing it from. The surveyor requested that the pharmacist on duty for this day (11/1/18) come and speak to the surveyor. The pharmacist on duty for 11/1/18 came to the surveyor approximately 3:45 pm and the surveyor asked the pharmacist the same question as proposed to LPN#1 as documented above. The surveyor also asked the pharmacist if the staff was able to share medications. The pharmacist replied "No, they are not to share any medications at all. If they are out of a particular medication then they are to notify pharmacy of this."</p> <p>The surveyor notified the director of nursing of the above documented findings on 11/2/18 at 9:30 am in the conference room. The surveyor asked the director of nursing for the pharmacy reviews</p>	F 755			

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F 755	<p>Continued From page 134</p> <p>on the above documented residents for the above documented dates of the times that the narcotics were borrowed from another resident.</p> <p>The surveyor received 2 pharmacy reviews that had documentation by the pharmacist regarding a different issue with 2 residents. The remaining residents had pharmacy reviews for each of the above documented months that stated "No pharmacy recommendations."</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance nurse (QA) and registered nurse (RN) #1 on 11/2/18 at 11:46 am in the conference room along with 3 of the survey team members in attendance. The pharmacist was asked during this time that the time the drug regimen reviews were being performed by himself if the narcotic records were checked. The pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what which residents were documented as being signed out for narcotics on each of the narcotic sheets. Both the pharmacist and the director of nursing were asked if they had informed the staff to borrow medications from one resident for another. Both of them replied "No." The pharmacist was asked how long the narcotic sheets were kept on hand for record in the facility. The pharmacist stated "I don't keep them but now after talking to you I will."</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to ensure routine prescribed drugs were available for administration to eighteen (18) residents on South Terrace, Garden Terrace and North Terrace. The</p>	F 755			

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F 755	<p>Continued From page 135</p> <p>residents effected were Resident #9, Resident #143, Resident #142, Resident #43, Resident #97, Resident #18, Resident #42, Resident #230, Resident #353, Resident #52, Resident #60, Resident #14, Resident #85, Resident #106, Resident #444, Resident #159, Resident #68, and Resident #293. The facility staff also failed to ensure the narcotic records were completed and retained.</p> <p>(A). The facility staff failed to ensure Resident #9's Duragesic patch was available for administration. However, a Duragesic patch had been used from Resident #85's Duragesic box.</p> <p>The clinical record of Resident #9 was reviewed 10/30/18 through 11/2/18. Resident #9 was admitted to the facility on 4/13/18 with diagnoses that included but not limited to autonomic dysreflexia, rheumatoid arthritis, hypothyroidism, neurogenic bowel, cervicalgia, sacral pressure ulcer, constipation, concussion and edema of cervical spinal cord, urine retention, depressive disorder, and fractured neck.</p> <p>Resident #9's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 7/15/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #9's October 2018 and November 2018 physician's orders were reviewed. Resident #9's orders included an order for Duragesic 12 mcg/hr (micrograms/hour) patch. Apply one patch topically q72h (every 72 hours) for chronic pain**Remove old patch prior to applying new one."</p> <p>Resident #9 received a Duragesic patch on</p>	F 755			

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F 755	<p>Continued From page 136</p> <p>10/26/18 at 8:00 p.m. as documented on the October 2018 electronic medication administration record (eMAR). There was not a narcotic log for Resident #9's Duragesic patch. However, a Duragesic patch had been used from Resident #85's Duragesic box.</p> <p>Licensed practical nurse #4 borrowed a Duragesic 12.5 mcg patch from Resident #85's Duragesic box to administer to Resident #9. When the Duragesic patch was removed on 10/29/18 at 8:00 p.m., there was no documentation where the Duragesic was discarded/wasted. The surveyor was unable to locate the disposition of the used Duragesic patch.</p> <p>The surveyor requested the October 2018 physician's order for Duragesic 12.5 mcg, face sheet, October 2018 medication administration orders, and October pharmacy reviews for Resident #9 and Resident #85 from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor reviewed the concerns with the director of nursing on 11/2/18 at 8:00 a.m. regarding the licensed practical nurse borrowing Duragesic for Resident #9's administration on 10/26/18 from Resident #85's Duragesic box.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(B). The facility staff failed to ensure Resident #143's medications were available for administration. Ten administrations of Oxycodone with Tylenol (Percocet) 5-325 were borrowed from Resident #14's Percocet.</p>	F 755			

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F 755	<p>Continued From page 137</p> <p>The clinical record of Resident #143 was reviewed 10/30/18 through 11/2/18. Resident #143 was admitted to the facility 8/8/12 and readmitted 10/26/15 with diagnoses that included pelvis fracture, anemia, Vitamin D deficiency, insomnia, depressive disorder, gastroesophageal reflux disease, hypothyroidism, acute bronchitis, urinary tract infection, acute on chronic diastolic heart failure, atrial fibrillation, hypertension, and hypokalemia.</p> <p>Resident #143's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 9/8/18 assessed the resident with a BIMS (brief interview for mental status) as 6 out of 15.</p> <p>Resident #143's October 2018 physician's orders included an order for Percocet 5-325 mg (milligrams) Give 1 tablet po (by mouth) q (every) 4 hours for pain x 2 days-start date 10/12/18. Stop date: 10/14/18.</p> <p>The surveyor reviewed the October 2018 electronic medication administration records (eMARs). Resident #143 received Percocet 5-325 mg on 10/13/18 at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m., 8:00 p.m., and on 10/14/18 at 12:00 a.m., 4:00 a.m., 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m.</p> <p>The surveyor was unable to locate the narcotic log for Resident #143's narcotic log for Oxycodone with Tylenol. However, the surveyor found Resident #143's name recorded on Resident #14's Oxycodone with Tylenol narcotic record ten different times. The times recorded on the narcotic sheet were the dates and times recorded on Resident #143's eMARs. Six</p>	F 755			

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F 755	<p>Continued From page 138</p> <p>different nurses borrowed Oxycodone with Tylenol from Resident #14's card and administered the medication to Resident #143. The medication was borrowed.</p> <p>The surveyor requested the October 2018 physician's order for Oxycodone with Tylenol 5-325 mg (milligrams), face sheet, October 2018 medication administration orders, and October pharmacy reviews for Resident #143 and Resident #14 from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the above concern with the nurses borrowing medication (Oxycodone with Tylenol) from Resident #143 to administer to Resident #14 on 11/2/18 at 8:00 a.m.</p> <p>(C). The facility staff failed to ensure Resident #142's Norco 5-325 mg (milligrams) was available for administration in October 2018. The facility staff borrowed fifteen (15) doses of Norco 5-325 mg from Resident #43.</p> <p>The clinical record of Resident #142 was reviewed 10/30/18 through 11/2/18. Resident #142 was admitted to the facility 2/14/13 and readmitted 3/8/13 with diagnoses that included but not limited to hypertension, hyperlipidemia, depressive disorder, and arthropathy.</p> <p>Resident #142's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #142's October 2018 physician's orders included an order for Norco 5-325 tablet give one</p>	F 755			

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F 755	<p>Continued From page 139</p> <p>tablet po (by mouth) bid (twice a day) for pain and an order for Duragesic 25 mcg (micrograms) patch transdermally to skin every 3 days for pain. Remove old patch before applying new one.</p> <p>The October 2018 electronic medication administration records (eMARs) were reviewed. The nursing staff documented Resident #142 was administered Norco 5-325 on 10/23/18-10/30/18. A review of the narcotic book failed to produce a narcotic log for Resident #142's Norco 5-325 mg. The surveyor reviewed Resident #43's narcotic log for Norco 5-325 mg. Fifteen doses of Resident #43's Norco 5-325 mg were used to administer to Resident #142 on 10/23/18 at 6:00 p.m., 10/24/18 at 8:00 a.m. and 6:00 p.m., 10/25/18 at 8:00 a.m. and 6:00 p.m., 10/26/18 at 8:00 a.m. and 6:00 p.m., 10/27/18 at 8:00 a.m. and 6:00 p.m., 10/28/18 at 8:00 a.m. and 6:00 p.m., 10/29/18 at 8:00 a.m. and 6:00 p.m., and 10/30/18 at 8:00 a.m. and 6:00 p.m.</p> <p>The facility nurses borrowed fourteen doses of Norco 5-325 mg from Resident #43 to administer to Resident #142.</p> <p>The October 2018 eMARS were reviewed for Duragesic 25 mcg administration dates. Resident #142 was administered Duragesic 25 mcg patch on 10/2/18, 10/5/18, 10/8/18, 10/11/18, 10/14/18, 10/17/18, 10/20/18, 10/23/18, 10/26/18 and 10/29/18. Resident #142's Narcotic record for Duragesic 25 mcg was reviewed. Duragesic 25 mcg had been signed out on 10/11/18-through 10/29/18. The narcotic record did not have evidence of Duragesic wastage when removed from the resident.</p> <p>The surveyor requested the Resident #142's face</p>	F 755			

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F 755	<p>Continued From page 140 sheet, October physician orders, October 2018 medication administration records, Resident #43's face sheet, October 2018 physician orders and October 2018 medication administration record from the administrative staff on 11/1/18 at 8:00 p.m.</p> <p>The surveyor reviewed the concerns with the director of nursing on 11/2/18 at 8:00 a.m. regarding the nursing staff borrowing medications from Resident #43 to administer to Resident #142 and the facility staff failing to document Duragesic wastage.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(D). The facility staff failed to ensure Resident #97's medication [Norco 5-325 mg (milligrams)] was available for administration. The facility staff borrowed Norco 5-325 mg from Resident #142 to administer to Resident #97.</p> <p>The clinical record of Resident #97 was reviewed 10/30/18 through 11/2/18. Resident #97 was admitted to the facility 2/20/09 and readmitted 11/18/14 with diagnoses that included but not limited to hypertension, hyperlipidemia, Alzheimer's disease, chronic pain, hereditary and idiopathic neuropathy, hypothyroidism, anxiety disorder, and lumbar disc degeneration.</p> <p>Resident #97's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/21/18 assessed the resident with a BIMS (brief interview for mental status) of 4 out of 15.</p> <p>Resident #97's October 2018 physician's orders</p>	F 755			

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F 755	<p>Continued From page 141</p> <p>included an order for Norco 5-325 tablet-Give one tablet po (by mouth) tid (three times a day) for chronic pain.</p> <p>The October 2018 electronic medication administration records were reviewed. Resident #97 was administered Norco 5-325 every day in October tid at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>The surveyor reviewed the Narcotic Record Logbook but was unable to find the narcotic record for Resident #97's Norco 5-325. A review of all the narcotic records in the log was done. Resident #97's Norco 5-325 was administered from Resident #142's card on 10/30/18 at 7:00 p.m.</p> <p>The surveyor informed the director of nursing on 11/1/18 at 8:00 p.m. and requested Resident #97 and Resident #142's face sheets, October 2018 physician orders and October 2018 medication administration records.</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #142 and administering the medication to Resident #97 on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(E). The facility staff failed to ensure Resident #43's Norco was available for administration 5 days in October 2018. Norco was borrowed from Resident #159.</p> <p>The clinical record of Resident #43 was reviewed 10/30/18 through 11/2/18. Resident #43 was admitted to the facility 5/12/08 with diagnoses that</p>	F 755			

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F 755	<p>Continued From page 142</p> <p>included but not limited to gastroesophageal reflux disease, morbid obesity, unspecified intellectual disabilities, cerebral palsy, allergic rhinitis, major depressive disorder, anemia, hypertension, delusional disorders, anxiety disorder, irritable bowel syndrome, extrapyramidal and movement disorder, and kidney stone.</p> <p>Resident #43's significant change in assessment minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 15 /15.</p> <p>Resident #43's October 2018 physician's orders had orders for Norco 5-325 tablet Give one tablet po (by mouth) bid (twice a day) for chronic pain. The October 2018 electronic medication administration records (eMARs) were reviewed. Resident #43 was administered Norco 5-325 tablet bid from 10/1/18 through 10/31/18.</p> <p>The surveyor reviewed the Narcotic Record for Resident #43's Norco 5-325. Resident #43 had two cards for Norco 5-325; however, Resident #43's Norco 5-325 administered on 10/19/18 at 9:00 p.m., 10/20/18 at 8:00 a.m., 10/21/18 at 9:00 a.m., 10/22/18 at 8:30 a.m. and 10/22/18 at 8:00 p.m. were recorded on Resident #159's Norco 5-325 narcotic record. The staff had borrowed Norco 5-325 from Resident #159's Norco 5-325 card to administer to Resident #43.</p> <p>The surveyor informed the director of nursing of the above concern with borrowing medications on 11/1/18 at 8:00 p.m. and requested the face sheets, October 2018 physician's orders, October 2018 medication administration orders for Resident #43 and Resident #159.</p>	F 755			

