

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

PRINTED: 12/19/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2018
NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14938 HOLLY KNOLL LANE GAINESVILLE, VA 20155	
(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
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 12/11/18 through 12/13/18. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 12/11/18 through 12/13/18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow 3 complaints were investigated during the survey. The census in this 120 certified bed facility was 100 at the time of the survey. The survey sample consisted of 37 resident reviews.	F 000		
F 577 SS=C	Right to Survey Results/Advocate Agency Info CFR(s): 483.10(g)(10)(11) §483.10(g)(10) The resident has the right to- (i) Examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility; and (ii) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies. §483.10(g)(11) The facility must- (i) Post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility. (ii) Have reports with respect to any surveys, certifications, and complaint investigations made	F 577 F577		1. Facility relocated the survey results in a location that is readily accessible by the patients, families, and staff on 12/12/2018. Facility to request from the resident council to include on their next meeting's agenda the sharing of information on the location of its survey results for their review as needed. 2. The Facility to include on its 12/21/2018 Morning Standup

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Amanda Johnson TITLE: Administrator (X5) DATE: 12/21/18

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 577	<p>Continued From page 1</p> <p>respecting the facility during the 3 preceding years, and any plan of correction in effect with respect to the facility, available for any individual to review upon request; and</p> <p>(iii) Post notice of the availability of such reports in areas of the facility that are prominent and accessible to the public.</p> <p>(iv) The facility shall not make available identifying information about complainants or residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview and facility document review, it was determined that the facility staff failed to post the survey results in a place readily accessible to residents, resident representatives and family members.</p> <p>The facility staff failed to post the survey results in a place readily accessible. The results were located in a binder behind the receptionist's desk.</p> <p>The findings include:</p> <p>On 12/12/18 at 1:30 p.m., a group interview was conducted with five residents. When asked if they knew where the survey results were located in the facility, the residents stated they had never seen them.</p> <p>On 12/12/18 at 2:39 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 was asked where the survey results were located in the facility. LPN #2 stated, "I'm not sure but I can find out."</p> <p>On 12/12/18 at 3:05 p.m., an interview was conducted with CNA (certified nursing assistant) #1. CNA #1 was asked if she knew where the</p>	F 577	<p>Meeting's agenda information on the location of the survey results for patients and families to review as needed. The nursing management to include on the week of 12/24/2018 daily shift huddles, information on the location of the facility survey results for patients and families to review as needed.</p> <p>3. Re-education on survey results availability and accessibility will be completed as follows:</p> <p>a) Vice President of Operation/Designee to provide re-education to the Administrator on survey results accessibility by the residents, families, and responsible parties at all time.</p> <p>b) Administrator to provide in-service to the Director of Activities on survey results availability and accessibility by the patients as needed; so as to include it in the Resident Council Meetings' agendas intermittently to refresh the patients</p>		

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F 577	<p>Continued From page 2</p> <p>survey results were located in the facility. CNA #1 stated, "No. I do not."</p> <p>On 12/12/18 at 3:32 p.m., a sign regarding the survey results was observed on the wall in the lobby by the receptionist desk. The sign documented, "Survey Results Location And Staffing- Attention: Patients and Families- Please find the results of our most recent survey. If you have any questions or concerns please contact the Administrator. Thank you, (name of administrator)." Observation of the lobby failed to reveal the survey results. At this time, an interview was conducted with OSM (other staff member) #1 (the receptionist). OSM #1 was asked where the survey results were located. OSM #1 obtained a binder from behind the receptionist desk. The binder was not easily visible while standing at the receptionist desk and was not readily accessible to this surveyor without OSM #1 handing the binder over.</p> <p>On 12/12/18 at 4:55 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the nurse consultant) were made aware of the above concern.</p> <p>On 12/13/18 at 8:08 a.m., an interview was conducted ASM #1 and ASM #3. ASM #3 stated the facility is a new building and the facility staff is trying to locate things and make sure things are in the right place. ASM #3 stated he and ASM #1 spoke Monday, reviewed the location of the survey results and tried to determine an appropriate place for the results. ASM #1 stated she checks to ensure the survey results are present every week. ASM #1 stated the survey results were placed in the current location in an</p>	F 577	<p>c) Administrator to in-service the Head of Departments (HOD) on survey results availability and accessibility for the review of residents/families/responsible parties as needed. HOD will in turn convey the same message to their staff accordingly</p> <p>4. Administrator to audit the survey results' binder at the front desk area weekly x1 month and monthly x3 months to ensure that it is available and accessible by the residents at all times.</p> <p>5. Date of Compliance: 01/07/2019</p>		

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F 577	Continued From page 3 attempt to safeguard them. The facility policy titled, "Patient Care-Survey Summary" documented, "1. The (name of facility company) Survey Summary Report is completed by the Administrator as soon as a CMS (Centers for Medicare and Medicaid Services) Form 2567 is received and the Plan of Correction has been submitted to the Department of Health. 2. The completed, most recent (name of facility company) Survey Summary Report is to be placed in the Health and Rehabilitation Center's Survey Notebook and is to be made readily available in the lobby area for patients, families and staff to view..."	F 577			
F 656 SS=E	No further information was presented prior to exit. 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	F 656	F656 1. Resident #148 Nurse Practitioner reviewed his current antihypertensive regime and discontinued the clonidine order and Losartan BP parameter on 12/20/2018. Resident #148 responsible party notified accordingly. Resident #64 Nurse Practitioner reviewed and discontinued the blood pressure/heart rate parameters attached to his Carvedilol order on 12/20/2018. Responsible party for resident # 64 notified accordingly. Resident #147 expired on 12/16/2018. Resident #73 care plan was revised to clarify the application of prevalon boots on patient when in bed at extended		

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F 656	<p>Continued From page 4</p> <p>under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(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 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 observation, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to implement and/or develop the comprehensive care plan for four of 37 residents in the survey sample, Residents #148, #84, #147 and #73.</p> <p>1. The facility staff failed to implement Resident #148's comprehensive care plan for administering medications per the physician order.</p> <p>2. The facility staff failed to implement Resident #84's comprehensive care plan for administering medications per the physician order.</p>	F 656	<p>period of time at night. The prevalon boots was also scheduled for both 3-11 and 11-7 shifts to document on its application on Resident #73</p> <p>2. DON/ADON/Unit Managers/Designee will complete a 100% audit of all current patients on the following therapy: Antihypertensive orders to make sure all assigned parameters are appropriate and adhered to as ordered by the MD; Oxygen therapy orders to ensure that they are calibrated on the oxygen concentrator as ordered by the MD; and Prevalon boots to ensure that they are applied according to patients care plans and orders. Any anomaly noted will be made aware to the MD/RP and rectify accordingly.</p> <p>3. Re-education will be completed by the SDC as follows:</p> <p>a) Nurses on following MD orders for blood pressure medications with parameters</p> <p>b) Appropriate nursing process for managing blood pressure</p>		

