

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

PRINTED: 04/23/2019  
FORM APPROVED  
OMB NO. 0938-0391

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|---|--|---|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                       |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>495325 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____   |                            | (X3) DATE SURVEY<br>COMPLETED<br><br>R<br>04/03/2019 |
| NAME OF PROVIDER OR SUPPLIER<br><br>PHEASANT RIDGE NURSING & REHAB CENTER |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>4355 PHEASANT RIDGE ROAD, SW<br>ROANOKE, VA 24014   |                            |  |
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| {E 000}   | Initial Comments   | {E 000}   |  |                            |  |
| {F 000}   | INITIAL COMMENTS   | {F 000}   |  |                            |  |
| {F 580}   | <p>An unannounced Medicare/Medicaid second revisit to the standard survey conducted 12/12/18 through 12/14/18 and the first revisit conducted 02/12/19 through 02/13/19, was conducted 04/02/19 through 04/03/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B.</p> <p>The census in this 101 certified bed facility was 91 at the time of the survey. The survey sample consisted of 9 current Resident reviews (Residents #201 through #209).</p> <p>Notify of Changes (Injury/Denial/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes.<br/>(i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to</p> | {F 580}   | <p>F 580- Facility Manager, Director failed to notify MD or significant medication error for Resident #201 regarding insulin administrations not being administered as ordered by MD.</p> <p>#1. Resident #201 was assessed on 04/08/19 by Nurse Practitioner and found to be stable with no negative lasting outcomes as an result of the medication omission.</p> <p>MD was notified on 04/03/19 by Unit Manager regarding the Medication omission for Resident #201. New orders received.</p> |                            |  |

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

TITLE

(X6) DATE

*Mason Layne*

*Executive Director* 5-2-19

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 580}   | <p>Continued From page 1</p> <p>commence a new form of treatment); or<br/>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or<br/>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)<br/>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on staff interview and clinical record review, the facility staff failed to ensure that 1 of 9 residents were free of a significant medication error (Resident #201). There was no documentation of the physician being notified that the insulin was not given.</p> | {F 580}   | <p>#2. On 04/24/19 an audit was completed by ADON to ensure MD notification occurred for any current residents with any identified medication errors. No other residents were identified to have been affected by the alleged deficient practice.</p> <p>#3. On 04/05/19 the DON/Designee began education with License staff regarding the expectation of Notification of MD for identified Medication Errors. Education to be completed by 04/26/19.</p> <p>#4. Director of Nursing/Designee to audit 100% Medication Errors X 3 months or until sustained compliance can be reached to ensure compliance with notification of MD. Director of Nursing/Designee to report audit findings to the Quality Assurance Performance Improvement Committee monthly X 3 months. The Quality Assurance Performance Committee includes but is not limited to the following members: Executive Director, Director of Nursing, Medical Director, Business Office Manager, Unit Managers, MDS, Coordinator,</p> |                            |  |

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| {F 580}  | <p>Continued From page 2</p> <p>The findings included:</p> <p>The facility staff failed to ensure Resident #201 was free of a significant medication error in regards to insulin administration and the physician being notified.</p> <p>Resident #201 was admitted to the facility on 2/10/19 with the following diagnoses of, but not limited to anemia, atrial fibrillation, heart failure, high blood pressure, diabetes, depression and respiratory failure. On the admission MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 2/17/19, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 14 out of a possible score of 15. Resident #201 was also coded as requiring extensive assistance of 1 staff member for dressing, personal hygiene and bathing.</p> <p>During the clinical record review on 4/2 and 4/3/19 the surveyor noted the following physician order for Resident #201 which stated in part, " ...Humalog Kwikpen Solution Pen Injector 100 units/ml Inject per sliding scale: 151-199=0 units, 200-249=2 units, 250-299=4 units, 300-349=6 units, 350-399=8 units&gt;400 call MD subcutaneously before meals and at bedtime every Monday, Wednesday, Friday and Sunday ..."</p> <p>The surveyor also reviewed the MAR (Medication Administration Record) from 3/20/19 to 4/2/19. On 3/22/19 at 11:00 am, the box for this date and time had a "3" documented and this represents the resident is "LOA" or leave of absence from the facility. Again on 3/25/19, the resident was again documented a "3" for the 11:00 am dose of</p> | {F 580}  | <p>Rehab Director, Dietary Manager, Director of Social Services, Activity Director, Maintenance Director, License Nurse, and Certified Nursing Assistants.</p> <p>#5. Compliance Date 5/2/19</p> |                            |   |