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F 755	<p>Continued From page 143</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #159 and administering the medication to Resident #43 on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(F). The facility staff failed to ensure Resident #97's Norco 5-325 was available for administration in October 2018. Norco 5-325 was borrowed from Resident #159's Norco card on 10/28/18 at 8:00 a.m.</p> <p>The clinical record of Resident #97 was reviewed 10/30/18 through 11/2/18. Resident #97 was admitted to the facility 2/20/09 and readmitted 11/18/14 with diagnoses that included but not limited to hypertension, hyperlipidemia, Alzheimer's disease, chronic pain, hereditary and idiopathic neuropathy, hypothyroidism, anxiety disorder, and lumbar disc degeneration.</p> <p>Resident #97's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/21/18 assessed the resident with a BIMS (brief interview for mental status) of 4 out of 15.</p> <p>Resident #97's October 2018 physician's orders included an order for Norco 5-325 tablet-Give one tablet po (by mouth) tid (three times a day) for chronic pain.</p> <p>The October 2018 electronic medication administration records were reviewed. Resident #97 was administered Norco 5-325 every day in October tid at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p>	F 755			

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F 755	<p>Continued From page 144</p> <p>The surveyor reviewed the Narcotic Record Logbook but was unable to find the narcotic record for Resident #97's Norco 5-325. A review of all the narcotic records in the log was done. Resident #97's Norco 5-325 was administered from Resident #159's card on 10/28/18 at 8:00 a.m.</p> <p>The surveyor informed the director of nursing on 11/1/18 at 8:00 p.m. and requested Resident #97 and Resident #159's face sheets, October 2018 physician orders and October 2018 medication administration records.</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #159 and administering the medication to Resident #97 on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(G). The facility staff failed to ensure Resident #97's Norco 5-325 was available for administration in October 2018. The facility staff borrowed Norco 5-325 from Resident #43 fourteen times in October 2018.</p> <p>The clinical record of Resident #97 was reviewed 10/30/18 through 11/2/18. Resident #97 was admitted to the facility 2/20/09 and readmitted 11/18/14 with diagnoses that included but not limited to hypertension, hyperlipidemia, Alzheimer's disease, chronic pain, hereditary and idiopathic neuropathy, hypothyroidism, anxiety disorder, and lumbar disc degeneration.</p> <p>Resident #97's quarterly minimum data set</p>	F 755			

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F 755	<p>Continued From page 145</p> <p>(MDS) assessment with an assessment reference date (ARD) of 8/21/18 assessed the resident with a BIMS (brief interview for mental status) of 4 out of 15.</p> <p>Resident #97's October 2018 physician's orders included an order for Norco 5-325 tablet-Give one tablet po (by mouth) tid (three times a day) for chronic pain.</p> <p>The October 2018 electronic medication administration records were reviewed. Resident #97 was administered Norco 5-325 every day in October tid at 8:00 a.m., 2:00 p.m., and 8:00 p.m.</p> <p>The surveyor reviewed the Narcotic Record Logbook but was unable to find the narcotic record for Resident #97's Norco 5-325. A review of all the narcotic records in the log was done. Resident #197's Norco 5-325 was administered from Resident #43's card fourteen times in October 2018-10/27/18 at 2:00 p.m., 10/27/18 at 8:00 p.m., 10/28/18 at 2:00 p.m., 10/28/18 at 8:00 p.m., 10/29/18 at 8:00 a.m., 10/29/18 at 2:00 p.m., 10/29/18 at 8:00 p.m., 10/30/18 at 8:00 a.m., 10/30/18 at 2:00 p.m., 10/30/18 at 8:00 p.m., 10/31/18 at 8:00 a.m., 10/31/18 at 2:00 p.m., 11/1/18 at 8:00a.m., and 11/1/18 at 2:00 p.m.</p> <p>The surveyor informed the director of nursing on 11/1/18 at 8:00 p.m. and requested Resident #97 and Resident #159's face sheets, October 2018 and November physician orders and October 2018 and November medication administration records.</p> <p>The surveyor reviewed the concerns of borrowing Norco from Resident #43 and administering the medication to Resident #97 with the director of</p>	F 755			

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F 755	<p>Continued From page 146 nursing on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(H). The facility staff failed to ensure Resident #52's Fentanyl patch was available for administration. The facility staff borrowed a Fentanyl patch from Resident #142.</p> <p>The clinical record of Resident #52 was reviewed 10/30/18 through 11/2/18. Resident #52 was admitted to the facility 8/24/13 and readmitted 2/11/14 with diagnoses that included but not limited to chronic obstructive pulmonary disease, anemia, osteoarthritis, chronic pain, end stage renal disease, polyneuropathy, major depressive disorder, heart failure, peripheral vascular disease, Vitamin D deficiency, and bilateral below the knee amputations.</p> <p>Resident #52's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/2/18 assessed the resident with a BIMS (brief interview for mental status) as 14 out of 15.</p> <p>Resident #52's October 2018 physician's orders included an order for Fentanyl 25 mcg/hr (micrograms/hour) patch-Apply patch topically change q (every) 3 days chronic pain.</p> <p>The October 2018 electronic medication administration records had documentation that Resident #52 was administered the Fentanyl patch on 10/3/18, 10/6/18, 10/9/18, 10/12/18, 10/15/18, 10/18/18, 10/21/18, 10/24/18, 10/27/18 and 10/30/18.</p>	F 755			

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F 755	<p>Continued From page 147</p> <p>The surveyor reviewed the Narcotic Record Logbook and was unable to locate a narcotic record for Resident #52's Fentanyl patch.</p> <p>The surveyor reviewed all of the narcotic records in the log book and found that Resident #52's Fentanyl patch applied on 10/30/18 had been removed from Resident #142's Fentanyl box and recorded on Resident #142's Fentanyl narcotic record.</p> <p>The surveyor informed the director of nursing of the above concern on 11/1/18 at 8:00 p.m. and requested the face sheet, October 2018 physician's orders, and October 2018 medication administration records for both Resident #142 and Resident #52.</p> <p>The surveyor reviewed the concerns with borrowing medications between residents with the director of nursing on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(I). The facility staff failed to ensure Resident #106's medication was available for administration. The facility staff borrowed Ativan injectable from Resident #60.</p> <p>The clinical record of Resident #106 was reviewed 10/30/18 through 11/2/18. Resident #106 was admitted to the facility 9/6/14 with diagnoses that included but not limited to end stage renal disease, chronic kidney disease (stage 4), hypertension, seizures, atrial fibrillation, cerebrovascular disease, gastro-esophageal reflux disease, gout, anemia, urine retention, dysphagia, benign prostate hyperplasia,</p>	F 755			

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F 755	<p>Continued From page 148</p> <p>hypokalemia, thrombocytopenia, gastrostomy status, chronic obstructive pulmonary disease, type 2 diabetes mellitus, and hyperlipidemia.</p> <p>Resident #106's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/27/18 assessed the resident with a brief interview for mental status (BIMS) as 00. Resident #106 was determined to be at risk for pressure ulcers (Section M Skin Conditions).</p> <p>Resident #106's October 2018 physician's orders were reviewed. Resident #106 had an order for Lorazepam 2 mg/ml (milligrams/milliliter) vial (Give 1 mg) or (0.5 ml) IM (intramuscular) q2h (every 2 hours) prn (whenever needed) as needed for seizure activity-Order date and start date: 10/30/18.</p> <p>The November 2018 electronic medication administration records were reviewed. Resident #106 was administered Lorazepam (Ativan) 1 mg on 11/1/18 at 8:30 a.m.</p> <p>The surveyor reviewed the Narcotic Record Logbook on 11/1/18 but was unable to locate one for Resident #106's Ativan. The surveyor reviewed all of the narcotic record in the logbook and found Resident #106's Ativan 1 mg had been borrowed from Resident #60's Lorazepam (Ativan) box. The narcotic record for Lorazepam did not have documentation of the discarded Lorazepam 1 mg that should have been wasted. Resident #106's order was for 1 mg of Lorazepam.</p> <p>The surveyor informed the director of nursing of the above concern with borrowing of medications</p>	F 755			

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F 755	<p>Continued From page 149</p> <p>on 11/1/18 at 8:00 p.m. and requested the face sheet, October 2018 and November 2018 physician's orders, and October 2018 and November 2018 medication administration record for Resident #106 and Resident #60.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(J). The facility staff failed to ensure Resident #230's medication was available for administration on 10/4/18. Norco 5-325 was borrowed from Resident #42.</p> <p>The clinical record of Resident #230 was reviewed 10/30/18 through 11/2/18. Resident #230 was admitted to the facility 10/4/18 with diagnoses, that included but not limited to right femur fracture, hyperlipidemia, iron deficiency anemia, atherosclerotic heart disease, idiopathic peripheral neuropathy, and depressive disorder.</p> <p>Resident #230's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/11/18 assessed the resident with a BIMS (brief interview for mental status) as 14 out of 15.</p> <p>Resident #230's October 2018 physician orders included an order for Norco 5-325 tablet give 1 tab po (by mouth) q (every) 4 hours prn (as needed) for pain.</p> <p>The narcotic records were reviewed for Resident #230. The surveyor was unable to locate the narcotic record for Resident #230. The surveyor reviewed all of the narcotic records in the log book. Resident #230 received Norco 5=325 on 10/4/18 at 8:54 p.m. The medication had been</p>	F 755			

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F 755	<p>Continued From page 150 removed from Resident #42's Norco 5-325 card.</p> <p>The surveyor informed the director of nursing of the above concern with borrowing medications on 11/1/18 at 8:00 p.m. and requested the face sheets, October 2018 physician orders and the October 2018 medication administration orders for Resident #230 and Resident #42.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(K). The facility staff failed to ensure Resident #353's medication was available for administration. The facility staff borrowed Oxycodone with Tylenol 5-325 mg (milligrams) (Percocet) from Resident #14's card on 7/2/18 at 5:30 p.m.</p> <p>The clinical record of Resident #353 was reviewed 10/30/18 through 11/2/18. Resident #353 was admitted 7/2/18 and readmitted 8/3/18 with diagnoses that included but not limited to fractured femur, anemia, gastroesophageal reflux disease, major depressive disorder, age-related osteoporosis, hypertension, tachycardia, and macular degeneration.</p> <p>Resident #353's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 9/28/18 assessed the resident with a BIMS (brief interview for mental status) as 15.</p> <p>Resident #353's July 2018 physician's orders were reviewed. Resident #353 had orders for Percocet 5-325 mg tablet po q4hr (hour) prn (as needed) moderate pain x 14 days.</p>	F 755			

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F 755	<p>Continued From page 151</p> <p>The surveyor reviewed the July 2018 electronic medication administration records. Resident #353 received Percocet 5=325 mg twenty-five times during that 2-week period from 7/3/18 through 7/16/18.</p> <p>The facility staff borrowed Percocet 5-325 from Resident #14's Oxycodone with Tylenol 5-325mg on 7/2/18 at 5:30 p.m.</p> <p>The facility staff did not document the administration of the Percocet administered on 7/2/18 at 5:30 p.m. to Resident #353.</p> <p>The surveyor informed the director of nursing of the above concern on 11/1/18 at 8:00 p.m. and requested the face sheet, the July 2018 physician orders, the July 2018 medication administration record for Resident #353 and Resident #14.</p> <p>The surveyor reviewed the concerns of borrowing medications from one resident to give to another and no documentation that the Percocet removed from Resident #14's Percocet card to administer to Resident #353 was not documented with the director of nursing on 11/2/18 at 8:00 a.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(L). The facility staff failed to ensure medications were available for Resident #444. The facility staff borrowed Percocet 5-325 mg from Resident #14.</p> <p>The clinical record of Resident #444 was reviewed 10/30/18 through 11/2/18. Resident #444 was admitted to the facility 4/25/18 with diagnoses that included but not limited to</p>	F 755			