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F 656	<p>Continued From page 5</p> <p>3. The facility staff failed to implement Resident #147's comprehensive care plan for the administration of oxygen per the physician order.</p> <p>4. The facility staff failed to apply Resident #73's Prevalon boots, per the resident's comprehensive care plan, while the resident was in bed on 12/11/18 and 12/12/18.</p> <p>The findings include:</p> <p>1. The facility staff failed to implement Resident #148's comprehensive care plan for administering medications per the physician order.</p> <p>Resident #148 was admitted to the facility on 12/4/18 with diagnoses that included but were not limited to: diabetes, dementia, obesity, high blood pressure and COPD [general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis. (1)]</p> <p>There was no completed MDS (minimum data set) assessment completed at the time of the survey. The "Admission Assessment" dated, 12/4/18, documented in part, the resident was alert and oriented to person, place, time of day and situation. His cognitive status was documented as being intact with confusion. The resident's motor control was documented as having an unsteady gait.</p> <p>The comprehensive care plan dated, 12/11/18, documented in part, "Focus: Altered cardiovascular status - (Resident #148) has acute systolic and diastolic CHF (congestive heart failure) [abnormal condition characterized by circulatory congestion and retention of salt and</p>	F 656	<p>medication orders with parameter</p> <p>c) Nurses on accurate calibration of oxygen dosage on oxygen concentrator as manufacturer's manual</p> <p>d) Nurses and CNAs on the management of prevalon boots order</p> <p>4. DON/ADON/Unit Managers to complete 10% audit of all current patients on antihypertensive medications, oxygen therapy, and prevalon boots weekly x1 month, monthly x2 months, and quarterly x1 quarter to ensure that BP parameters, oxygen therapy, and prevalon boots orders are followed by the nurses and/or CNAs accordingly. Any non-compliance noted will be rectified as appropriate and forwarded to the QAPI committee for further review and recommendation as needed.</p> <p>5. Date of compliance: 01/07/2019</p>		

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F 656	<p>Continued From page 6</p> <p>water by the kidneys. (3).” The “Interventions” documented in part, “Give cardiac medications as ordered.”</p> <p>The physician orders dated, 12/4/18, documented, “Losartan Potassium Tablet [used for treating high blood pressure. (2)] 100 mg (milligrams) give 2 tablet by mouth in the morning for HTN (high blood pressure). Hold for SBP (systolic blood pressure) (the top number) < (less than) 110 mmHg (millimeters of mercury).”</p> <p>The physician order dated, 12/5/18, documented, “Clonidine tablet [used to lower blood pressure alone or in combination of other blood pressure medications. (3)] mg (milligram); give 1 tablet by mouth every 12 hours as needed for hypertension (high blood pressure) please give if BP (blood pressure) > (greater than) 170 systolic (top number of blood pressure reading).”</p> <p>The December 2018 MAR (medication administration record) documented the above physicians order for Losartan. There was no documentation of a blood pressure reading being taken when this medication was administered. The medication was documented as having been given daily from 12/5/18 through 12/12/18.</p> <p>Review of the Blood pressure readings in the vital signs section of the electronic clinical record revealed documented blood pressure readings for three of eight of the times the medication was given. There were no corresponding blood pressures taken prior to the administration of the medication on five of the days.</p> <p>The MAR (medication administration record) for December 2018 documented the above order for</p>	F 656			

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F 656	<p>Continued From page 7</p> <p>Clonidine. The medication was not documented as having been given.</p> <p>The "Vital Signs" section of the chart documented the following blood pressures with dates and times: 12/6/18 at 5:35 a.m. - 176/88 12/7/18 at 1:29 p.m. - 178/82 12/10/18 at 10:43 a.m. - 171/87 12/10/18 at 2:00 p.m. 178/90</p> <p>An interview was conducted with LPN (licensed practical nurse) #3 on 12/12/18. LPN #3 was asked to review the order for Clonidine. Once read LPN #3 was shown the blood pressures documented in the vital signs section of the computer. When asked why the resident didn't get his ordered Clonidine, LPN #3 stated, "I was taking his blood pressure before I give him his Hydralazine. I wouldn't give him the other medication as it would drop his blood pressure too much." When asked if she was capable of making that clinical decision, LPN #3 stated, "That's part of my nursing judgement to do that." When asked where that decision-making process or the documentation of a recheck on the blood pressure was located, LPN #3 stated, "It's not there."</p> <p>An interview was conducted with RN #2, the assistant director of nursing, on 12/12/18 at 4:46 p.m. When asked the purpose of the care plan, RN #2 stated, "It's the bible of nursing. You are supposed to do what's on the care plan when caring for a resident." When asked if a physician order for a medication has parameters, what is the expectation of the nurse, RN #2 stated, "The nurse has to follow the parameters of the doctor."</p>	F 656			

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F 656	<p>Continued From page 8</p> <p>The facility policy, "Care Planning" documented in part, "A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care and the necessary health-related care and services to attain or maintain practical physical, mental and psychosocial well-being of the patient."</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient and is used to direct care."</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (3) This information was obtained from the following website: https://livertox.nih.gov/Losartan.htm (4) This information was obtained from the following website:</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=438dece9-95d4-40f2-84b4-9e2c6d88e760</p> <p>2. The facility staff failed to implement Resident #64's comprehensive care plan for administering medications per the physician order.</p> <p>Resident #64 was admitted to the facility on 10/22/18 with a recent readmission on 11/14/18, with diagnoses that included but were not limited to: high blood pressure, depression, heart failure, and peripheral vascular disease [any abnormal condition, including atherosclerosis, affecting blood vessels outside the heart. (1)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment, with an assessment reference date of 11/28/18, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring supervision to limited assistance for all of his activities of daily living.</p> <p>The comprehensive care plan dated, 10/22/18 and revised on 11/14/18, documented in part, "Focus: (Resident #64) has nursing care needs r/t (related to) right femur fracture, HTN (high blood pressure), depression. The "Interventions" documented in part, "Administer medication/treatments as ordered. VS (vital sign [blood pressure, pulse and temperature]) as ordered and PRN (as needed)."</p> <p>The physician order dated 11/28/18, documented, "Carvedilol Tablet (used to treat high blood</p>	F 656			

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F 656	<p>Continued From page 10</p> <p>pressure) (2) 6.25 MG (milligrams); give 1 tablet by mouth two times a day related to hypertension (high blood pressure). Please hold if SBP (systolic blood pressure) (top number) < (less than) 120 or HR (heart rate) < 60."</p> <p>The November and December 2018 MAR (medication administration record) documented the above order. The blood pressure was documented on 11/28/18 as 118/56. The medication was documented as given. The December MAR documented the following blood pressure readings and that the Carvedilol was administered to Resident #64:</p> <p>12/1/18 at 9:00 a.m. - 118/66 12/1/18 at 6:00 p.m. - 116/56 12/5/18 at 9:00 a.m. - 114/63 12/8/18 at 6:00 p.m. - 116/64.</p> <p>There was no documented heart rates for Resident #64 on the MAR.</p> <p>Review of the nurse's notes failed to evidence documentation of the medication being held on the above dates.</p> <p>An interview was conducted with LPN (licensed practical nurse) #3 and RN (registered nurse) #1, the unit manager. The above orders were reviewed with both nurses. The MAR for November and December were reviewed with both nurses. LPN #3 stated, "The medication should have been held on the days his blood pressure was below the ordered parameters." The comprehensive care plan was reviewed with both nurses. When asked if not holding the medication per the order was following the care plan, LPN #3 stated, "No, Ma'am."</p>	F 656			

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F 656	<p>Continued From page 11</p> <p>An interview was conducted with RN #2, the assistant director of nursing, on 12/12/18 at 4:46 p.m. When asked the purpose of the care plan, RN #2 stated, "It's the bible of nursing. You are supposed to do what's on the care plan when caring for a resident."</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 447.</p> <p>(2) This information was obtained from the following website: https://dailymed.nlm.nih.gov/dailymed/lookup/lookup.cfm?setid=d3992a3f-8347-476d-993e-16958c74efb3</p> <p>3. The facility staff failed to implement Resident #147's comprehensive care plan for the administration of oxygen per the physician order.</p> <p>Resident #147 was admitted to the facility on 11/16/18 with diagnoses that include but were not limited to: COPD [general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)], heart failure, high blood pressure, and atrial fibrillation [a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (2)].</p>	F 656			