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| (F 580)  | Continued From page 3<br><br>insulin which represents resident is "LOA". The surveyor could not find any further documentation of where the resident was on leave from the facility at 11:00 am on these dates. The insulin was not administrated to the resident as ordered by the physician for these 2 days.<br><br>The surveyor notified the administrative team of the above documented findings on 4/2/19 at approximately 4:30 pm in the conference room. The surveyor requested more information for these dates and times that the facility staff did not administer insulin as ordered by the physician or documentation of the physician being notified that the insulin was not given on these dates.<br><br>On 4/3/19 at approximately 11:30 am, the surveyor asked the corporate nurse about the requested documented information that was requested in the end of the day conference on 4/2/19. The corporate nurse stated, "We looked and we don't have anything further to give to you regarding this request."<br><br>No further information was provided to the surveyor prior to the exit conference on 4/3/19. | (F 580)   |  |                            |  |
| F 684<br>SS=D  | Quality of Care<br>CFR(s): 483.25<br><br>§ 483.25 Quality of care<br>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.  | F 684   | F684- Facility Failed to follow MD orders for 3 of 9 residents:<br>Resident #207, #206 & #201:<br><br>#1. Resident #207 was assessed on 04/08/19 by Nurse Practitioner. Found to be stable with no lasting negative affects as a result of the alleged deficient practice. Resident #206 vitals & pain _____ |                            |  |

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| F 684  | <p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on Resident interview, staff interview, clinical record review, facility document review and during a medication pass and pour observation the facility staff failed to follow physician's orders for 3 of 9 Residents, Residents #207, #206 and #201.</p> <p>The findings included:</p> <p>1. For Resident #207 the facility staff failed to assess lung sounds and vital signs prior to administering a nebulizer breathing treatment per the physician's orders.</p> <p>Resident #207 was admitted to the facility on 10/17/16 and readmitted on 10/17/16. Diagnoses included but not limited to hypertension, diabetes mellitus, hyperlipidemia, cerebrovascular accident (stroke), depression and chronic obstructive pulmonary disease.</p> <p>The most recent MDS (minimum data set) with an ARD (assessment reference date) of 02/25/19 coded the Resident as 15 of 15 in section C, cognitive patterns. This is a quarterly MDS.</p> <p>Surveyor observed LPN (licensed practical nurse) #1 during a medication pass and pour on 04/02/19 at approximately 1300. LPN #1 went into Resident #207's room and administered the nebulizer breathing treatment Ipratropium-Albuterol solution 0.5-2.5 mg/3 ml. Surveyor did not observe LPN #1 assess the Resident's lung sounds or check the vital signs.</p> <p>Resident #207's medications were reconciled with the clinical record on 04/02/19. The clinical record</p> | F 684  | <p>assessment were completed on 04/03/19 by licensed nurse and accurately documented in the resident's medical record.</p> <p>Resident #201 was assessed on 04/08/19 by Nurse Practitioner and found to be stable with no negative lasting outcomes as a result of the medication omission. License Nurse #1 received one on one re-education by Unit Manager on 04/03/19 regarding the expectation of following physician orders.</p> <p>#2. On 04/26/19 the Director of Nursing/Designee completed an audit of physician orders for residents receiving Insulin, Nebulizer and pain medication to ensure physician orders were being followed as ordered.</p> <p>#3. On 04/05/19 the Director of Nursing/Designee began providing education to the License staff regarding the expectations of following physicians orders and documentation vitals, pain assessments and respiratory assessments in the resident's medical record. Education to be completed by 04/26/19. Director of Nursing/Designee to complete competency check offs</p> |                            |   |