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F 755	<p>Continued From page 152</p> <p>dorsalgia, hypertension, hyperlipidemia, atherosclerotic heart disease, gastroesophageal reflux disease, hypothyroidism, asthma, major depressive disorder, atrial fibrillation, benign prostatic hyperplasia, and chronic pain syndrome.</p> <p>An admission minimum data set (MDS) assessment was not completed.</p> <p>The surveyor reviewed the April 2018 admission physician's orders for Resident #444. Resident #444 had orders for Percocet 5-325 mg (milligrams) tablet po (by mouth) bid (twice a day) chronic pain.</p> <p>The April 2018 electronic medication administration records (eMARs) were reviewed. Resident #444 was administered Percocet 5-325 mg on 4/26/18 at 9:00 a.m. and 9:00 p.m. and on 4/27/18 at 9:00 a.m.</p> <p>The surveyor was unable to locate the narcotic record review for Resident #444's Percocet. The surveyor reviewed the entire narcotic record logbook and found that Resident #444's 3 doses of Percocet 5-325 mg had been borrowed and signed out from Resident #14's Percocet 5-325 card. Resident #444 had received Percocet 5-325 mg from Resident #14's card on 4/26/18 at 9:00 a.m. and 4/26/18 at 9:00 p.m. and 4/27/18 at 9:00 a.m.</p> <p>The surveyor informed the director of nursing of the above concern on 11/1/18 at 8:00 p.m. and requested Resident #444 and Resident #14's face sheets, April 2018 physician orders and April 2018 medication administration records.</p> <p>The surveyor reviewed the concerns with the</p>	F 755			

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F 755	<p>Continued From page 153</p> <p>director of nursing on 11/2/18 at 8:00 a.m. regarding the borrowing of medications from Resident #14 to administer to Resident #444.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(M). The facility staff failed to ensure medication was available for administration to Resident #18. The facility staff borrowed Oxycodone with Tylenol 5-325 mg (milligrams) from Resident #14 to administer to Resident #18 on 5/8/18 at 9:00 p.m.</p> <p>Resident #18 was admitted to the facility 11/12/14 with diagnoses, that included but not limited to peripheral vascular disease, cellulitis, chronic venous hypertension with ulcer of left lower extremity, major depressive disorder, obesity, type 2 diabetes mellitus, hypertension, hypothyroidism, and edema.</p> <p>Resident #18's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/16/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #18's May 2018 physician's orders were reviewed. Resident #18 had orders for Oxycodone with Acetaminophen 5-325 mg Give 1 tablet by mouth every 4 hours as needed for pain.</p> <p>The surveyor reviewed the narcotic record logbook on 11/1/18. The narcotic record for Resident #14's Oxycodone with Tylenol 5-325 mg had documentation that Resident #18 was administered one of Resident #14's medications on 5/8/18 at 9:00 p.m. Resident #18's May 2018 electronic medication administration record did</p>	F 755			

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F 755	<p>Continued From page 154 not reveal the documentation of the medication.</p> <p>The surveyor requested the face sheet for Resident #14 and Resident #18, the May 2018 physician orders and the May 2018 electronic medication administration records from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the concerns on 11/2/18 at 8:00 a.m. with borrowing of Oxycodone with Tylenol from Resident #14 to administer to Resident #18 and the staff failing to document the Oxycodone with Tylenol 5-325 mg administered on 5/8/18 at 9:00 p.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(N). The facility staff failed to ensure medication was available for Resident #68. The facility staff borrowed Norco 5-325 mg from Resident #14 to administer to Resident #68.</p> <p>The surveyor reviewed Resident #68's clinical record 10/30/18 through 11/2/18. Resident #68 was admitted to the facility 11/3/14 with diagnoses which included but not limited to chronic pain syndrome, hereditary and idiopathic neuropathy, Spondyls without myelopathy or radiculopathy, lumbosacral region, blindness, edema, age-related osteoporosis, gastroesophageal reflux disease, gout, major depressive disorder, Vitamin deficiency, glaucoma, dry eye syndrome, and hypokalemia.</p> <p>Resident #68's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/7/18 assessed the</p>	F 755			

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F 755	<p>Continued From page 155</p> <p>resident with a BIMS (brief interview for mental status) as 15 out of 15.</p> <p>Resident #68's August 2018 physician's orders were reviewed. Oxycodone with Tylenol 5-325 Give one tablet po (by mouth) daily for pain. Start date: 4/12/17.</p> <p>The August 2018 electronic medication administration records were reviewed. Resident #68 received Oxycodone with Tylenol 5-325 mg on 8/16/18 at 2:00 p.m.</p> <p>The surveyor reviewed the narcotic record logbook on 11/1/18. Oxycodone with Tylenol 5-325 mg was administered from Resident #14's Oxycodone 5-325 mg medication card on 8/16/18 at 2:00 p.m. The staff had borrowed medication from Resident #14 to administer to Resident #68.</p> <p>The surveyor requested the face sheet for Resident #14 and Resident #68, the August 2018 physician orders and the August 2018 electronic medication administration records from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the concerns on 11/2/18 at 8:00 a.m. of concerns with borrowing of Oxycodone with Tylenol from Resident #14 to administer to Resident #68 and the staff failing to document the Oxycodone with Tylenol 5-325 mg administered on 8/16/18 at 2:00 p.m.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(O). The facility staff failed to ensure medication was available for Resident #293. The facility staff</p>	F 755			

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F 755	<p>Continued From page 156</p> <p>borrowed Oxycodone with Tylenol 5-325 from Resident #14 on 10/6/18 and 10/7/18.</p> <p>The clinical record of Resident #293 was reviewed 10/30/18 through 11/2/18. Resident #293 was admitted to the facility 10/6/18 with diagnoses, that included but not limited to spine fusion, cervical region, hypertension, osteoarthritis, rheumatoid arthritis, migraines, dysphagia, and major depressive disorder.</p> <p>Resident #293's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/13/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.</p> <p>Resident #293's October 2018 physician orders were reviewed. Resident #2983 had orders for Percocet 5-325 mg (milligrams) tablet Give 1 (one) tablet po (by mouth) every 4 hours as needed for moderate to severe pain.</p> <p>The surveyor reviewed the narcotic record logbook on 11/1/18. Percocet 5-325 mg was administered from Resident #14's Oxycodone with Tylenol 5-325 mg (Percocet) medication card on 10/6/18 at 12:00 a.m. and 10/7/18 at 5:45 a.m. The staff had borrowed medication from Resident #14 to administer to Resident #293.</p> <p>The surveyor requested the face sheet for Resident #14 and Resident #293, the October 2018 physician orders and the October 2018 electronic medication administration records from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>The surveyor informed the director of nursing of the concerns on 11/2/18 at 8:00 a.m. with</p>	F 755			

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F 755	<p>Continued From page 157</p> <p>borrowing of Oxycodone with Tylenol from Resident #14 to administer to Resident #293 and the staff failing to document the Oxycodone with Tylenol 5-325 mg administered on 10/16/18 at 12:00 a.m. and 10/7/18 at 5:45 a.m.</p> <p>The surveyor interviewed pharmacist #2 on 11/1/18 at 4:33 p.m. The pharmacist was asked if nurses should borrow drugs from another resident when the prescribed drug was not available. Pharmacist #2 stated "Shouldn't borrow medications." The surveyor asked for the policy on dispensing of medications. Pharmacist #2 stated control sheets were only sent out for control drugs level 2.</p> <p>The surveyor interviewed the facility pharmacist, the director of nursing and the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked the process for obtaining medications from the pharmacy. The pharmacist stated the staff call him if the medication was not available. The pharmacist stated he would fax the physician to get refill orders if a prescription were needed. The pharmacist stated if he's had no response from the physician via fax then he would call the doctor's office. The pharmacist stated he had informed the nursing staff not to borrow medications from other residents but the pharmacist stated the nurses still borrow. The pharmacist stated that a prescription was refilled when the nurses tell him. The pharmacist stated the staff were to let the pharmacy know 3 days in advance when a resident's medications were getting low.</p> <p>The pharmacist was asked if he kept the narcotic record sheets for each dispensed narcotic. The</p>	F 755			

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F 755	<p>Continued From page 158</p> <p>pharmacist stated narcotic records are only filled out for level 2 control narcotics. The pharmacy stated level 3, 4, and 5 do not have to have narcotic sheets completed-only level 2. The pharmacist stated he checked the narcotic record to make sure all the lines were filled out but he didn't keep them and he didn't review the recordings for content. When told he had to keep them for 5 years per the facility policy, the pharmacist stated he wasn't aware of that. The pharmacist was also made aware and shown several control records that had multiple residents name written on them.</p> <p>The pharmacist was asked if he told the nurses that medications could be borrowed from one resident to give to another. The pharmacist stated "No."</p> <p>The surveyor interviewed licensed practical nurse #9 on 11/2/18 at 7:26 a.m. The surveyor asked L.P.N. #9 if she had ever borrowed medications from one resident to give to another, she stated, "I probably have." When asked if she knew the 5 R's of medication administration, L.P.N. #9 stated, "What's that?"</p> <p>The surveyor interviewed licensed practical nurse #5 on 11/2/18 at 7:30 a.m. and asked if she had ever borrowed medications from one resident to administer to another. L.P.N. #5 stated "Yes." When asked if she should do this, L.P.N. #5 stated "No."</p> <p>The surveyor interviewed licensed practical nurse #8 on 11/2/18 at 7:35 a.m. L.P.N. #8 stated, "If a medication was not available, call the supervisor. Notify the MD (medical doctor). Asked the MD what does he want to do. Sometimes the MD will</p>	F 755			

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F 755	<p>Continued From page 159</p> <p>give an order for an alternate drug." When asked if she had borrowed medication from one resident to give to another, L.P.N. #8 stated "Yes."</p> <p>The surveyor interviewed licensed practical nurse #10 on 11/2/18 at 7:40 a.m. When asked if she had borrowed medication from one resident to give to another, L.P.N. #10 stated yes she had. L.P.N. #10 stated she always checked the order to make sure they have a valid order.</p> <p>The surveyor interviewed licensed practical nurse #11 on 11/2/18 at 7:43 a.m. L.P.N. #11 was asked if she had borrowed medications from one resident to give to another. L.P.N. #11 stated she had. L.P.N. #11 stated she kept a notebook of borrowed medications. L.P.N. #11 stated she was told by the administrative staff and supervisor to keep a record of what was given and to which resident. L.P.N. #11 stated she always tried to look ahead to see if residents needed medications. When asked what the 5R's for medication administration were, L.P.N. #11 stated right resident, right route, right medication. L.P.N. #11 stated she couldn't remember the other two (right dose and right time).</p> <p>The surveyor interviewed licensed practical nurse #12 on 11/2/18 at 7:47 a.m. L.P.N. #12 was asked if she had borrowed medications from one resident to give to another. L.P.N. #12 stated, "I do. I try to stay stocked but when a narcotic runs out and you have to have a hard script, it's hard. I call the pharmacy. The pharmacist usually calls the MD. If a resident is suffering, I give them medications from another resident, make a note in my book and try to pay them back the borrowed medication."</p>	F 755			

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F 755	<p>Continued From page 160</p> <p>The surveyor interviewed licensed practical nurse #13 on 11/2/18 at 8:05 a.m. L.P.N. #13 stated she had borrowed medication from one resident to give to another resident. L.P.N. #13 stated, "We were told by pharmacy that we could borrow. We were told not to chart medications were unavailable."</p> <p>The surveyor interviewed licensed practical nurse #14 on 11/2/18 at 8:10 a.m. L.P.N. #14 stated she had borrowed medications from another resident to give. L.P.N. #14 stated, "If pharmacy is not here, I have borrowed. I pay back the ones that aren't narcotics. You can't pay those back."</p> <p>The surveyor reviewed the facility policy on controlled medications on 11/2/18. The policy read in part: "2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together. 3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain: a. Name of resident b. Name and strength of the drug c. Quantity received d. Number on hand e. Name of physician f. Prescription number g. Name of issuing pharmacy h. Date and time received i. Time of administration j. Method of administration k. Signature of person receiving medication, and l. Signature of nurse administering medication. 6. Should a resident refuse a non-unit dose medication, or it is not given, the medication must be destroyed. Do not return it to the container. (Note: The dose must be destroyed in the presence of two (2) licensed nurses, and documented on the accountability record on the</p>	F 755			