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F 658	<p>Continued From page 12</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment, with an assessment reference date of 11/30/18, coded the resident as a "10" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for all of his activities of daily living except eating which he required supervision. In Section O - Special Treatment, Procedures and Programs, the resident was coded as using oxygen while a resident at the facility.</p> <p>The comprehensive care plan dated, 11/16/18, documented in part, "Focus: (Resident #147) has nursing care needs r/t (related to) Respiratory failure, COPD, AFIB (atrial fibrillation), HTN (high blood pressure) continuous oxygen therapy." The "interventions" documented in part, "Administer medications/ treatment as ordered."</p> <p>Observation was made of Resident #147 on 12/11/18 at approximately 11:45 a.m. The resident had his oxygen on via nasal cannula connected to an oxygen concentrator. The oxygen flow rate on the concentrator was set with the bottom of the ball on the 1.5 L/min (liters per minute) and the top of the ball just under the 2L/min.</p> <p>A second observation was made on 12/12/18 at 1:58 p.m. of Resident #147 in his bed with his oxygen on via nasal cannula connected to an oxygen concentrator. The oxygen flow rate on the concentrator was set with the bottom of the ball on the 1.5 L/min and the top of the ball just under the 2L/min. At 2:07 p.m., LPN (licensed practical</p>	F 658			

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F 656	<p>Continued From page 13</p> <p>nurse) #3 was asked to read the oxygen concentrator for the oxygen flow rate setting for Resident #147. LPN #3 stated that it was not set correctly and had to be moved. When asked how to read the flowmeter, LPN #3 stated the line of the prescribed rate should run through the middle of the ball.</p> <p>The physician order dated, 12/5/18, documented, "Oxygen therapy - Oxygen at 2 Liters per minute via nasal cannula."</p> <p>The December TAR (treatment administration record) documented the above order. It was signed off as being administered as ordered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #3 on 12/12/18 at 2:07 p.m. When asked if oxygen administration for a resident should be care planned, LPN #3 stated, "Yes." When asked if the care plan should be followed, LPN #3 stated, "Yes."</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. 4. The facility staff failed to apply Resident #73's Prevalon boots, per the resident's comprehensive care plan, while the resident was in bed on</p>	F 656			

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F 656	<p>Continued From page 14 12/11/18 and 12/12/18.</p> <p>Resident #73 was admitted to the facility on 11/18/18. Resident #73's diagnoses included but were not limited to heart failure, muscle weakness and pneumonia. Resident #73's most recent MDS (minimum data set), a 14 day Medicare assessment with an ARD (assessment reference date) of 12/2/18, coded the resident's cognition as severely impaired. Section G coded Resident #73 as requiring extensive assistance of one staff with bed mobility. Section M coded the resident as not having any pressure wounds.</p> <p>Resident #73's comprehensive care plan dated 11/18/18 documented, "Apply Prevalon Boots On heels while in bed prophylactic..."</p> <p>On 12/11/18 at 11:42 a.m., 12/11/18 at 1:51 p.m., 12/11/18 at 4:13 p.m. and 12/12/18 at 8:08 a.m. Resident #73 was observed lying in bed with no Prevalon boots on. The Prevalon boots were observed on the floor in the corner of the room.</p> <p>Nurses' notes dated 12/11/18 and 12/12/18 failed to document information regarding Resident #73's Prevalon boots.</p> <p>On 12/12/18 at 2:54 p.m., an interview was conducted with LPN (licensed practical nurse) #2 (the nurse caring for Resident #73). LPN #2 was asked how nurses ensure they follow residents' care plans. LPN #2 stated, "Well we have the MAR (medication administration record) and the TAR (treatment administration record) that's telling us what to do and what the patient needs." When asked if she reviews and/or references residents' care plans for interventions that are not listed on the MAR or TAR, LPN #2 stated, "Yes."</p>	F 656			

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F 656	<p>Continued From page 15</p> <p>When asked if Resident #73 is supposed to wear any special devices, LPN #2 stated, "No. The daughter brings in the boots to keep her feet up because she was afraid of pressure. It wasn't specified for her to wear the boots." At this time, LPN #2 was asked to review Resident #73's care plan. LPN #2 stated the resident did not have a physician's order for the boots but confirmed the boots were documented as an intervention on the resident's care plan.</p> <p>On 12/12/18 at 3:06 p.m., an interview was conducted with CNA (certified nursing assistant) #1 (the CNA caring for Resident #73). CNA #1 was asked if CNAs have access to residents' care plans. CNA #1 stated, "It's on our charting thing online. You just click on the plan." When asked if she reviews residents' care plans to ensure she is following them, CNA #1 stated, "Yeah." When asked if special boots are supposed to be put on Resident #73, CNA #1 stated, "She's supposed to wear them in the bed." CNA #1 was made aware of this surveyor's observations and asked if there was any reason the boots were not put on Resident #73 and stated, "Not that I know of."</p> <p>On 12/12/18 at 4:55 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the nurse consultant) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>(1) Prevalon boots are used to minimize pressure and protect the heels. This information was obtained from the website: https://mms.mckesson.com/product/535778/Sage</p>	F 656		

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F 656	Continued From page 16 -Products-7300	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 disciplines as determined by the resident's needs or as requested by the resident. (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined the facility staff failed to review and revise the comprehensive care plan for one of 37 residents in the survey sample, Resident	F 657	F657 1. Resident #95 care plan was revised to accurately reflect her current oxygen therapy order and also re-calibrated the oxygen rate at 2 L/min as ordered on the oxygen concentrator on 12/13/2018. 2. DON/ADON/Unit Managers/Designee to audit all current patients on oxygen therapy to ensure that their respective care plans for oxygen accurately reflect the MD order and that the oxygen rate are correctly calibrated on the oxygen concentrator. 3. SDC/Designee to in-service the nurses on the following: a) Calibrating oxygen rate on the oxygen concentration as per manufacturer's manual b) Care planning oxygen therapy 4. DON/ADON/Unit Managers to audit 10% of all current patients on		

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F 657	<p>Continued From page 17 #95.</p> <p>The facility staff failed to review and revise Resident #95's comprehensive care plan for a change in the residents oxygen flow rate prescribed by the physician.</p> <p>The findings include:</p> <p>Resident #95 was admitted to the facility on 11/21/18 with diagnoses that included but were not limited to: high blood pressure, diabetes, lung cancer, depression and COPD (general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)).</p> <p>The most recent MDS (minimum data set) assessment, a 14 day assessment, with an assessment reference date of 12/5/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living, except eating in which she required supervision. In Section O - Special Treatment, Procedures and Programs, the resident was coded as using oxygen while a resident at the facility.</p> <p>The comprehensive care plan dated, 7/20/18 (resident's last admission to the facility), and revised on 11/21/18, documented, "Focus: The resident has oxygen therapy r/t (related to) ineffective gas exchange. She can become SOB (short of breath) when laying (sic) flat." The "Interventions" documented in part, "Oxygen Settings: O2 (oxygen) via nasal prongs @ (at) 1 L</p>	F 657	<p>oxygen therapy weekly x4 weeks, monthly x2 months, and quarterly x1 quarter to ensure that oxygen therapy orders are accurately care planned and calibrated on the oxygen concentrator. Any anomaly noted will be rectified as appropriate and forwarded to the QAPI committee for further review and guidance.</p> <p>5. Date of compliance: 01/07/2019</p>		