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| F 684   | <p>Continued From page 5</p> <p>contained a signed physician's order summary, which read in part "Check lung sounds pre-administration every 2 hours for monitoring lung sounds", "RESP: Check pulse rate, resp rate, and pulse ox pre nebulizer, every 6 hours for monitoring" and "Ipratropium-Albuterol solution 0.5-2.5 mg/3 ml. 1 dose inhale orally via nebulizer every 6 hours related to chronic obstructive pulmonary disease, unspecified (J44.9) 1 dose = 3 ml".</p> <p>The surveyor spoke with Resident #207 on 04/02/19 at approximately 1420. Surveyor asked Resident #207 if the nurse had listened to his lungs or checked his vital signs before giving the breathing treatment, and Resident #207 stated that she had not.</p> <p>The surveyor spoke with LPN #1 on 04/02/19 at approximately 1425. Surveyor asked LPN #1 if she had checked the Resident's vital signs or assessed lung sounds prior to administering the breathing treatment, and she stated that she had. Surveyor then informed LPN #1 that she had not observed her doing this and LPN #1 stated that she had done it approximately 30 minutes prior to administering the treatment.</p> <p>Surveyor requested and administrator provided a policy entitled "Policies and Procedures Subject: Nebulizer (small volume nebulizer)", which read as follows:</p> <p>PROCEDURE:</p> <ul style="list-style-type: none"> <li>" Review physician's order</li> <li>" Gather necessary equipment.</li> <li>" Identify Resident and explain the treatment.</li> <li>" Perform hand hygiene.</li> <li>" Position the Resident in an upright position.</li> <li>" Evaluate the Resident. Establish baseline</li> </ul> | F 684   | <p>regarding administration of Nebulizer treatments to include the pre and post assessment and documentation requirements.</p> <p>#4. Director of Nursing /Designee to audit Medication Administration Records to ensure compliance with physician orders and supporting documentation as follows: 6 residents' Medication Administration Records per day 3 days per week X 4 weeks, then 6 per week X 3 months or until sustained compliance can be reached. Director of Nursing/Designee to observe License nurse administration of Nebulizer treatments to include the pre and post assessment and documentation 2 per week X 4 weeks then 2 per month X 3 months or until sustained compliance can be reached. Director of Nursing/Designee to report audit findings to the Quality Assurance Performance Improvement Committee monthly X 3 months. The Quality Assurance Performance Committee includes but is not limited to the following members: Executive Director, Director of Nursing, Medical</p> |                            |  |

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| F 684   | <p>Continued From page 6</p> <p>respiratory rate, pulse, oxygen saturation and breathe sounds.</p> <p>" Assemble nebulizer equipment.</p> <p>" Administer treatment until medication is depleted.</p> <p>" Evaluate the Resident's response and effectiveness of treatment by evaluating breath sounds, pulse rate, oxygen saturation and respiratory rate.</p> <p>The concern of not assessing the Resident's lung sounds and vital signs was discussed with the administrative team during a meeting on 04/03/19 at approximately 1340.</p> <p>No further information provided prior to exit.</p> <p>2. For Resident #206, the facility failed to follow physician orders in regards to assessing the Resident for pain every shift and obtaining vital signs before and after administering the Residents nebulizer treatment.</p> <p>The clinical record review, revealed that Resident #206 had been admitted to the facility 03/02/19. Diagnoses included, but were not limited to, periprosthetic fracture of the right knee joint, multiple fractures of right ribs, muscle weakness, sleep apnea, diabetes, and gastro-esophageal reflux disease.</p> <p>Section C (cognitive patterns) of the Residents admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 03/09/18 included a BIMS (brief interview for mental status) summary score of 15 out of a possible 15 points.</p> <p>The Residents clinical record included the following physician orders. Assess Resident for</p> | F 684   | <p>Director, Business Office Manager, Unit Managers, MDS Coordinator, Rehab Director, Dietary Manager, Director of Social Services, Activity Director, Maintenance Director, License Nurse, and Certified Nursing Assistants.</p> <p>#5. Compliance Date 05/2/19</p> |                            |  |

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| F 684   | <p>Continued From page 7</p> <p>pain every shift. Check pulse rate, respiration rate and pulse ox (oxygen) pre (before) and post (after) nebulizer (breathing treatment). The nebulizer order was for every 6 hours for shortness of breath. The times documented on the eMAR (electronic medication administration record) for the nebulizer treatments were 12 midnight, 6:00 a.m., 12 noon, and 6:00 p.m.</p> <p>A review of the Residents eMARs revealed that the facility nursing staff has not documented they had completed the following tasks on 03/25/19. Assess Resident for pain every shift. There was no time associated with this on the eMAR. Check pulse rate, respiration rate, and pulse ox pre nebulizer and post nebulizer for 12 noon.</p> <p>The Residents comprehensive care plan included the following focus area. "...has OSA; new onset cough." Interventions included, but were not limited to, observe for SOB (shortness of breath), cough, congestion, and report to the physician as needed."</p> <p>The facility policy and procedure titled "Nebulizer (small volume nebulizer)" read in part, "...Review physician's order...Evaluate the resident's response and effectiveness of treatment by evaluating breath sounds, pulse rate, oxygen saturation and respiratory rate. Document treatment in the resident's medical record."</p> <p>There were no nursing progress notes for 03/25/19.</p> <p>The facility did provide the surveyor with VS (vital signs) obtained on 03/25/19. These were as follows.<br/>Blood pressure 8:38 a.m. 123/77.</p> | F 684   |  |                            |  |