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F 755	<p>Continued From page 161 line representing the dose)."</p> <p>The surveyor also reviewed the facility policy titled "Destroying Drugs." The policy read in part "It is the policy of this facility that non-unit dose drugs not qualify for return to the issuing pharmacy and drugs left by residents discharged from the facility be destroyed. Procedure</p> <ol style="list-style-type: none"> 1. Schedule II drugs must be destroyed by the pharmacist or two (2) licensed nurses and complete drug disposition record. 3. The drug disposition record must contain, as a minimum, the following information: <ol style="list-style-type: none"> a. The resident's name b. Date destroyed c. The name of the drug d. The strength of the drug e. The prescription number (if any) f. The issuing pharmacy g. The quantity destroyed h. Method of destruction i. Reason for destruction j. Signature of witnesses 4. Completed drug disposition records must be maintained for at least five (5) years. <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>3. For Resident #263, facility staff failed to account for the disposition of medicated patches.</p> <p>Resident #263 was admitted to the facility on 8/18/16. Diagnoses included hypertension, obstructive uropathy, cerebrovascular accident, non-Alzheimer's dementia, hemiparesis, depression, spinal stenosis, chronic ischemic heart disease, generalized edema, chronic pain syndrome, tobacco use, neuralgia and neuritis.</p>	F 755			

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F 755	<p>Continued From page 162</p> <p>On the quarterly minimum data set assessment with assessment reference date 10/4/2018, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium or psychosis, and with verbal behavior directed toward others on 1-3 of the 7 days prior to the assessment. The resident required extensive assistance of two staff for bed mobility and transfers and was totally dependent for locomotion on and off the nursing unit.</p> <p>On 10/31/18, the surveyor spoke by phone with the resident's power of attorney (POA). The surveyor asked about activities and preferences. The POA said that staff were getting the resident up to a recliner every other day. She said they did not get him up on days her daughter visited him instead of the POA. She said the resident feels angry and frustrated because he has no control over his life and and he doesn't want anyone to tell him what to do.</p> <p>She said he asks to smoke every day. Staff have been telling him he can not. [LPN 1] told him "no, not until at least Monday" The POA approves of staff preventing the resident from smoking. She said that yesterday (10/30) the resident had refused the nicotine patch and she had persuaded (LPN 1) to sneak a patch on him while he was distracted. She said that made him less angry and agitated.</p> <p>Clinical record review revealed a Safe Smoking Assessment dated 10/4/18 conducted by a registered nurse indicated that the resident met all safe smoking criteria. Comments: Alert, oriented to person, place, time; always with family/friend when smoking; good safety</p>	F 755			

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F 755	<p>Continued From page 163</p> <p>awareness re:smoking materials; smoking materials kept at Nurse's station.</p> <p>Physician orders included Nicoderm CQ 14 mg/24 hr patch apply one patch to skin every 24 hours for nicotine cessation (remove old patch before applying new).</p> <p>The surveyor asked the medication nurse to count the resident's nicotine patches on 10/31/18 at 4:30 PM. The nurse was unable to locate any nicotine patches for the resident. The surveyor went to the pharmacy and asked the pharmacist for an invoice for the patches and the pharmacist checked the computer and stated that the resident received medications from another pharmacy.</p> <p>On 11/1/18, the surveyor was given an invoice from the pharmacy. Pharmacy records indicated that a box of 14 Nicoderm CQ 14 mg/24 hr patches were delivered to the nursing unit on 10/19/18.</p> <p>The medication administration record for October 2018 indicated the resident received a nicotine patch on 10/20 through 10/29, plus another on 10/30 which may or may not have been applied with the resident's consent. This accounts for 11 of the 14 patches in the box delivered 10/19/18. The director of nursing and the quality assurance nurse were made aware of the concern throughout the survey process.</p> <p>Staff were unable to account for the other 3 patches.</p> <p>The director of nursing and quality assurance nurse were notified of the concern during a</p>	F 755			

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F 755	Continued From page 164 summary meeting on 11/1/18.	F 755			
F 756 SS=E	<p>Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)</p> <p>§483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in</p>	F 756		12/14/18	

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F 756	<p>Continued From page 165</p> <p>the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews and clinical record reviews, the facility staff failed to identify discrepancies on the narcotic sheets involving residents on 7 of 8 nursing units in the facility. (South Wing, East Wing, Mid-East Wing, Rehab Wing, South Terrace, Garden Terrace and North Terrace)</p> <p>1. The staff pharmacist failed to identify discrepancies on the monthly drug regimen review for the residents on South Wing, East Wing, Mid-East Wing and the Rehab Wing.</p> <p>Resident #161 was admitted to the facility on 3/16/18 with the following diagnoses of, but not limited to high blood pressure, diabetes, Alzheimer's Disease, stroke, anxiety and depression. On the quarterly MDS (Minimum Data Set) with ARD (Assessment Reference Date) of 9/11/18 coded the resident as having a BIMS (Brief Interview for Mental Status) score of 15 out of a possible score of 15. Resident #161 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and totally dependent on 1 staff member for bathing.</p> <p>The surveyor conducted a clinical record review on 10/31 thru 11/2/18 on Resident #161. During this review, the surveyor reviewed the narcotic sheet for the Fentanyl that Resident #161 was receiving. On the narcotic sheet, it had Resident #161's name on it along with the following physician ordered medication, "Fentanyl 12</p>	F 756	<p>The controlled medication sheets involving residents on South Wing, East Wing, Middle East Wing, Rehab, South Terrace, Garden Terrace and North Terrace contain no discrepancies.</p> <p>Education will be provided by the Staff Development Coordinator and Pharmacist that controlled medications can only be administered to the resident for whom they are prescribed. Therefore, on the controlled medication sign out sheet, only the resident for whom the sheet is labeled can receive that prescribed medication.</p> <p>A 100% audit of all controlled medications on all wings has been audited to check for any discrepancies by the DON, QA Coordinator, Staff Development Coordinator, RN Clinical Advisor and RN Supervisor.</p> <p>Results of this audit have been reviewed by DON and QA Coordinator with appropriate action taken as necessary. (See form)</p> <p>The DON and Pharmacist will ensure compliance.</p> <p>Monthly, the Pharmacist will reconcile all controlled medication sheets on each wing, checking for any discrepancies, reporting any discrepancies to the DON.</p>		

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F 756	<p>Continued From page 166</p> <p>mcg/hr. (micrograms/hour) patch Apply 1 patch transdermally every 72 hours for pain. Apply with 25 mcg patch to total 37 mcg/hr." This narcotic sheet had the following documentation of dates and times of other resident's being administrated the narcotic patch from Resident #161's narcotic record:</p> <p>10/27/18 at 8 am, Resident #18 received one Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>10/30/18 at 8 am, Resident #18 received 1 Fentanyl 12 mcg/hr. patch. This resident had the same physician order as the giver for the narcotic.</p> <p>Upon the surveyor discovering the sharing of the above documented narcotic on 11/1/18 at approximately 2:30 pm, the surveyor reviewed all the narcotic sheets on the South Wing, East Wing, Mid-East Wing and the Rehab nursing units and the following was discovered:</p> <p>A. Resident #19 had a narcotic sheet for Norco 5-325 mg (milligram) tablets and on 10/16/18 at 3:15 pm, Resident #238 was administrated 1 tablet of Norco 5-325 mg tablet. Resident #238 had a physician order for the same dose of Norco that Resident #19 had on the narcotic sheet.</p> <p>B. Resident #90 had a narcotic sheet for Oxycodone 5 mg tablets in which Resident #316 had been administrated 1 tablet on 2/27/18 at 4:00 pm and again on 2/28/18 at 6:15 pm but on this date and time the resident was given ½ tablet. Upon further review in Resident #316's clinical record, the resident had a physician order for Oxycodone 5 mg ½ tablet instead of 1 tablet.</p>	F 756	<p>The Pharmacist will record any discrepancies of controlled medication usage on the resident's Monthly Drug Regimen Review. (See form)</p> <p>The results of these monthly audits will be reviewed by DON, QA Coordinator, and Pharmacist with appropriate action taken as necessary.</p> <p>The DON and Assistant Administrator will ensure compliance.</p> <p>Quarterly, as part of Quality Assurance program, 10% of controlled medication sheets will be audited by the Pharmacist, checking for any discrepancies of controlled medication usage.</p> <p>Results of this audit will be reviewed by DON, QA Coordinator and Pharmacist with appropriate action taken as necessary.</p> <p>The DON and Assistant Administrator will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 756	Continued From page 167 Resident #171 had also been administrated 1 tablet of Oxycodone 5 mg on 3/7/18 at 8:20 pm from Resident #90's above documented narcotic sheet. Resident #171 had a physician order for the same dose of Norco that Resident #90 had on the narcotic sheet. Resident # 345 had also been administrated 2 tablets of Oxycodone 5 mg on 5/15/18 at 7 pm from Resident #90's above documented narcotic sheet. Resident #345 had a physician order for the same dose of Oxycodone that Resident #90 had on the narcotic sheet. C. Resident #91 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #161 was given 1 tablet of Norco 5-325 mg on 10/4/18 at 9:30 pm. Resident #161 had a physician order for the same dose of Norco that Resident #91 had on the narcotic sheet. D. Resident #111 had a narcotic sheet for Morphine 4 mg/ml (milligram/milliliter) in which Resident #170 had been administrated 2 mg of Morphine on 10/8/18 at 1 pm. Resident #170 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet. Resident #347 was administrated Morphine 2 mg on 10/13/18 at 12:15 pm and again on 10/14/18 at 8:47 am from Resident #111's narcotic sheet. Resident #347 had a physician order for the narcotic that the resident was administrated from Resident #111's narcotic sheet. E. Resident #152 had a narcotic sheet for Fentanyl 25 mcg/hr. patch that Resident #161 was administrated 1 patch of Fentanyl on 10/29	F 756			

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F 756	<p>Continued From page 168</p> <p>18 at 6 pm. Resident #161 had a physician order for the same dose of Fentanyl that Resident #152 had on the narcotic sheet.</p> <p>F. Resident #163 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 3/12/18 and again on 6/20/18 at 8 pm. Resident #19 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above.</p> <p>G. Resident #205 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #349 had been administrated 1 tablet of Norco 5-325 mg on 1/8/18 at 8 am and again on 1/8/18 at 2 pm. Resident #349 had a physician order for the same medication of Norco that Resident #163 had documented on the narcotic sheet as stated above.</p> <p>Resident #348 had been administrated 1 tablet of Norco 5-325 mg tablet on 2/19/18 at 4 pm from Resident #205's narcotic sheet. Resident #348 had a physician order for the same medication of Norco that Resident #205 had documented on the narcotic sheet as stated above.</p> <p>H. Resident #238 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #19 was administrated 1 tablet of Norco 5-325 mg on 10/16/18 at 8:15 pm. Resident #19 had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above.</p> <p>Resident #344 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #238's narcotic sheet. Resident #19</p>	F 756			

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F 756	<p>Continued From page 169</p> <p>had a physician order for the same medication of Norco that Resident #238 had documented on the narcotic sheet as stated above.</p> <p>I. Resident #253 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 1 tablet of Norco on the following dates and times: 10/26/18 at 11:19 pm, 10/28/18 at 9:46 am, 10/28/18 at 4:08 pm, 10/28/18 at 8:38 pm, 10/29/18 at 1:51 am, 10/29/18 at 8:30 am, 10/30/18 at 12:05 am, 10/30/18 at 5:49 pm, 10/30/18 at 6:49 pm, 10/31/18 at 6:02 X 2 entries to total 2 tablets given, and on 10/31/18 at 9 am X 2 entries to total 2 tablets given. Resident #350 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #351 had been administrated 1 tablet of Norco 5-325 mg on 10/27/18 at 8:07 pm from Resident #253's narcotic sheet. Resident #351 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #352 had been administrated 1 tablet of Norco 5-325 mg on 10/28/18 at 8:33 pm from Resident #253's narcotic sheet. Resident #352 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p> <p>Resident #544 had been administrated 1 tablet of Norco 5-325 mg on 10/30/18 at 4:36 am and again on 10/30/18 at 6:55 pm from Resident #253's narcotic sheet. Resident #544 had a physician order for the same medication of Norco that Resident #253 had documented on the narcotic sheet as stated above.</p>	F 756			