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F 657	<p>Continued From page 18 (liter) continuous."</p> <p>The resident was observed on 12/11/18 at approximately 11:30 a.m. Resident #95 was in her room, in her bed. The resident had oxygen in use via a nasal cannula (a tube with two prongs that is placed in the nose) connected to an oxygen concentrator. The flow rate on the oxygen concentrator was set with the ball sitting on the line of the 1.5 L/Min the top of the ball was just under the 2L/min line.</p> <p>A second observation was made on 12/12/18 at 11:33 a.m. Resident #95 was again in bed, asleep, with the oxygen in use. The oxygen concentrator was set with the ball sitting on the line of the 1.5 L/Min the top of the ball was just under the 2L/min line. At 1:54 p.m., the oxygen flow rate was again observed and the flow rate continued to be set with the ball sitting on the 1.5 L/min line. LPN (licensed practical nurse) #4 was asked to read the oxygen concentrator. LPN #4 stated the oxygen was set correctly because the top of the ball was sitting at the prescribed rate of 2L/min.</p> <p>The physician order dated, 11/26/18, documented, "Oxygen Therapy - Oxygen at (2) liters per minute via nasal cannula every shift."</p> <p>The TAR (treatment administration record) for December 2018 documented the above order. It was signed off each day, every shift that the resident received her oxygen as ordered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 12/12/18 at 2:04 p.m. When asked if oxygen should be care planned, LPN #4 stated that yes, and it should be followed.</p>	F 657			

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F 657	<p>Continued From page 19</p> <p>An interview was conducted with RN (Registered nurse) #1, the unit manager, on 12/12/18 at 3:18 p.m. When asked who updates residents' care plans, RN #1 stated all of the nurses, the unit managers, MDS, the ADON (assistant director of nursing) and the DON (director of nursing)." The care plan for Resident #95 was reviewed with RN #1. When asked if the care plan was correct, RN #1 stated that no, it wasn't correct as the resident is now on 2L/min of oxygen.</p> <p>The facility policy, "Care Planning" documented in part, "Computerized care plans will be updated by each discipline on an ongoing basis as changes in the patient occur, and reviewed quarterly with the quarterly assessment."</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient and is used to direct care...expect to review, revise and update the care plan regularly, when there are changes in condition, treatments, and with new orders..."</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p> <p>No further information was provided prior to exit.</p>	F 657			

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F 657	Continued From page 20	F 657			
F 684 SS=D	<p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure that one of 38 residents in the survey sample, received treatment and care in accordance with professional standards of practice, and the comprehensive person-centered care plan for Resident #148</p> <p>The facility staff failed to administer a medication for blood pressure when the resident's blood pressure was in the parameters for administration for Resident #148.</p> <p>The findings include: Resident #148 was admitted to the facility on 12/4/18 with diagnoses that included but were not limited to: diabetes, dementia, obesity, high blood pressure and COPD [general term for chronic,</p>	F 684	F684	<ol style="list-style-type: none"> 1. Resident #148 Nurse Practitioner reviewed current antihypertensive medications and discontinued the clonidine order and the blood pressure parameter attached to the Losartan order. Nurse Practitioner determined patient BP being control on current routine antihypertensive medication regime. 2. DON/ADON/Unit Managers to audit current patients on Losartan and Clonidine to ensure that all ordered blood pressure parameters are implemented accordingly by the charge nurses. Any findings not in compliance will be rectified as appropriate and in accordance with the affected patient's MD instruction. 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2018
NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14936 HOLLY KNOLL LANE GAINESVILLE, VA 20156		
(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 684	<p>Continued From page 21</p> <p>nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis. (1)]</p> <p>There was no completed MDS (minimum data set) assessment completed at the time of the survey. The "Admission Assessment" dated, 12/4/18, documented in part, the resident was alert and oriented to person, place, time of day and situation. His cognitive status was documented as being intact with confusion. The resident's motor control was documented as having an unsteady gait.</p> <p>The comprehensive care plan dated, 12/11/18, documented in part, "Focus: Altered cardiovascular status - (Resident #146) has acute systolic and diastolic CHF (congestive heart failure) [abnormal condition characterized by circulatory congestion and retention of salt and water by the kidneys. (3)]." The "Interventions" documented in part, "Give cardiac medications as ordered."</p> <p>The physician orders dated, 12/4/18, documented, "Losartan Potassium Tablet [used for treating high blood pressure. (4)] 100 mg (milligrams) give 2 tablet by mouth in the morning for HTN (high blood pressure). Hold for SBP (systolic blood pressure) (the top number) < (less than) 110 mmHg (millimeters of mercury)."</p> <p>The physician order dated, 12/5/18, documented, "Clonidine tablet [used to lower blood pressure alone or in combination of other blood pressure medications. (2)] mg (milligram); give 1 tablet by mouth every 12 hours as needed for hypertension (high blood pressure) please give if BP (blood pressure) > (greater than) 170 systolic (top</p>	F 684	<p>3. SDC will in-service the nurses on the following:</p> <p>a) Appropriate nursing process for managing blood pressure medication orders with parameter</p> <p>4. DON/ADON/Unit Managers to audit 10% of all current patients on Losartan and Clonidine with parameters weekly x4 weeks, monthly x2 months, and quarterly x1 quarter to ensure that they are administered as ordered by the MD. Any non-compliance finding will be rectified as appropriate and forwarded to the QAPI committee for further review and recommendation</p> <p>5. Date of compliance: 01/07/2019</p>		

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NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14936 HOLLY KNOLL LANE GAINESVILLE, VA 20155		
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F 684	<p>Continued From page 22 number of blood pressure reading)."</p> <p>The MAR (medication administration record) for December 2018 documented the above order. The medication was not documented as having been given.</p> <p>The "Vital Signs" section of the chart documented the following blood pressures with dates and times: 12/6/18 at 5:35 a.m. - 176/88 12/7/18 at 1:29 p.m. - 178/82 12/10/18 at 10:43 a.m. - 171/87 12/10/18 at 2:00 p.m. 178/90</p> <p>The nurse's notes dated, 12/6/18 at 3:40 a.m. documented in part, "Pt (patient) is alert and oriented and responsive observed in bed with eyes close (sic) B/P (blood pressure) 183/83 pt received Hydralazine [used to treat high blood pressure (4)] scheduled for high BP, remains in bed."</p> <p>An interview was conducted with LPN (licensed practical nurse) #3 on 12/12/18. LPN #3 was asked to review the order for Clonidine. Once read LPN #3 was shown the blood pressures documented in the vital signs section of the computer. When asked why the resident didn't get his ordered Clonidine, LPN #3 stated, "I was taking his blood pressure before I give him his Hydralazine. I wouldn't give him the other medication as it would drop his blood pressure too much." When asked if she was capable of making that clinical decision, LPN #3 stated, "That's part of my nursing judgement to do that." When asked where that decision-making process or the documentation of a recheck on the blood pressure was located, LPN #3 stated, "It's not</p>	F 684			

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F 684	<p>Continued From page 23 there."</p> <p>An interview was conducted with RN (registered nurse) #2 on 12/12/18 at 4:45 p.m. When asked if a physician order for a medication has parameters, what is the expectation of the nurse, RN #2 stated, "The nurse has to follow the parameters of the doctor."</p> <p>The policy received from the facility "Medication Administration" did not address the nurse administering medications, only the contract needed by the facility to provide medications.</p> <p>"Each time you administer a medication, be sure that you give the right client the right medication, in the right dose, by the right route, and the right time." Fundamentals of Nursing, 5th edition, Lippincott, Williams & Wilkins, page 564.</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124.</p> <p>(2) This information was obtained from the following website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=438dece9-95d4-40f2-84b4-9e2c6d88e760</p> <p>(3) Barron's Dictionary of Medical Terms for the</p>	F 684			