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| F 684   | <p>Continued From page 8</p> <p>O2 (oxygen) sats (saturation) 1:40 a.m. 96%,<br/>1:52 a.m. 96%, 6:21 a.m. 96%, and 1:47 p.m.<br/>95%.</p> <p>Pulse summary 8:38 a.m. 87 beats per minute.<br/>Respiration summary 8:38 a.m. 19<br/>breaths/minute.<br/>Temperature 8:38 a.m. 97.3 oral.</p> <p>On 04/03/19 at 8:50 a.m., CNA (certified nursing<br/>assistant) #5 was observed in the Residents<br/>room obtaining the Residents VS.</p> <p>On 04/03/19 at 8:55 a.m., the surveyor asked<br/>Resident #206 how often the staff obtained their<br/>VS. Resident #206 stated that sometimes they<br/>take them twice a day.</p> <p>On 04/03/19 at 9:00 a.m., during an interview with<br/>CNA #5, this CNA verbalized to the surveyor that<br/>they obtained the Residents blood pressure,<br/>pulse, respirations, temperature, and O2<br/>saturation everyday and that she worked from<br/>7:00 a.m. until 3:00 p.m.</p> <p>The administrative were notified of the missing<br/>vital signs and pain assessment during a meeting<br/>with the survey team on 04/03/19 at 1:40 p.m.</p> <p>No further information regarding this issue was<br/>provided to the survey team prior to the exit<br/>conference.</p> <p>3. The facility staff failed to follow physician<br/>orders for Resident #201 in regards to insulin<br/>administration.</p> <p>Resident #201 was admitted to the facility on<br/>2/10/19 with the following diagnoses of, but not<br/>limited to anemia, atrial fibrillation, heart failure,<br/>high blood pressure, diabetes, depression and</p> | F 684   |  |                            |  |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 684  | <p>Continued From page 9</p> <p>respiratory failure. On the admission MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 2/17/19, the resident was coded as having a BIMS (Brief Interview for Mental Status) score of 14 out of a possible score of 15. Resident #201 was also coded as requiring extensive assistance of 1 staff member for dressing, personal hygiene and bathing.</p> <p>During the clinical record review on 4/2 and 4/3/19 the surveyor noted the following physician order for Resident #201 which stated in part, " ...Humalog Kwipen Solution Pen Injector 100 units/ml Inject per sliding scale: 151-199=0 units, 200-249=2 units, 250-299=4 units, 300-349=6 units, 350-399=8 units&gt;400 call MD subcutaneously before meals and at bedtime every Monday, Wednesday, Friday and Sunday ..."</p> <p>The surveyor also reviewed the MAR (Medication Administration Record) from 3/20/19 to 4/2/19. On 3/22/19 at 11:00 am, the box for this date and time had a "3" documented and this represents the resident is "LOA" or leave of absence from the facility. Again on 3/25/19, the resident was again documented a "3" for the 11:00 am dose of insulin which represents resident is "LOA". The surveyor could not find any further documentation of where the resident was on leave from the facility at 11:00 am on these dates.</p> <p>The surveyor notified the administrative team of the above documented findings on 4/2/19 at approximately 4:30 pm in the conference room. The surveyor requested more information for these dates and times that the facility staff did not administer insulin as ordered by the physician or documentation of the physician being notified that</p> | F 684   |  |                            |  |

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NAME OF PROVIDER OR SUPPLIER

**PHEASANT RIDGE NURSING & REHAB CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**4355 PHEASANT RIDGE ROAD, S W  
ROANOKE, VA 24014**