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F 756	<p>Continued From page 170</p> <p>J . Resident #544 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #350 had been administrated 2 tablets of Norco 5-235 mg on 10/31/18 at 8:28 pm and again on 11/1/18 at 3:15 am. Resident #350 had a physician order for the same medication of Norco that Resident #544 had documented on the narcotic sheet as stated above.</p> <p>K Resident #257 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times from Resident #257's narcotic sheet: 10/19/18 at 8:25 am, 10/20/18 at 9:45 am, 10/21/18 at 3:23 am, at 9:25 am and at 11:36 pm, 10/22/18 at 7:39 am and at 7:26 pm, and 10/23/18 at 6:30 am. Resident #145 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above.</p> <p>Resident #344 had been administrated 1 tablet of Norco 5-325 mg on the following dates and times: 10/20/18 at 5:17 pm, 10/21/18 at 9:55 am, 10/22/18 at 5:18 pm and at 11:30 pm from Resident #257's narcotic sheet. Resident #344 had a physician order for the same medication of Norco that Resident #257 had documented on the narcotic sheet as stated above.</p> <p>L. Resident #344 had a narcotic sheet for Norco 5-325 mg tablets in which Resident #145 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 2:46 pm.</p> <p>Resident #238 had been administrated 1 tablet of Norco 5-325 mg on 10/31/18 at 8:14 pm from Resident #344's narcotic sheet. Resident #238</p>	F 756			

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

PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 756	<p>Continued From page 171</p> <p>had a physician order for the same medication of Norco that Resident #344 had documented on the narcotic sheet as stated above.</p> <p>M. Resident #545 had a narcotic sheet for Norco 7.5-325 mg tablets in which Resident #185 had been administrated 1 tablet of Norco 7.5-325 mg on 10/31/18 at 5 am and again at 2:58 pm from Resident #545's narcotic sheet. Resident #185 had a physician order for the same medication of Norco that Resident #545 had documented on the narcotic sheet as stated above.</p> <p>The surveyor requested and reviewed the facility policy on controlled medications on 11/2/18. The policy read in part "1. Only authorized licensed nursing personnel have access to schedule II controlled drugs.</p> <p>2. Controlled substances must be counted upon delivery. The nurse receiving the order, along with the person delivering the medication order, must count the controlled substances together.</p> <p>3. If the count is correct a control sheet must be made for each substance. Do not enter more than one (1) prescription per page. This record must contain:</p> <ol style="list-style-type: none"> Name of resident Name and strength of drug Quantity received Number on hand Name of physician Prescription number Name of issuing pharmacy Date and time received Time of administration Method of administration Signature of person receiving medication, and Signature of nurse administering medication 	F 756			

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F 756	<p>Continued From page 172</p> <p>7. Controlled drugs must be counted at the end of each shift. The nurse coming on duty and the nurse going off duty must make the count immediately. The on-coming nurse must count and visualize the controlled drugs. Discrepancies must be documented and reported to the nursing supervisor/director of nursing services.</p> <p>8. The nursing supervisor/director of nursing services or designee is responsible for investigating discrepancies to determine the cause of such occurrences.</p> <p>9. If a discrepancy occurs, the director of nursing services is to report verbally to the administrator and pharmacist.</p> <p>10. The administrator or designee will contact appropriate authorities.</p> <p>On 11/2/18 at approximately 3:30pm, the surveyor interviewed LPN (Licensed Practical Nurse) #1. The surveyor asked LPN #1 if you were administrating medications and noted that you were out of a particular medication, like a narcotic, what would she do. LPN #1 stated that she would borrow that particular medication from another resident that had it. LPN #1 also stated if the medication that you needed was a narcotic you would sign out for it on the resident's narcotic sheet that you were borrowing it from. The surveyor requested that the pharmacist on duty for this day (11/1/18) come and speak to the surveyor. The pharmacist on duty for 11/1/18 came to the surveyor approximately 3:45 pm and the surveyor asked the pharmacist the same question as proposed to LPN#1 as documented above. The surveyor also asked the pharmacist if the staff was able to share medications. The pharmacist replied "No, they are not to share any medications at all. If they are out of a particular medication then they are to notify pharmacy of</p>	F 756			

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F 756	<p>Continued From page 173</p> <p>this."</p> <p>The surveyor notified the director of nursing of the above documented findings on 11/2/18 at 9:30 am in the conference room. The surveyor asked the director of nursing for the pharmacy reviews on the above documented residents for the above documented dates of the times that the narcotics were borrowed from another resident. The director of nursing stated that she would have all the completed ones from January to September 2018 because this was just 11/2 and the October ones had not been completed as of today.</p> <p>The surveyor received 2 pharmacy reviews that had documentation by the pharmacist regarding a different issue with 2 residents. The remaining residents had pharmacy reviews for each of the above documented months except for the month of October and which stated "No pharmacy recommendations."</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance nurse (QA) and registered nurse (RN) #1 on 11/2/18 at 11:46 am in the conference room along with 3 of the survey team members in attendance. The pharmacist was asked during this time that the time the drug regimen reviews were being performed by himself if the narcotic records were checked. The pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what which residents were documented as being signed out for narcotics on each of the narcotic sheets. The pharmacist stated, "I have only completed up to the month of September for the monthly pharmacy reviews because today is just 11/2 and the October ones are not due yet." Both the pharmacist and the director of nursing were</p>	F 756			

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F 756	<p>Continued From page 174</p> <p>asked if they had informed the staff to borrow medications from one resident for another. Both of them replied "No." The pharmacist was asked how long the narcotic sheets were kept on hand for record in the facility. The pharmacist stated "I don't keep them but now after talking to you I will."</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2. The facility pharmacist failed to identify discrepancies on the narcotic logs during the monthly drug regimen review for residents on South Terrace, Garden Terrace and North Terrace. This discrepancy affected seven residents. The residents affected were Resident #85, Resident #14, Resident #43, Resident #142, Resident #159, Resident #60, and Resident #42.</p> <p>(A). The facility pharmacist failed to identify the inaccurate narcotic record for Duragesic during the monthly October 2018 drug regimen review for Resident #85. The facility staff borrowed a Duragesic patch from Resident #85's Duragesic box for Resident #9.</p> <p>The clinical record of Resident #85 was reviewed 10/30/18 through 11/2/18. Resident #85 was admitted to the facility 2/9/16 with diagnoses that included but not limited to cerebral infarction, hemiplegia, urinary tract infection, atrial fibrillation, dysphagia, hyperglyceridemia, Type 2 diabetes mellitus, hypertension, gastroesophageal reflux disease, obesity, aphasia, and major depressive disorder.</p> <p>Resident #85's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/14/18 assessed the</p>	F 756			

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F 756	<p>Continued From page 175</p> <p>resident with short term memory problems, long term memory problems and severely impaired cognitive skills for daily decision making.</p> <p>Resident #85's October 2018 physician's orders were reviewed. Resident #85's orders included an order for Fentanyl 12 mcg/hr (micrograms/hour) patch. Apply topically q3d (every third day) for chronic pain**Remove old patch prior to applying new one."</p> <p>Resident #85's Fentanyl patch narcotic log was reviewed. Resident #85 received Fentanyl patches on 10/21/18 at 9:00 a.m., 10/24/18 at 9:00 a.m., 10/27/18 at 9:00 a.m., and 10/30/18 at 9:00 a.m. as documented on the October 2018 electronic medication administration record (eMAR) and on the narcotic log.</p> <p>On the Fentanyl log dispensed for Resident #85, the staff have also documented that Resident #9 had received a Fentanyl patch from Resident #85's box on 10/26/18 at 8:00 p.m. There was not a narcotic log for Resident #9's Duragesic patch.</p> <p>The surveyor requested the October 2018 physician's order for Duragesic 12.5 mcg, face sheet, October 2018 medication administration orders, and October pharmacy reviews for Resident #9 and Resident #85 from the director of nursing on 11/1/18 at 8:00 p.m.</p> <p>Resident #85's October 2018 pharmacy review was conducted on 10/17/18. There were no discrepancies addressed on the review. The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on</p>	F 756			

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F 756	<p>Continued From page 176</p> <p>11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(B). The facility pharmacist failed to identify the inaccurate narcotic record for Oxycodone with Tylenol 5-325 (Percocet) during the April 2018, May 2018, July 2018, August 2018, and October 2018 drug regimen review for Resident #14. The facility staff borrowed Oxycodone with Tylenol 5-325 (Percocet) from Resident #14's box to administer to Resident #143 (ten pills), Resident #353 (1 pill), Resident #444 (3 pills), Resident #18 (1 pill), and Resident #68 (1 pill) and Resident #293 (two pills).</p> <p>The clinical record of Resident #14 was reviewed 10/30/18 through 11/2/18. Resident #14 was admitted to the facility 7/1/13 with diagnoses that included atrial fibrillation, age-related osteoporosis, athroopathy, heart failure, hypertension, edema, anemia, gastroesophageal reflux disease, aural vertigo, hypokalemia, peripheral vascular disease, traumatic fracture and tine unguium.</p> <p>Resident #14's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 7/18/18 assessed the resident with a BIMS (brief interview for mental status) as 15 out of 15.</p> <p>Resident #14's October 2018 physician's orders</p>	F 756			

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F 756	<p>Continued From page 177</p> <p>included an order for Percocet 5-325 mg (milligrams) Give 1 tablet po (by mouth) q (every) 4 hours for pain x 2 days-Start date 5/10/17.</p> <p>The narcotic record for Resident #14's narcotic Oxycodone with Tylenol 5-325 was reviewed. The narcotic log documented that 30 pills of Oxycodone with Tylenol 5-325 had been dispensed on 3/9/18. The narcotic record log had six other residents name written on the narcotic log from April 2018 through October 2018.</p> <p>Resident #143 was administered ten (10) pills from Resident #14's card on 10/13/18 at 12:00 a.m., 10/13/18 at 4:00 a.m., 10/13/18 at 12:00 noon, 10/13/18 at 4:00 p.m., 10/13/18 at 8:00 p.m., 10/14/18 at 12:00 a.m., 10/14/18 at 8:00 a.m., 10/14/18 at 12:00 noon, 10/14/18 at 4:00 p.m., and 10/14/18 at 8:00 p.m.</p> <p>Resident #353 received one (1) pill on 7/2/18.</p> <p>Resident #444 received three (3) pills from Resident #14's card in April 2018 on 4/26/18 at 9:00 a.m., 4/26/18 at 9:00 p.m., and 4/27/18 at 9:00 a.m.</p> <p>Resident #18 received one (1) pill on 5/8/18 from Resident #14's card.</p> <p>Resident #68 received one (1) pill from Resident #14's card on 8/16/18.</p> <p>Resident #293 received two (2) pills from resident #14's card on 10/6/18 and 10/7/18.</p> <p>The surveyor requested the face sheet, the monthly drug regimen reviews for April 2018, May 2018, July 2018, August 2018, and October 2018, and the October physician's orders.</p> <p>Resident #14's October 2018 pharmacy review was conducted on 10/17/18. There were no discrepancies addressed on the review.</p>	F 756			

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F 756	<p>Continued From page 178</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(C). The facility pharmacist failed to identify the inaccurate narcotic record for Norco 5-325 mg (milligrams) during October 2018 drug regimen review for Resident #43. The facility staff borrowed fifteen (15) Norco 5-325 from Resident #43's box to administer to Resident #142. The facility staff failed to ensure Resident #142's Norco 5-325 mg (milligrams) was available for administration in October 2018.</p> <p>The clinical record of Resident #43 was reviewed 10/30/18 through 11/2/18. Resident #43 was admitted to the facility 5/12/08 with diagnoses that included but not limited to gastroesophageal reflux disease, morbid obesity, unspecified intellectual disabilities, cerebral palsy, allergic rhinitis, major depressive disorder, anemia, hypertension, delusional disorders, anxiety disorder, irritable bowel syndrome, extrapyramidal and movement disorder, and kidney stone.</p> <p>Resident #43's significant change in assessment minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief</p>	F 756			