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F 684	Continued From page 24 Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (4) This information was obtained from the following website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e7bfec3d-5222-4a26-8f99-6c2a28e14aa6	F 684			
F 695 SS=D	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, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to administer oxygen per the physician order for two of 37 residents in the survey sample, Residents #147 and #95. 1. The facility staff failed to administer Resident #147's oxygen per the physician order. 2. The facility staff failed to administer Resident #95's oxygen per the physician order. The findings include: 1. The facility staff failed to administer Resident	F 695	F695 1. Resident #147 expired on 12/16/2018. Resident #95 oxygen rate was re-calibrated on the oxygen concentrator on 12/13/2018 as per her MD order 2. DON/ADON/Unit Managers/Designee to audit all current patients on oxygen therapy to ensure that their respective oxygen rates are accurately calibrated on the oxygen concentrator as per manufacturer's manual and MD order. Any noted anomaly will be rectified as per the		

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F 695	<p>Continued From page 25 #147's oxygen per the physician order.</p> <p>Resident #147 was admitted to the facility on 11/16/18 with diagnoses that include but were not limited to: COPD [general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)], heart failure, high blood pressure, and atrial fibrillation [a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria (2)].</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment, with an assessment reference date of 11/30/18, coded the resident as a "10" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance of one staff member for all of his activities of daily living except eating which he required supervision. In Section O - Special Treatment, Procedures and Programs, the resident was coded as using oxygen while a resident at the facility.</p> <p>Observation was made of Resident #147 on 12/11/18 at approximately 11:45 a.m. The resident had his oxygen on via nasal cannula connected to an oxygen concentrator. The oxygen flow rate on the concentrator was set with the bottom of the ball on the 1.5 L/min (liters per minute) and the top of the ball just under the 2L/min.</p> <p>A second observation was made on 12/12/18 at 1:58 p.m. of Resident #147 in his bed with his</p>	F 695	<p>individual patient's oxygen therapy order.</p> <ol style="list-style-type: none"> 3. The SDC will completed an in-service with the nurses on the following: <ol style="list-style-type: none"> a) Calibrating oxygen rate on the oxygen concentration as per manufacturer's manual 4. DON/ADON/Unit Managers to audit 10% of all current patients on oxygen therapy weekly x4 weeks, monthly x2 months, and quarterly x1 quarter to ensure that oxygen therapy orders are accurately calibrated on the oxygen concentrator. Any anomaly noted will be rectified as appropriate and forwarded to the QAPI committee for further review and guidance. 5. Date of compliance: 01/07/2019 		

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F 695	<p>Continued From page 26</p> <p>oxygen on via nasal cannula connected to an oxygen concentrator. The oxygen flow rate on the concentrator was set with the bottom of the ball on the 1.5 L/min and the top of the ball just under the 2L/min. At 2:07 p.m., LPN (licensed practical nurse) #3 was asked to read the oxygen concentrator for the oxygen flow rate setting for Resident #147. LPN #3 stated that it was not set correctly and had to be moved. When asked how to read the flowmeter, LPN #3 stated the line of the prescribed rate should run through the middle of the ball.</p> <p>The physician order dated, 12/5/18, documented, "Oxygen therapy - Oxygen at 2 Liters per minute via nasal cannula."</p> <p>The December TAR (treatment administration record) documented the above order. It was signed off as being administered as ordered.</p> <p>The comprehensive care plan dated, 11/16/18, documented in part, "Focus: (Resident #147) has nursing care needs r/t (related to) Respiratory failure, COPD, AFIB (atrial fibrillation), HTN (high blood pressure) continuous oxygen therapy." The "Interventions" documented in part, "Administer medications/ treatment as ordered."</p> <p>An interview was conducted with RN (registered nurse) # 2, the assistant director of nursing, on 12/12/18 at 4:46 p.m. When asked how to set the flowmeter of the oxygen concentrator for the physician prescribed rate, RN #2 stated the ball should sit on the line of the prescribed rate.</p> <p>The facility policy, "Respiratory Care" documented in part, "Set appropriate flow rate and place oxygen delivery device on the patient."</p>	F 695			

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F 695	<p>Continued From page 27</p> <p>The manufacturer's instruction manual documented in part, "Adjust the flow to the prescribed setting by turning the knob on the top of the flow meter until the ball is centered on the line marking the specific flow rate."</p> <p>According to Fundamentals of Nursing, Perry and Potter, 6th edition, page 1122, Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity. As with any drug, the dosage or concentration of oxygen should be continuously monitored. The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m. ASM #2 was asked how to read an oxygen concentrator flow meter, ASM #2 stated the line of the prescribed rate should run through the center of the ball.</p> <p>No further information was obtained prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.</p> <p>2. The facility staff failed to administer Resident</p>	F 695		

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F 695	<p>Continued From page 28</p> <p>#95's oxygen per the physician order.</p> <p>Resident #95 was admitted to the facility on 11/21/18 with diagnoses that included but were not limited to: high blood pressure, diabetes, lung cancer, depression and COPD [general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis (1)].</p> <p>The most recent MDS (minimum data set) assessment, a 14 day assessment, with an assessment reference date of 12/5/18, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living, except eating in which she required supervision. In Section O - Special Treatment, Procedures and Programs, the resident was coded as using oxygen while a resident at the facility.</p> <p>The resident was observed on 12/11/18 at approximately 11:30 a.m. Resident #95 was in her room, in her bed. The resident had oxygen in use via a nasal cannula (a tube with two prongs that is placed in the nose) connected to an oxygen concentrator. The flow rate on the oxygen concentrator was set with the ball sitting on the line of the 1.5 L/Min the top of the ball was just under the 2L/min line.</p> <p>A second observation was made on 12/12/18 at 11:33 a.m. Resident #95 was again in bed, asleep, with the oxygen in use. The oxygen concentrator was set with the ball sitting on the line of the 1.5 L/Min the top of the ball was just</p>	F 695			

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F 695	<p>Continued From page 29</p> <p>under the 2L/min line. At 1:54 p.m., the oxygen flow rate was again observed and the flow rate continued to be set with the ball sitting on the 1.5 L/min line. LPN (licensed practical nurse) #4 was asked to read the oxygen concentrator. LPN #4 stated the oxygen was set correctly because the top of the ball was sitting at the prescribed rate of 2L/min.</p> <p>The physician order dated, 11/26/18, documented, "Oxygen Therapy - Oxygen at (2) liters per minute via nasal cannula every shift."</p> <p>The TAR (treatment administration record) for December 2018 documented the above order. It was signed off each day, every shift that the resident received her oxygen as ordered.</p> <p>The comprehensive care plan dated, 7/20/18 (resident's last admission to the facility), and revised on 11/21/18, documented, "Focus: The resident has oxygen therapy r/t (related to) ineffective gas exchange. She can become SOB (short of breath) when laying (sic) flat." The "Interventions" documented in part, "Oxygen Settings: O2 (oxygen) via nasal prongs @ (at) 1 L (liter) continuous."</p> <p>An interview was conducted with RN (registered nurse) # 2, the assistant director of nursing, on 12/12/18 at 4:48 p.m. When asked how to set the flow meter of the oxygen concentrator for the physician prescribed rate, RN #2 stated the ball should sit on the line of the prescribed rate.</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p>	F 695			