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F 756	<p>Continued From page 179 interview for mental status) as 15 /15.</p> <p>Resident #43's October 2018 physician's orders had orders for Norco 5-325 tablet Give one tablet po (by mouth) bid (twice a day) for chronic pain.</p> <p>The facility nurses borrowed fifteen doses of Norco 5-325 mg from Resident #43 to administer to Resident #142 on 10/23/18 at 6:00 p.m., 10/24/18 at 8:00 a.m., 10/24/18 at 6:00 p.m., 10/25/18 at 8:00 a.m., 10/25/18 at 6:00 p.m., 10/26/18 at 8:00 a.m., 10/26/18 at 6:00 p.m., 10/27/18 at 8:00 a.m., 10/27/18 at 6:00 p., 10/28/18 at 8:00 a.m., 10/28/18 at 6:00 p.m., 10/29/18 at 8:00 a.m., 10/29/18 at 6:00 p.m., 10/30/18 at 8:00 a.m., and 10/30/18 at 6:00 p.m.</p> <p>The surveyor requested the Resident #142's face sheet, October physician orders, October 2018 medication administration records, Resident #43's face sheet, October 2018 physician orders and October 2018 medication administration record from the administrative staff on 11/1/18 at 8:00 p.m.</p> <p>Resident #43's October 2018 monthly drug regimen review was completed on 10/25/18 with no issues identified.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p>	F 756			

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F 756	<p>Continued From page 180</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(D). The facility pharmacist failed to identify the inaccurate narcotic record for Norco 5-325 during the monthly October 2018 drug regimen review for Resident #43. The facility staff borrowed fourteen Norco 5-325mg (milligrams) from Resident #43's Norco 5-325 mg to administer to Resident #97.</p> <p>The clinical record of Resident #43 was reviewed 10/30/18 through 11/2/18. Resident #43 was admitted to the facility 5/12/08 with diagnoses that included but not limited to gastroesophageal reflux disease, morbid obesity, unspecified intellectual disabilities, cerebral palsy, allergic rhinitis, major depressive disorder, anemia, hypertension, delusional disorders, anxiety disorder, irritable bowel syndrome, extrapyramidal and movement disorder, and kidney stone.</p> <p>Resident #43's significant change in assessment minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 15 /15.</p> <p>Resident #43's October 2018 physician's orders had orders for Norco 5-325 tablet Give one tablet po (by mouth) bid (twice a day) for chronic pain.</p> <p>The facility nurses borrowed fourteen doses of Norco 5-325 mg from Resident #43 to administer to Resident #97 on 10/27/18 at 2:00 p.m., 10/27/18 at 8:00 p.m., 10/28/18 at 2:00 p.m., 10/28/18 at 8:00 p.m., 10/29/18 at 8:00 a.m., 10/29/18 at 2:00 p.m., 10/29/18 at 8:00 p.m., 10/30/18 at 8:00 a.m., 10/30/18 at 2:00 p.m.,</p>	F 756			

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F 756	<p>Continued From page 181</p> <p>10/30/18 at 8:00 p.m., 10/31/18 at 8:00 a.m., 10/31/18 at 2:00 p.m., 11/1/18 at 8:00 a.m., and 11/1/18 at 2:00 p.m.</p> <p>The surveyor requested the Resident #97's face sheet, October physician orders, October 2018 medication administration records, Resident #43's face sheet, October 2018 physician orders and October 2018 medication administration record from the administrative staff on 11/1/18 at 8:00 p.m.</p> <p>Resident #43's October 2018 monthly drug regimen review was completed on 10/25/18 with no issues identified.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(E). The facility pharmacist failed to identify the inaccurate narcotic record for Norco 5-325 during the monthly October 2018 drug regimen review for Resident #142. The facility staff borrowed one Norco 5-325mg (milligrams) from Resident #142's Norco 5-325 mg to administer to Resident #97.</p> <p>The clinical record of Resident #142 was reviewed 10/30/18 through 11/2/18. Resident</p>	F 756			

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F 756	<p>Continued From page 182</p> <p>#142 was admitted to the facility 2/14/13 and readmitted 3/8/13 with diagnoses that included but not limited to hypertension, hyperlipidemia, depressive disorder, and arthropathy.</p> <p>Resident #142's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #142's October 2018 physician's orders read in part "Norco 5-325 Tablet Give one tablet po (by mouth) bid (twice a day) for pain."</p> <p>The surveyor reviewed Resident #142's narcotic record for Norco 5-325 on 11/1/18. One Norco 5-325 had been administered to Resident #97 on 10/31/18 at 7:00 p.m. for Resident #142's dispensed medication card.</p> <p>Resident #142's October 2018 drug regimen review did not identify any irregularities completed on 10/9/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(F). The facility pharmacist failed to identify the inaccurate narcotic record for Fentanyl 25 mcg</p>	F 756			

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F 756	<p>Continued From page 183</p> <p>(microgram)/hr (hour) patch during the monthly October 2018 drug regimen review for Resident #142. The facility staff borrowed one Fentanyl 25 mcg/hr patch from Resident #142 to administer to Resident #52.</p> <p>The clinical record of Resident #142 was reviewed 10/30/18 through 11/2/18. Resident #142 was admitted to the facility 2/14/13 and readmitted 3/8/13 with diagnoses that included but not limited to hypertension, hyperlipidemia, depressive disorder, and arthropathy.</p> <p>Resident #142's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/7/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #142's October 2018 physician's orders read in part "Norco 5-325 Tablet Give one tablet po (by mouth) bid (twice a day) for pain and Durgesic 25 mcg patch transdermally to skin every 3 days for pain. Remove old patch before applying new one."</p> <p>The surveyor reviewed Resident #142's narcotic record for Fentanyl (Duragesic) patch on 11/1/18. One Fentanyl 25 mcg patch had been administered to Resident #52 on 10/30/18 at 10:00 a.m. from Resident #142's dispensed medication card.</p> <p>Resident #142's October 2018 drug regimen review did not identify any irregularities completed on 10/9/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on</p>	F 756			

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F 756	<p>Continued From page 184</p> <p>11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(G). The facility pharmacist failed to identify the inaccurate narcotic record for Norco-5325 tablet during the monthly October 2018 drug regimen review for Resident #159. The facility staff borrowed five (5) Norco 5-325 tablet from Resident #159 to administer to Resident #43 and one (1) to administer to Resident #97.</p> <p>The clinical record of Resident #159 was reviewed 10/30/18 through 11/2/18. Resident #159 was admitted to the facility 4/29/13 and readmitted 12/13/13 with diagnoses that included but not limited to type 2 diabetes mellitus, hypertension, hyperlipidemia, atresia of aorta, hypothyroidism, hypokalemia, heart failure, edema, and chronic pain.</p> <p>Resident #159's quarterly minimum data set (MDS) with an assessment reference date (ARD) of 9/14/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #159's October 2018 physician's orders read in part "Norco 5-325 tablet po (by mouth) q6h (every 6 hours) prn (whenever needed) pain."</p> <p>The surveyor reviewed Resident #159's narcotic record for Norco 5-325 tablet on 11/1/18. Five Norco 5-325 had been administered to Resident</p>	F 756			

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F 756	<p>Continued From page 185</p> <p>#43 on 10/19/18 at 9:00 p.m., 10/20/18 at 8:00 a.m., 10/21/18 at 9:00 a.m., 10/22/18 at 8:30 a.m., and 10/22/18 at 8:00 p.m. One Norco 5-325 had been administered to Resident #97 on 10/28/18 at 8:00 a.m.</p> <p>Resident #159's October 2018 drug regimen review did not identify any irregularities completed on 10/9/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(H). The facility pharmacist failed to identify the inaccurate narcotic record for Norco-5325 tablet during the monthly October 2018 drug regimen review for Resident #42. The facility staff borrowed one (1) Norco 5-325 tablet for Resident #230.</p> <p>The clinical record of Resident #42 was reviewed 10/30/18 through 11/2/18. Resident #42 was admitted to the facility 8/11/15 with diagnoses that included but not limited to lumbar vertebrae fracture, hypertension, chronic pain, edema, malignant neoplasm of skin, allergic rhinitis, and osteoporosis.</p> <p>Resident #42's quarterly minimum data set</p>	F 756			

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F 756	<p>Continued From page 186</p> <p>(MDS) with an assessment reference date (ARD) of 8/1/18 assessed the resident with a BIMS (brief interview for mental status) as 9/15.</p> <p>Resident #42's October 2018 physician's orders read in part "Norco 5-325 tablet (Give one tablet) po (by mouth) qdaily (everyday) prn (whenever needed) as needed for arthritic pain."</p> <p>The surveyor reviewed Resident #42's narcotic record for Norco 5-325 tablet on 11/1/18. One Norco 5-325 had been administered to Resident #230 on 10/4/18 at 8:54 p.m. from Resident #42's Norco 5-325 tablet card.</p> <p>Resident #42's October 2018 drug regimen review did not identify any irregularities completed on 10/8/18.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for completeness and doesn't review them in details as to what residents are on the log.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>(l). The facility pharmacist failed to identify the inaccurate narcotic record for Ativan injectable during the monthly October 2018 drug regimen review for Resident #60. The facility staff borrowed one (1) Ativan injectable from Resident #60 to administer to Resident #106.</p>	F 756			

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F 756	<p>Continued From page 187</p> <p>The clinical record of Resident #60 was reviewed 10/30/18 through 11/2/18. Resident #60 was admitted to the facility 8/1/18 with diagnoses that included but not limited to pneumonia, Vitamin D deficiency, sleep apnea, heart failure, hypertension, hyperlipidemia, glaucoma, benign prostatic hyperplasia, chronic obstructive pulmonary disease, edema, and atrial fibrillation.</p> <p>Resident #60's admission minimum data set (MDS) with an assessment reference date (ARD) of 8/8/18 assessed the resident with a BIMS (brief interview for mental status) as 12/15.</p> <p>Resident #60's October 2018 physician's orders read in part "Lorazepam 2 mg/ml (milligram/milliliter) vial (Give 1 mg/0.5 mg) every 8 hours prn (as needed) for agitation and restless."</p> <p>The surveyor reviewed Resident #60's narcotic record for Lorazepam 2mg/ml vial on 11/1/18. One Lorazepam 2mg/ml vial had been administered to Resident #106 on 11/1/18 at 8:30 a.m. Resident #106 was administered 1 mg of Lorazepam. The narcotic record did not show the wastage of the 1 mg not administered to Resident #106.</p> <p>Resident #60's October 2018 drug regimen review did not identify any irregularities.</p> <p>The surveyor interviewed the pharmacist, the director of nursing, the quality assurance registered nurse and registered nurse #3 on 11/2/18 at 11:46 a.m. The pharmacist was asked during the drug regimen review if the narcotic records are checked and the pharmacist stated he only checks the narcotic records for</p>	F 756			

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F 756	Continued From page 188 completeness and doesn't review them in details as to what residents are on the log.	F 756			
F 761 SS=E	<p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, the facility staff failed to store and date medications</p>	F 761	Resident #106 expired on 11/02/18. Appropriate medications are now labeled and dated when opened for residents #	12/14/18	

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F 761	<p>Continued From page 189 when opened on 5 of the 7 units.</p> <p>The findings included:</p> <p>1. The facility staff failed to date medications when opened and failed to remove expired medications from the medication refrigerators on South Terrace and Garden Terrace for 4 residents (Resident #106, Resident #18, Resident #280, and Resident #136).</p> <p>(a) The surveyor observed the medication refrigerator on South Terrace with licensed practical nurse #2 on 10/30/18 at 4:09 p.m. In the refrigerator was Novolog insulin flex pen for Resident #106. The Novolog flex pen had been opened 9/27/18 and the expiration date was 10/25/18. The surveyor asked L.P.N. #2 what the protocol was for insulins that had expired. L.P.N. #2 stated the pharmacy needed to be called so a new flex pen could be used.</p> <p>Resident #106's clinical record was reviewed 10/30/18 through 11/2/18. Resident #106 was admitted to the facility 9/6/14 with diagnoses that included but not limited to end stage renal disease, chronic kidney disease (stage 4), hypertension, seizures, atrial fibrillation, cerebrovascular disease, gastro-esophageal reflux disease, gout, anemia, urine retention, dysphagia, benign prostate hyperplasia, hypokalemia, thrombocytopenia, gastrostomy status, chronic obstructive pulmonary disease, type 2 diabetes mellitus, and hyperlipidemia.</p> <p>Resident #106's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/27/18 assessed the resident with a brief interview for mental status</p>	F 761	<p>18, 280, 136 on 11/5/18</p> <p>Education will be provided by the Pharmacist to RN's and LPN's on labeling and dating of required medications when opened and returning expired medication to pharmacy.</p> <p>The DON will ensure compliance.</p> <p>A 100% audit will be conducted of all resident medications requiring labeling and dating when opened. (See form)</p> <p>In addition, all medication refrigerators will be audited to ensure that no expired medications are located in the medication refrigerator. Both audits will be conducted by RN Nursing Supervisors and/or Pharmacy Technician. (See form)</p> <p>Results of these audits will be reviewed by QA Coordinator, DON, and Pharmacist, with corrective action taken as necessary.</p> <p>The DON and Pharmacist will ensure compliance.</p> <p>Monthly , the Pharmacist (when doing his Drug Regimen Review), will continue to check for discrepancies and for labeling and dating of required medication, and making sure that all controlled medications are double locked.</p> <p>The DON and Pharmacist will ensure compliance.</p> <p>Quarterly, a part of Quality Assurance</p>		

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F 761	<p>Continued From page 190 (BIMS) as 00.</p> <p>Resident #106's current comprehensive care plan identified a care plan description dated 11/3/16 that read in part "Resident #106 needs enteral nutrition with a therapeutic TF (tube feeding) formula d/t (due to) dysphagia, ESRD (end stage renal disease), NPO (nothing by mouth), COPD (chronic obstructive pulmonary disease), GERD (gastroesophageal reflux disease), HTN (hypertension), DM II (diabetes mellitus type 2), hyperlipidemia. Care plan goal: Will maintain blood glucose levels < (less than) 250 mg/dl (milligrams/deciliter) consistently. Interventions: Monitor for s/s (signs/symptoms) of hypo/hyperglycemia. Checks blood glucose levels as ordered. Administer nutrition related medications as ordered."</p> <p>Resident #106's October 2018 physician orders read "Novolog 100 unit/ml (milliliter) vial accuchecks ACHS (before meals and at bedtime) for DM (diabetes mellitus) SS (sliding scale): 0-250=No med, 251-300=6 units, 301-350=10 units, 351-400=15 units, 401 and over=20 units and notify MD (medical doctor). Start Date: 1/15/17."</p> <p>A review of the October 2018 electronic medication administration records indicated Resident #106 received Novolog sliding scale insulin three (3) times on 10/26/18, three times on 10/27/18, three times on 10/28/18, three times on 10/29/18, and one time on 10/30/18.</p> <p>(b) The facility staff failed to date insulin flex pens for Resident #18 when opened.</p> <p>The surveyor reviewed the refrigerator on South</p>	F 761	<p>program), a 10% audit will be conducted of all resident's medications requiring labeling and dating when opened (see form).</p> <p>In addition, all medication refrigerators will be audited to ensure that no expired medications are located in the medication refrigerator. Both audits will be conducted by RN Nursing Supervisors and/or Pharmacy Technician.</p> <p>Results of these audits will be reviewed by QA Coordinator, DON, and Pharmacist, with corrective action taken as necessary.</p> <p>The DON and Pharmacist will ensure compliance and implementation of this POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 761	<p>Continued From page 191</p> <p>Terrace with licensed practical nurse #2 on 10/30/18 at 4:09 p.m. In the refrigerator, the surveyor observed two (2) Tresiba flex touch pens for Resident #18. The flex touch pens did not have a date when opened and were dispensed 10/23/18. Resident #18 also had a flex pen for Trulicity 0.75 mcg (micrograms). The pen had been dispensed 10/30/18. There was not a date when the pen had been opened. L.P.N. #2 stated Resident #18 had received Trulicity 0.75 mcg on 10/30/18.</p> <p>Resident #18 was admitted to the facility 11/12/14 with diagnoses, that included but not limited to peripheral vascular disease, cellulitis, chronic venous hypertension with ulcer of left lower extremity, major depressive disorder, obesity, type 2 diabetes mellitus, hypertension, hypothyroidism, and edema.</p> <p>Resident #18's annual minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/16/18 assessed the resident with a BIMS (brief interview for mental status) as 15/15.</p> <p>Resident #18's current comprehensive care plan identified the care plan description for Diabetes Mellitus start date 5/8/17. Interventions: Obtain blood sugars as ordered. Administer insulin as ordered. Administer Trulicity as ordered.</p> <p>The October 2018 physician's orders were reviewed. Resident #18's orders read "Tresiba Flex touch 100 units/ml-give 55 units-sq (subcutaneous) bid (twice a day) for DM and Trulicity 1.5 mg/0.5 ml pen-Give sq q (every) week d/t (due to) DM."</p> <p>(c) The facility staff failed to date an opened</p>	F 761			

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F 761	<p>Continued From page 192</p> <p>Novolog insulin pen for Resident #280.</p> <p>The surveyor checked the medication carts and refrigerator on Garden Terrace with licensed practical nurse #3 on 10/30/18 at 4:41 p.m.</p> <p>The medication refrigerator had Novolog sliding scale insulin belonging to Resident #280. The Novolog insulin did not have a date when opened. The Novolog flex pen had been dispensed 10/11/8. L.P.N. #3 stated, "Supposed to date when opened when it comes from the pharmacy. Will have to get rid of them and pharmacy will have to replace them."</p> <p>Resident #280 was admitted to the facility 4/4/18 with diagnoses, that included but not limited to Type 2 diabetes mellitus, gastroesophageal reflux disease, hearing loss, and visual loss. Resident #280's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 10/10/18 assessed the resident with a brief interview for mental status as 3 out of 15.</p> <p>Current comprehensive care plan titled "Routine Maintenance Care" included the intervention for accuchecks as ordered- and administer insulin as ordered-started 4/5/18.</p> <p>Resident #280's October 2018 physician's orders read in part "Accucheck ac meal (before meals) & HS (and bedtime). Novalog (sic) 100 unit/ml vial per SS (sliding scale); 0-60 Notify MD 61-250=adm (administer) no med (medication), 251-300-6 units, 301-350-10 units, 351-400-15 units, 401-500-20 units, > (greater than) 500 notify MD."</p> <p>Novolog sliding scale had been administered</p>	F 761			

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PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 761	<p>Continued From page 193</p> <p>twenty seven times from 10/11/18 through 10/30/18 to Resident #280.</p> <p>(d) The facility staff failed to date insulin when opened for Resident #136.</p> <p>The surveyor checked the medication refrigerator on Garden Terrace on 10/30/18 at 4:41 p.m. with licensed practical nurse #3. In the refrigerator was a Novolog SSI (sliding scale insulin) pen labeled for Resident #136. The Novolog insulin pen did not have a date when opened and had been dispensed on 10/11/8. L.P.N. #3 stated, "Supposed to date when opened when it comes from the pharmacy. Will have to get rid of them and pharmacy will have to replace them."</p> <p>Resident #136 was admitted to the facility 3/27/15 and readmitted 12/12/15. Diagnoses included but were not limited to Type 2 diabetes mellitus, osteoarthritis, edema, anemia, hyperlipidemia, depression, and dementia without behavioral disturbances.</p> <p>Resident #136's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 9/6/18 assessed the resident with a brief interview for mental status (BIMS) of 14/15.</p> <p>Resident #136's current comprehensive care plan identified that the resident needs a therapeutic diet with DM II (diabetes mellitus) type 2. Care plan goal: Blood glucose levels will remain below 250 mg/dl (milligrams/deciliter) consistently. Interventions: Treat elevated blood sugar levels with sliding scale insulin, as ordered.</p> <p>Resident #136's October 2018 physicians orders</p>	F 761			

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F 761	<p>Continued From page 194</p> <p>read "Accucheck ac meal (before meal) & HS (and at bedtime), Novolog 100 unit/ml vial per SS (sliding scale): 0-60 Notify MD 61-250=Adm (administer) No med (medication), 251-300=6 u, 301-350=10 u, 351-400=15 u, 401-500=20 u, > (greater than) 500 Notify MD (medical doctor)."</p> <p>The surveyor reviewed the October 2018 electronic medication administration records. Resident #136 received Novolog sliding scale insulin nineteen (19) times from 10/11/18 through 10/30/18.</p> <p>The surveyor informed the director of nursing and the quality assurance registered nurse of the above concerns during a meeting with the administrative staff on 10/31/18 at 2:40 p.m. The surveyor requested the facility policy on storage of medications, a list of when insulins expire and the policy for dating medications when opened.</p> <p>The DON stated the facility does not have a policy on dating medications when opened. The DON stated the pharmacy takes care of that.</p> <p>The surveyor reviewed the list of recommended insulin storage protocol on 11/2/18. Recommended expiration dates for Novolog and Novolog R (3-ml cartridges) was 28 days. Recommended expiration dates for Novolog R (prefilled and 1.5 ml cartridges) was 30 days.</p> <p>No further information was provided prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to ensure that the narcotic box on the medication cart was locked on unit 5A and failed to ensure that nebulizer packages and inhalers were dated on the medication carts on unit 5A and 5B.</p>	F 761			

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F 761	<p>Continued From page 195</p> <p>On 10/31/18 at 9:14 am, the surveyor checked the medication cart on unit 5A with LPN # 2 (licensed practical nurse). While checking the medication cart, the surveyor was able to open the narcotic box on the medication cart without a key. LPN # 2 stated, "I don't know why it's not locked."</p> <p>The surveyor also observed two packages of Ipratropium Bromide and Albuterol Sulfate Inhalation Solution that were opened and undated. The packages contained documentation that included but was not limited to: "Once removed from the foil pouch, the individual vials should be used within two weeks." LPN # 2 reviewed the packages along with the surveyor and agreed that there were no open dates documented on the packages. The surveyor also observed an Advair Diskus that was in use and was undated. The manufacturer's package insert for the Advair Diskus contained documentation that included but was not limited to: "Write the date you opened the foil pouch in the first blank line on the label. Write the "use by" date in the second blank line on the label. That date is one month after the date you wrote in the first line." LPN # 2 reviewed the Advair Diskus along with the surveyor and agreed that there were no open or use by dates documented on the Advair Diskus inhaler.</p> <p>On 10/31/18 at 9:26 am, the surveyor checked the medication cart on unit 5B along with RN # 2 (registered nurse). The surveyor observed two open packages of Ipratropium Bromide and Albuterol Sulfate Inhalation that were opened and undated. The packages contained documentation that included but was not limited to: "Once</p>	F 761			

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F 761	<p>Continued From page 196</p> <p>removed from the foil pouch, the individual vials should be used within two weeks." RN # 2 reviewed the packages along with the surveyor and agreed that there were no open dates documented on the packages. The surveyor also observed a Flovent Diskus that was in use and undated on the medication cart. The manufacturer's package insert contained documentation that included but was not limited to: "Write the date you opened the foil pouch in the first blank line on the label. Write the "use by" date on the second blank line on the label. If you are using Flovent Diskus 50 mcg (micrograms) that date is six weeks after the date you wrote on the first line."</p> <p>On 10/31/18 at 2:50 pm, the director of nursing and the quality assurance coordinator was made aware of the findings as stated above.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference on 11/2/18.</p> <p>5. The facility staff failed to document the opened date on a medication and failed to discard an opened medication after the expiration date that were stored in the East wing medication refrigerator and failed to discard an opened vial of medication after the expiration date in the Mid-East wing medication refrigerator.</p> <p>On 10/31/18 at 10:06 am, the surveyor observed Tuberculin Purified Protein (TB Test) 5 TU/0.1 ml 1 ml (10 tests) in the medication refrigerator on the East Wing. These TB test had an expiration date of 10/28/18 on them. The surveyor also observed at 10:09 am, Influenza Vaccine 5 ml (milliliter) multi use vial opened with no opened date documented on it. The surveyor showed</p>	F 761			