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F 695	Continued From page 30 ASM #2 was asked how to read an oxygen concentrator flow meter, ASM #2 stated the line of the prescribed rate should run through the center of the ball. No further information was obtained prior to exit.	F 695			
F 758 SS=D	(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §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. §483.45(c)(2) This review must include a review of the resident's medical chart. §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,	F 756	F756 1. Resident #23 Nurse Practitioner documented on 12/13/2018 the rationale for declining pharmacy recommendation based on the 10/11/2018 patient medication regime review by the Pharmacy Consultant. 2. All Pharmacy Consultant medication review regime for the months of October, November, and December 2018 for current patients will be audited to ensure that physician/nurse practitioner documented rationale for declining		

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2018
NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14936 HOLLY KNOLL LANE GAINESVILLE, VA 20155		
(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 756	<p>Continued From page 31</p> <p>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 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 interview, clinical record review, and facility documentation review, the facility staff failed to ensure medication regimen reviews were properly documented for one resident, Resident #23, in a survey sample of 37 Residents.</p> <p>The Physician failed to document the rationale for not following the Pharmacy recommendation in the Medication Regimen Review for Resident #23.</p> <p>Resident #23, a 71-year-old woman, was admitted on 4/12/2018. Their diagnoses included anemia (low red blood cell levels), hypertension (high blood pressure), hyperlipidemia (elevated levels of fat in the blood), Alzheimer's disease, anxiety, and depression. The most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 10/25/2018. The Brief Interview for Mental Status (BIMS) coded Resident #23 as a 15, indicating no impairment. Resident #23 was coded as requiring extensive assistance of two or more persons for transfers, bed mobility, ambulation, dressing, toileting, and</p>	F 756	<p>the Pharmacist Consultant recommendation(s). Any noted non-documented rationale for declining a recommendation will be rectified as appropriated by the affected physician/nurse practitioner.</p> <ol style="list-style-type: none"> 3. DON will complete an in-service with physicians and nurse practitioners on the documentation expectation for pharmacy regime review recommendations 4. DON/ADON will audit 10% of all pharmacy regimen review weekly x2 months and monthly x1 quarter to ensure that physicians/nurse practitioners are documenting the rational for declining a Pharmacy Consultant recommendation. Any non-compliance noted will be rectified by the affected physician/nurse practitioner as appropriate and forwarded to the QAPI committee for recommendation as needed. 5. Date of compliance: 01/07/2019 		

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F 756	<p>Continued From page 32</p> <p>hygiene; was coded as requiring total assistance of two or more for bathing, and requiring supervision and setup assistance for eating.</p> <p>A review of Resident #23's medical record was conducted on 12/11/2018. Among the items reviewed were the Medication Regimen Reviews from the facility's partner pharmacy. It was found that, if no recommendations were made, the Pharmacist conducting the reviews would document that fact in a progress note. If a recommendation were made however, the Pharmacist would document this in the progress note as well as submitting a separate document entitled "Consultation Report" that included the following sections:</p> <p>Comment Recommendation Rationale for Recommendation References Physician's Response</p> <p>Under Physician's Response, the following choices are indicated with check boxes:</p> <p>"I accept the recommendation(s) above, please implement as written" "I accept the recommendation(s) above WITH THE FOLLOWING MODIFICATION(S): Modifications:" "I decline the recommendations above due to the reasons below, Rationale:"</p> <p>It was noted that the Pharmacist submitted a Medication Regimen Review on 10/11/2018 with the following recommendation:</p>	F 758			

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F 758	<p>Continued From page 33</p> <p>"Comment: [Resident #23] receives a Statin (1), Atorvastatin 20mg (milligram) QHS (at bedtime), and is reporting muscle weakness, aches and/or discomfort. Recommendation: Please consider checking a creatine kinase (CK) concentration at this time to evaluate for potential statin-related myositis (muscle inflammation).</p> <p>Rationale for Recommendation: Nonspecific muscle aches and/or joint pains, which may or may not be related to statin therapy, have been reported in about 5% of individuals receiving statins. Individuals at increased risk for myopathy (muscle damage), which may or may not progress to myositis and/or rhabdomyolysis (2), include those that are of advanced age (particularly women and those aged >80), have a small body frame and frailty, have multisystem disease, use interacting medication(s), or have recently undergone surgery."</p> <p>Under "Physician's Response", the box is checked next to "I decline the recommendation(s) above due to the reasons below. Rationale:"</p> <p>Nothing was written in the space provided for Rationale.</p> <p>Surveyors found no accompanying Progress Note from the Physician addressing the Pharmacy recommendation.</p> <p>At the end of day meeting on 12/12/2018 around 5:00 p.m., the Administrator, ASM (administrative staff member) #1 and ASM #2, the Director of Nursing (DON) were informed of the findings and</p>	F 758			

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F 756	<p>Continued From page 34</p> <p>were asked to locate any documentation from the Physician that may have included a rationale for declining the above referenced Pharmacist recommendation. On the morning of 12/13/2018, the Director of Nursing reported they were unable to locate any supporting documentation.</p> <p>On the morning of 12/13/2018, approximately 11:00 a.m, an interview was conducted with the Director of Nursing regarding the process and expectations for Medication Regimen Reviews. The DON stated that within about 24 hours of the Review, the Pharmacist submits any recommendations to her (the DON), who prints them and distributes the recommendations to the relevant provider, Physician, Nurse Practitioner, etc., to review. The DON will then follow-up with the Provider to find out what the Provider decided with regard to the recommendation. For providers outside the facility, such as Psychiatrists, Dentists, etc., the DON faxes the recommendations to them, and receives a fax back with their response. The DON ensures any orders from the provider stemming from the Medication Regimen Review are entered into the Electronic Healthcare Record.</p> <p>When asked what her expectation is of the Provider for documentation for a Medication Regimen Review, ASM #2, stated that she expects them to review the recommendations thoroughly, and if they choose to decline the recommendation, that is fine. ASM #2 the DON stated, "They haven't been consistent in documenting their rationale". The DON explained, "A lot of the rationale occurs as discussions among the care team during our meetings."</p> <p>The facility policy entitled "8.1 Medication</p>	F 756			

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F 756	<p>Continued From page 35</p> <p>Regimen Review" states the following, under Procedure:</p> <p>"7.2.1 If the attending Physician has decided to make no change in the medication, the attending Physician should document the rationale in the residents' medical record."</p> <p>ASM #1, the Administrator and ASM #1, the Director of Nursing were informed of the finding at the end of day meeting on 12/13/2018, at 1:45 p.m., no further documentation was provided.</p> <p>1. "Statins are drugs used to lower cholesterol. Your body needs some cholesterol to work properly. But if you have too much in your blood, it can stick to the walls of your arteries and narrow or even block them. If diet and exercise don't reduce your cholesterol levels, you may need to take cholesterol medicine. Often, this medicine is a statin. Statins interfere with the production of cholesterol in your liver. They lower LDL (bad) cholesterol levels and raise HDL (good) cholesterol levels. This can slow the formation of plaques in your arteries. Statins are relatively safe for most people. But they are not recommended for pregnant patients or those with active or chronic liver disease. They can also cause serious muscle problems. (https://medlineplus.gov/statins.html)</p> <p>2. Rhabdomyolysis is the breakdown of muscle tissue that leads to the release of muscle fiber contents into the blood. These substances are harmful to the kidney and often cause kidney damage. (https://medlineplus.gov/ency/article/000473.htm)</p>	F 756			

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F 757 F 757 SS=D	Continued From page 36 Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure two of 37 residents in the survey sample were free of unnecessary medications, Residents #148 and #64. 1. The facility staff administered blood pressure medication to Resident #148 without obtaining the residents blood pressure prior to administering the medication as ordered by the physician.	F 757 F 757	F757 1. Resident #148 Nurse Practitioner reviewed his current antihypertensive regime and discontinued the clonidine order and Losartan BP parameter on 12/20/2018. Resident #148 responsible party notified accordingly. Resident #64 Nurse Practitioner reviewed and discontinued the blood pressure/heart rate parameters attached to his Carvedilol order on 12/20/2018. Responsible party for resident # 64 notified accordingly. Affected nurse that did not document blood pressure reading prior to the administration of an antihypertensive medication with parameter will receive an in-service on the nursing process for blood pressure medication management 2. DON/ADON/Unit Managers/Designee will complete a 100% audit of all current patients on		

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F 757	<p>Continued From page 37</p> <p>2. The facility staff failed to hold the blood pressure medication, per the physician orders, when it was outside the prescribed parameters for Resident #84.</p> <p>The findings include:</p> <p>1. The facility staff administered blood pressure medication to Resident #148 without obtaining the residents blood pressure prior to administering the medication as ordered by the physician.</p> <p>Resident #148 was admitted to the facility on 12/4/18 with diagnoses that included but were not limited to: diabetes, dementia, obesity, high blood pressure and COPD [general term for chronic, nonreversible lung disease that is usually a combination of emphysema and chronic bronchitis. (1)]</p> <p>There was no completed MDS (minimum data set) assessment completed at the time of the survey. The "Admission Assessment" dated, 12/4/18, documented in part, the resident was alert and oriented to person, place, time of day and situation. His cognitive status was documented as being intact with confusion. The resident's motor control was documented as having an unsteady gait.</p> <p>The physician orders dated, 12/4/18, documented, "Losartan Potassium Tablet [used for treating high blood pressure. (2)] 100 mg (milligrams) give 2 tablet by mouth in the morning for HTN (high blood pressure). Hold for SBP (systolic blood pressure) (the top number) < (less than) 110 mmHg (millimeters of mercury)."</p> <p>The December 2018 MAR (medication</p>	F 757	<p>antihypertensive orders to make sure all assigned parameters are appropriate and adhered to as ordered by the MD. Any anomaly noted will be made aware to the MD/RP and rectify accordingly.</p> <p>3. Re-education with the nurses will be completed by the SDC as follows:</p> <p>a) Management of MD orders by nurses for blood pressure medications with parameters</p> <p>b) Blood pressure reading documentation for patient on antihypertensive with parameter</p> <p>4. DON/ADON/Unit Managers to complete 10% audit of all current patients on antihypertensive medications weekly x1 month, monthly x2 months, and quarterly x1 quarter to ensure that BP parameters are followed by the nurses based on documented readings obtained. Any non-compliance noted will be rectified as appropriate and forwarded to the QAPI committee for further review and recommendation as needed.</p> <p>5. Date of compliance: 01/07/2019</p>	
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F 757	<p>Continued From page 38</p> <p>administration record) documented the above order. There was no documentation of a blood pressure reading taken when this medication was administered to Resident #148. The medication was documented as having been given daily from 12/5/18 through 12/12/18.</p> <p>Review of the Blood pressure readings in the vital signs section of the electronic clinical record revealed documented blood pressure readings for three of eight of the times the medication was given. There were no corresponding blood pressures taken prior to the administration of the medication on five of the days.</p> <p>The comprehensive care plan dated, 12/11/18, documented in part, "Focus: Altered cardiovascular status - (Resident #148) has acute systolic and diastolic CHF (congestive heart failure) [abnormal condition characterized by circulatory congestion and retention of salt and water by the kidneys. (3)]." The "Interventions" documented in part, "Give cardiac medications as ordered."</p> <p>An interview was conducted with LPN (licensed practical nurse) #3 on 12/12/18 at 2:59 p.m., regarding where vital signs are documented for medications with orders to obtain the vital signs prior to administration. LPN #3 stated, "It's with the medication on the MAR." The above MAR was shown to LPN #3. LPN #3 stated, "That wasn't put in the computer correctly." When asked to show this surveyor evidence Resident #148's blood pressures were obtained prior to giving this medication, LPN #3 did not respond. RN (registered nurse) #1, the unit manager was standing by and stated, "We always take the blood pressure prior to the administration of</p>	F 757			

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F 757	<p>Continued From page 39</p> <p>medication." When asked where the blood pressures readings were documented, RN #1 stated, "Let me look in the nurse's notes."</p> <p>Review of the nurse's notes did not reveal documentation of Resident #148's blood pressures being taken prior to the administration of the above medication.</p> <p>An interview was conducted with RN (registered nurse) #2, the assistant director of nursing, on 12/12/18 at 4:46 p.m. regarding the expectation of the nurse, when physician order for a medication has parameters. RN #2 stated, "The nurse has to follow the parameters of the doctor."</p> <p>The policy provided by the facility related to medication administration did not address nurses giving medications with parameters.</p> <p>According to "Fundamentals of Nursing", Seventh Edition, 2009; by Perry and Potter Chapter 35 "Medication Administration" Chapter 35, pg. 707 read: "Professional standards, such as the American Nurses Association's Nursing: Scope and Standards of Nursing Practice (2004) apply to the activity of medication administration. To prevent medication errors, follow the six rights medication administration consistently every time you administer medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to the six rights of medication administration. The six rights of medication administration include the following: 1. The right medication, 2. The right dose, 3. The right client, 4. The right route, 5. The right time, and 6. The right documentation." Under the subheading Right Route (on pg. 708)".</p>	F 757			

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F 757	<p>Continued From page 40</p> <p>The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124 (2) This information was obtained from the following website: https://livertox.nih.gov/Losartan.htm (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138.</p> <p>2. The facility staff failed to hold the blood pressure medication, per the physician orders, when it was outside the prescribed parameters for Resident #64.</p> <p>Resident #64 was admitted to the facility on 10/22/18 with a recent readmission on 11/14/18, with diagnoses that included but were not limited to: high blood pressure, depression, heart failure, and peripheral vascular disease (any abnormal condition, including atherosclerosis, affecting blood vessels outside the heart. (1)).</p> <p>The most recent MDS (minimum data set) assessment, a Medicare 14 day assessment, with an assessment reference date of 11/28/18, coded the resident as scoring a "14" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring supervision to limited assistance for all</p>	F 757			

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F 757	<p>Continued From page 41 of his activities of daily living.</p> <p>The physician order dated 11/28/18, documented, "Carvedilol Tablet (used to treat high blood pressure) (2) 6.25 MG (milligrams); give 1 tablet by mouth two times a day related to hypertension (high blood pressure). Please hold if SBP (systolic blood pressure) (top number) < (less than) 120 or HR (heart rate) < 60."</p> <p>The November and December 2018 MAR (medication administration record) documented the above order. The blood pressure was documented on 11/28/18 as 118/56. The medication was documented as given. The December MAR documented the following blood pressure readings and that the Carvedilol was administered to Resident #64: 12/1/18 at 9:00 a.m. - 118/56 12/1/18 at 8:00 p.m. - 118/56 12/5/18 at 9:00 a.m. - 114/83 12/8/18 at 8:00 p.m. - 118/84.</p> <p>There was no documented heart rates for Resident #64 on the MAR.</p> <p>The comprehensive care plan dated, 10/22/18 and revised on 11/14/18, documented in part, "Focus: (Resident #64) has nursing care needs r/t (related to) right femur fracture, HTN (high blood pressure), depression. The "Interventions" documented in part, "Administer medication/treatments as ordered. VS (vital sign (blood pressure, pulse and temperature)) as ordered and PRN (as needed)."</p> <p>Review of the nurse's notes failed to evidence documentation of the medication being held on the above dates.</p>	F 757			