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F 761	Continued From page 197 these to RN (registered nurse) #1 and she stated, "That vial of TB test should had been discarded by the expiration date and not left in the refrigerator and the flu vaccine should had been dated when the vial was opened and used for the first time." The surveyor went to the Mid-East medication refrigerator and at approximately 10:45 am observed a multi-use vial of Tuberculin Purified Protein (TB Test) 5 TU/0.1 ml 1 ml (10 tests) documented on it with an opened date of 8/27/18 and the expiration date of 9/27/18. The surveyor showed this to RN #1 at the time it was observed by the surveyor. RN #1 stated, "That should had been discarded by staff when the staff checks it and saw that it was expired on 9/27/18 and not left in there until now." The surveyor notified the director of nursing and QA (quality assurance) nurse of the above documented findings on 10/31/18 at 2:15 pm. No further information was provided to the surveyor prior to the exit conference on 11/2/18.	F 761			
F 812 SS=F	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	F 812		12/14/18	

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F 812	<p>Continued From page 198</p> <p>facilities from using produce grown in facility 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, the facility staff failed to store, prepare, distribute, and serve food in accordance with professional standards for food safety.</p> <p>The findings included:</p> <p>The facility staff failed to ensure that 4 male facility staff members hair was secured while working in the facility kitchen.</p> <p>On 10/31/18 at 11:25 am, the surveyor observed a facility maintenance employee working on electrical outlet in the facility kitchen. The surveyor observed that the maintenance employee's hair and facial hair was not secured with a hair net or beard guard. The surveyor also observed Dietary Staff # 1 and Dietary Staff # 2 wearing beard guards, however, their mustaches were uncovered. Dietary Staff # 3 was observed to have a mustache and was not wearing a beard guard to keep facial hair contained.</p> <p>On 10/31/18 at 11:50 am, the surveyor spoke with the dietary services manager about the males in the kitchen hair not being properly secured. The dietary services manager agreed that the facility maintenance employee and dietary staff # 1. # 2,</p>	F 812	<p>All male facility staff members' hair is secured while working in the kitchen. (See attached policy)</p> <p>Education will be provided by Staff Development Coordinator to all male staff who work in the kitchen, regarding securing of hair.</p> <p>Dietary Supervisor will ensure compliance.</p> <p>Dietary Supervisors will monitor male employees for proper covering of head and facial hair. (See Form)</p> <p>If deficient practice is found, corrective action will be taken as necessary.</p> <p>Quarterly, (as part of Quality Assurance Program), the Dietary Supervisors will monitor employees for proper covering of head and facial hair. (See Form)</p> <p>Results of this audit will be reviewed by QA Coordinator and Dietary Supervisor with appropriate actions taken as necessary.</p>		

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F 812	Continued From page 199 and # 3's hair was not secured properly and advised each person to correct the issues at that time. The facility policy on "Personnel Standards" contained documentation that included but was not limited to: ..."2. The following standards have been adopted by the dietary department: a. Hair nets, covering all of the hair, must be worn at all times while on duty." ... On 10/31/18 at 2:50 pm, the director of nursing and quality assurance coordinator was made aware of the findings as stated above. No further information regarding this issue was presented to the survey team prior to the exit conference on 11/2/18.	F 812	The Registered Dietician will ensure compliance and implementation of this POC. These systemic changes will ensure continued compliance with the regulation.		
F 880 SS=D	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 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	F 880		12/14/18	

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PRINTED: 02/19/2019
FORM APPROVED
OMB NO. 0938-0391

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F 880	<p>Continued From page 200</p> <p>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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed 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>	F 880			

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F 880	<p>Continued From page 201</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, facility document review and staff interview, the facility staff failed to follow infection control guidelines during the wound observation for 2 of 39 residents in the survey sample and during the medication administration observation (Resident #55, Resident #285).</p> <p>1. The facility staff failed to follow infection control guidelines during the wound care observation for Resident #55. Resident #55 was readmitted to the facility on 7/28/18 with the following diagnoses of, but not limited to atrial fibrillation, coronary heart failure, peripheral vascular disease, dementia, depression and left below the knee amputation. On the significant change MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 8/4/18 the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 8 out of a possible score of 15. Resident #55 was also coded as requiring extensive assistance of 1 staff member for dressing and personal hygiene and being totally dependent on 1 staff member for bathing.</p> <p>During the wound care observation on 10/31/18 at approximately 11:15 am, the surveyor observed the following performed by the wound</p>	F 880	<p>Resident #55's wound care treatment is provided using appropriate infection control technique. LPN #1 uses gloves when having to cut a pill in half in order to avoid touching the medication. Resident #285 has been discharged to home from facility.</p> <p>100% audit of residents receiving wound care treatment done by the wound care RN #1 will be completed by the RN Nursing Supervisors to ensure that appropriate infection control technique is followed by the wound care RN #1 when administering wound care. (See form)</p> <p>This includes ensuring that wound care RN #1 washes her hands or uses hand sanitizer at the appropriate time and that the wound care RN #1 uses clean scissors when applying a wound dressing.</p> <p>Results of this audit will be reviewed by the QA Nurse and the DON with appropriate action taken as necessary.</p> <p>The DON will ensure compliance.</p>		

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F 880	<p>Continued From page 202</p> <p>care nurse: The wound care nurse removed the dirty dressing from the resident's right ® heel and foot area and while doing so, the nurse used clean scissors to cut the dirty dressing. The wound care nurse cleaned the two areas that were opened as 1 wound instead of 2. The nurse used the same skin prep in these areas. After completing wound care to the ® heel and foot, the nurse applied the Kerlix and wrapped the ® foot and heel as to keep the dressings in place. The nurse finished and cut the clean dressing with the same scissors that she used in cutting the dirty dressing off to these areas. The wound care nurse then went to perform the wound care to the (L) left BKA (below the knee amputation). The nurse removed the old dressing to this area and used the same scissors that were dirty from cutting the dirty dressing off on the ® heel and foot area. The wound care nurse performed the dressing to the (L) BKA as ordered by the physician. After the wound care nurse completed the wound care, she applied the clean Kerlix and began to wrap the dressings in place on the (L) BKA. While applying the clean Kerlix, the wound care nurse used the dirty scissors to cut the clean Kerlix being applied to the (L) BKA. The wound care nurse then applied a piece of tape to the dressing and began to write her initials and date of the wound care. On 10/31/18 at 2:15 pm, the surveyor requested a copy of the infection control policy concerning wound care from the director of nursing (DON). The surveyor received a policy titled "Infection Control" on 10/31/18 at approximately 3:30 pm from the QA (quality assurance) nurse. The surveyor asked the QA nurse if this was the policy</p>	F 880	<p>100% audit of any medication that requires medication to be halved by medication nurse will be conducted by Pharmacist. (See form)</p> <p>Results will be reviewed by QA Coordinator, DON, and Pharmacist with corrective action taken as necessary.</p> <p>The DON and Pharmacist will ensure compliance.</p> <p>Education will be provided to the wound care nurse on appropriate infection control technique when providing wound care by the Staff Development Coordinator. This includes hand washing and/or use of clean equipment when providing a clean dressing.</p> <p>LPN #1 will receive inservice education on proper pill splitting technique by the Staff Development Coordinator.</p> <p>The DON will ensure compliance.</p> <p>Education will be provided to all RN's and LPN's on proper infection control techniques when providing wound care and on proper technique when it is necessary to cut a medication in half by Staff Development Coordinator.</p> <p>The DON will ensure compliance.</p> <p>Quarterly, as part of Quality Assurance program) 10% of all residents receiving wound care treatment done by the wound care nurse will be audited by the RN</p>		

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F 880	<p>Continued From page 203</p> <p>was the one to be used for wound care. The QA nurse replied, "We don't have one that just speaks to wound care itself, but this is an Infection Control policy that we use and have in place." This policy read in part, "...Purpose: To control the spread of infection ..."</p> <p>The surveyor notified the DON and the QA nurse of the above documented findings during the wound care observation on 10/31/18. The surveyor asked the DON if these were acceptable practices for the wound care nurse to perform during the wound care observation. The DON stated, "I agree, she should had cleaned her scissors before and after each time she used them. And she should not had written on the tape after she had applied it to the dressing on the resident."</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2.The facility staff failed to follow infection control guidelines during the medication administration observation on the Mid-East Wing.</p> <p>During the medication administration observation on 10/31/18 at 8:25 am, the surveyor observed LPN (licensed practical nurse) #1 cutting a pill in half using the pill cutter on the medication cart. While LPN #1 was performing this, she used her bare hands to touch the pill and adjust it in the pill cutter so the pill would be cut in half. Then LPN #1 removed the 2 halves of the pill with her bare hands and put one half in the medication cup to give to the resident and put the other half back into the resident's medication bottle using her bare hands.</p>	F 880	<p>Nursing Supervisors to ensure that appropriate infection control technique is followed. (See form)</p> <p>This includes ensuring that wound care nurse washes her hands or uses hand sanitizer at the appropriate time and that the wound care nurse uses clean scissors when applying a wound dressing.</p> <p>Quarterly, as part of Quality Assurance program, 25 medication administrations will be audited by the Pharmacist and will include any medication that the nurse is required to cut in half.</p> <p>Results of these audits will be reviewed by the QA Coordinator and the DON with appropriate action taken as necessary.</p> <p>The DON will ensure compliance and implementation of the POC.</p> <p>These systemic changes will ensure continued compliance with the regulation.</p>		

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F 880	<p>Continued From page 204</p> <p>The surveyor interviewed LPN #1 at approximately 10:45 am. The surveyor asked LPN #1 if she should had used her bare hands to touch the pill that she cut in half during the medication administration observation this morning. LPN #1 stated, "No, I should had used gloves. I remembered it as soon as I did it."</p> <p>The surveyor notified the director of nursing and QA (quality assurance) nurse of the above documented observations during the medication administration observation made on 10/31/18.</p> <p>No further information was provided to the surveyor prior to the exit conference on 11/2/18.</p> <p>2. The facility staff failed to follow infection control procedures during a dressing change for Resident # 285.</p> <p>Resident # 285 was a 72-year-old-female who was admitted to the facility on 10/4/18. Diagnoses included but were not limited to: type 2 diabetes mellitus, atrial fibrillation, fracture of coccyx, and obstructive sleep apnea.</p> <p>The clinical record for Resident # 285 was reviewed on 10/31/18 at 10:34 am. The most recent MDS assessment (minimum data set) was a 14-day scheduled assessment with an ARD (assessment reference date) of 10/18/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 285 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 285 was cognitively intact. Section M of the MDS assesses skin conditions. In Section M1040, the facility staff documented that Resident # 285 had skin tear(s)</p>	F 880		

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F 880	<p>Continued From page 205 during the look back period for the 10/18/18 ARD.</p> <p>The plan of care for Resident # 285 was reviewed and revised on 10/6/18. The facility staff documented a focus area for Resident # 285 as, "Resident # 285 is at risk for skin breakdown." Interventions included but were not limited to: "Cleanse right forearm and apply dsg (dressing) as ordered."</p> <p>Resident # 285 had current orders that were initiated by the physician on 10/5/18 that included but was not limited to: "Cleanse right forearm with NS (normal saline) pat dry and apply xeroform and top dressing Q3D (every 3 days) and PRN (as needed) until healed.</p> <p>On 10/31/18 at 9:55 am, the surveyor observed LPN # 1 (licensed practical nurse) as she administered treatment to Resident # 285's right forearm. LPN # 1 applied clean gloves and cleaned the area to Resident # 285's right forearm with gauze and saline spray. LPN # 1 removed and discarded her gloves and donned new gloves without washing or sanitizing her hands. After LPN # 1 donned new gloves, she used a clean dry gauze to pat the area on Resident # 285's forearm until it was dry. LPN # 1 did not remove her gloves and retrieved a package of Xeroform from the dresser in Resident # 285's room. LPN # 1 opened the package of xeroform and applied the xeroform to the open area on Resident # 285's right forearm. LPN # 1 covered the area on Resident # 285's right forearm with a square shaped dressing. The surveyor observed that LPN # 1 did not remove her gloves and wash or sanitize her hands. LPN # 1 reached into the right pocket of her uniform shirt, removed a sharpie, initialed, and dated the</p>	F 880			

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F 880	Continued From page 206 dressing after it had been applied to the resident's arm. On 11/2/18 at 10:32 am, the director of nursing was made aware of the findings as stated above. No further information regarding this issue was provided to the survey team prior to the exit conference on 11/2/18.	F 880		