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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 757	Continued From page 42 An interview was conducted with LPN (licensed practical nurse) #3 and RN (registered nurse) #1, the unit manager. The above orders were reviewed with both nurses. The MAR for November and December were reviewed with both nurses. LPN #3 stated, "The medication should have been held on the days his blood pressure was below the ordered parameters." An interview was conducted with RN (registered nurse) #2, the assistant director of nursing, on 12/12/18 at 4:46 p.m. regarding the process staff follow when a physician's order for a medication has parameters, RN #2 stated, "The nurse has to follow the parameters of the doctor." The administrator, ASM (administrative staff member) #1, ASM #2, the director of nursing, and ASM #3 the nurse consultant, were made aware of the above concern on 12/12/18 at 5:20 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 447. (2) This information was obtained from the following website: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=d3992a3f-8347-476d-993e-16956c74efb3	F 757			
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must -	F 812	F812 1. The raw and soft hamburger were relocated to the bottom of the freezer		

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F 812	<p>Continued From page 43</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities.</p> <p>(i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations;</p> <p>(ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices;</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility document review, it was determined that the facility staff failed to store and prepare food in a safe and sanitary manner.</p> <p>1. The facility staff failed to safely store a package of raw and soft hamburger in the freezer. The hamburger was stored on the second wire rack shelf and a box of sweet potato pies was located directly underneath the hamburger.</p> <p>2. The facility staff failed to ensure cold foods were held at a safe temperature on 12/11/18 during the lunch service on the 400 unit.</p> <p>The findings include:</p> <p>1. The facility staff failed to safely store a package of raw and soft hamburger in the freezer. The hamburger was stored on the</p>	F 812	<p>on 12/11/2018 underneath the rest of the other items in the freezer, including that of the sweet potato pies. The kitchen staff affected was in-serviced on 12/11/2018 on the protocol for cold foods safe temperature management. All subsequent cold foods were held at appropriate temperature</p> <p>2. Kitchen Manager/Dietician to audit the serving temperature of all current cold foods for patients to ensure that they are held at appropriate temperature. An audit of the freezer and refrigerator will be completed to ensure that all raw and soft hamburger are stored underneath all the other items. Any non-compliance noted will be rectified accordingly and as appropriate.</p> <p>3. Corporate Dietitian/Kitchen Manager will complete an in-service on the following topics:</p> <p>a) Raw and soft hamburger/meat storage in the freezer/refrigerator</p>		

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NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1493E HOLLY KNOLL LANE GAINESVILLE, VA 20185		
(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 812	<p>Continued From page 44</p> <p>second wire rack shelf and a box of sweet potato pies was located directly underneath the hamburger.</p> <p>On 12/11/18 at approximately 11:05 a.m., observation of the kitchen walk-in freezer was conducted with OSM (other staff member) #2 (the dietary manager). A raw, soft and squishy package of hamburger was observed on the second wire rack shelf in the freezer. There were gaps in the wire rack shelf and a box of sweet potato pies was located on the lower shelf, directly underneath the hamburger. The contents in the hamburger package could have potentially leaked onto the box of sweet potato pies if the integrity of the package was damaged. OSM #2 stated the package of hamburger had just been placed in the freezer and the hamburger was probably still soft.</p> <p>On 12/12/18 at 4:13 p.m., an interview was conducted with OSM #2. OSM #2 was asked the facility process for storage of unfrozen hamburger in the freezer. OSM #2 stated, "It should be dated. It comes in raw then I store it in the freezer and try to use it up within five to seven days after that." When asked what location the hamburger should be stored in the freezer, OSM #2 stated, "On the lower rack or top rack." At this time, OSM #2 was made aware of this surveyor's concern.</p> <p>On 12/12/18 at 4:55 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Food Storage-Refrigerated and Frozen Food" documented,</p>	F 812	<p>b) Maintaining cold foods at a safe temperature</p> <p>4. Corporate Dietitian/Kitchen Manager will audit a sample of all cold foods to ensure that cold foods are at safe temperature and the freezer/refrigerator to assure that raw/soft hamburger are stored underneath all other items in them weekly x4 weeks, monthly x2 months, and quarterly x1 quarter. Any noted non-compliance will be rectified accordingly.</p> <p>5. Date of compliance: 01/07/2019</p>		

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NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14938 HOLLY KNOLL LANE GAINESVILLE, VA 20155		
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F 812	Continued From page 47 No further information was presented prior to exit.	F 812			

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NAME OF PROVIDER OR SUPPLIER LAKE MANASSAS HEALTH & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14935 HOLLY KNOLL LANE GAINESVILLE, VA 20165		
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F 812	<p>Continued From page 46</p> <p>removed from the freezer. OSM #3 obtained the temperature of the tuna salad and it was 40.6 degrees (Fahrenheit). The temperature of the pasta salad, pureed tuna salad and pureed pasta salad was not obtained. During meal service, OSM #3 was observed serving pasta salad on five different plates. There was no observation of the pureed tuna salad or pureed pasta salad being served.</p> <p>On 12/12/18 at 4:13 p.m., an interview was conducted with OSM #2. OSM #2 was asked the facility process for ensuring cold foods are held at safe temperatures. OSM #2 stated, "We ice it down and if it's not where it needs to be (at a safe temperature) then we freeze it until it is the correct temperature." When asked what should be done after placing the cold foods in the freezer, OSM #2 stated, "Temp it again and document it on the log itself." At this time, OSM #2 was made aware of this surveyor's observations on 12/11/18.</p> <p>On 12/12/18 at 4:55 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the nurse consultant) were made aware of the above concern.</p> <p>The facility policy titled, "Food Production- Safe Food Temperatures" documented, "7. When holding cold foods for service, these will be held below 41 (degrees Fahrenheit). Cold foods will be place (sic) in pans or plates first, never directly on ice. An ice bath or insulated container shall be used...8. The temperature of all hot and cold food items served will be recorded prior to meal service from central kitchen or satellite locations..."</p>	F 812			

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F 812	<p>Continued From page 45</p> <p>"Foods stored in the refrigerator or freezer will be stored in a manner which maintains the food so that it is safe to eat, and retains optimal nutrient content and aesthetic quality...3. Place foods in the following order on shelves in the refrigerator: Top shelf (arrow pointing down) Bottom shelf- Prepared or ready-to-eat foods Fish and seafood items Whole cuts of raw beef Whole cuts of raw pork Ground or processed meats Raw poultry..."</p> <p>No further information was presented prior to exit.</p> <p>2. The facility staff failed to ensure cold foods were held at a safe temperature on 12/11/18 during the lunch service on the 400 unit.</p> <p>On 12/11/18 at 11:50 a.m., observation of OSM (other staff member) #3 (a dietary aide) obtaining the holding temperatures of food in the 400 unit satellite kitchen was conducted. OSM #3 was accompanied by OSM #2 (the dietary manager). A container of tuna salad, a container of pasta salad, a container of pureed tuna salad and a container of pureed pasta salad was observed on an ice bath in a metal pan. The temperature of the tuna salad was 46 degrees (Fahrenheit) and the temperature of the pasta salad was 53 degrees (Fahrenheit). At this time, OSM #2 placed the entire pan (including the tuna salad, pasta salad, pureed tuna salad and pureed pasta salad) in the freezer. The temperature of the pureed tuna salad and pureed pasta salad was not obtained. OSM #2 stated he was going to freeze the cold foods and temperatures would be obtained again right before meal service. On 12/11/18 at 12:21 p.m., the pan of cold foods was</p>	F 812			