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|--------------------------|---|---------------------|--|----------------------------|
| F 684                    | Continued From page 10<br>the insulin was not given on these dates.<br><br>On 4/3/19 at approximately 11:30 am, the<br>surveyor asked the corporate nurse about the<br>requested documented information that was<br>requested in the end of the day conference on<br>4/2/19. The corporate nurse stated, "We looked<br>and we don't have anything further to give to you<br>regarding this request."  | F 684               |  |                            |
| F 760<br>SS=D            | No further information was provided to the<br>surveyor prior to the exit conference on 4/3/19.<br>Residents are Free of Significant Med Errors<br>CFR(s): 483.45(f)(2)<br><br>The facility must ensure that its-<br>§483.45(f)(2) Residents are free of any significant<br>medication errors.<br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on staff interview and clinical record<br>review, the facility staff failed to ensure that 1 of 9<br>residents were free of a significant medication<br>error (Resident #201).<br><br>The findings included:<br><br>The facility staff failed to ensure Resident #201<br>was free of a significant medication error in<br>regards to insulin administration.<br><br>Resident #201 was admitted to the facility on<br>2/10/19 with the following diagnoses of, but not<br>limited to anemia, atrial fibrillation, heart failure,<br>high blood pressure, diabetes, depression and<br>respiratory failure. On the admission MDS<br>(Minimum Data Set) with an ARD (Assessment<br>Reference Date) of 2/17/19, the resident was | F 760               | F760: Facility failed to ensure RI<br>#201 did not have a significant<br>Medication Error:<br><br>#1. RI #201 was assessed on 04/08/19<br>by Nurse Practitioner and found to<br>be stable with no negative lasting<br>outcomes as a result of the<br>medication omission. MD was<br>notified on 04/03/19 by Unit<br>Manager regarding the<br>Medication omission for Resident<br>#201. New orders received.<br>#2. On 04/24/19 an audit was<br>completed by Unit Managers to<br>ensure no other residents had<br>significant medication errors. No<br>other residents were identified to<br>have been affected by the alleged<br>deficient practice. |                            |

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| F 760   | <p>Continued From page 11</p> <p>coded as having a BIMS (Brief Interview for Mental Status) score of 14 out of a possible score of 15. Resident #201 was also coded as requiring extensive assistance of 1 staff member for dressing, personal hygiene and bathing.</p> <p>During the clinical record review on 4/2 and 4/3/19 the surveyor noted the following physician order for Resident #201 which stated in part, " ...Humalog Kwikpen Solut on Pen Injector 100 units/ml Inject per sliding scale: 151-199=0 units, 200-249=2 units, 250-299=4 units, 300-349=6 units, 350-399=8 units&gt;400 call MD subcutaneously before meals and at bedtime every Monday, Wednesday, Friday and Sunday ..."</p> <p>The surveyor also reviewed the MAR (Medication Administration Record) from 3/20/19 to 4/2/19. On 3/22/19 at 11:00 am, the box for this date and time had a "3" documented and this represents the resident is "LOA" or leave of absence from the facility. Again on 3/25/19, the resident was again documented a "3" for the 11:00 am dose of insulin which represents resident is "LOA". The surveyor could not find any further documentation of where the resident was on leave from the facility at 11:00 am on these dates. The insulin was not administered to the resident as ordered by the physician for these 2 days.</p> <p>The surveyor notified the administrative team of the above documented findings on 4/2/19 at approximately 4:30 pm in the conference room. The surveyor requested more information for these dates and times that the facility staff did not administer insulin as ordered by the physician or documentation of the physician being notified that the insulin was not given on these dates.</p> | F 760   | <p>#3. On 04/05/19 the DON/Designee began education with License staff regarding the expectation of following physician orders and notification of any medication errors. Education to be completed by 04/26/19.</p> <p>#4. Director of Nursing/Designee to audit Medication Administration Records to ensure compliance with physician orders and supporting documentation as follows: 6 resident Medication Administration Records per day 3 days per week X 4 weeks, then 6 per week X 3 months or until sustained compliance can be reached.</p> <p>Director of Nursing/Designee to report audit findings to the Quality Assurance Performance Improvement Committee monthly X 3 months. The Quality Assurance Performance Committee includes but is not limited to the following members: Executive Director, Director of Nursing, Medical Director, Business Office Manager, Unit Managers, MDS Coordinator, Rehab Director, Dietary Manager, Director of Social Services, Activity Director, Maintenance Director, License Nurse, and Certified Nursing Assistants.</p> |                            |  |

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| F 760   | Continued From page 12<br><br>On 4/3/19 at approximately 11:30 am, the surveyor asked the corporate nurse about the requested documented information that was requested in the end of the day conference on 4/2/19. The corporate nurse stated, "We looked and we don't have anything further to give to you regarding this request."<br><br>No further information was provided to the surveyor prior to the exit conference on 4/3/19.  | F 760   |   |  |  |
| (F 867)<br>SS=F   | QAPI/QAA Improvement Activities<br>CFR(s): 483.75(g)(2)(ii)<br><br>§483.75(g) Quality assessment and assurance.<br><br>§483.75(g)(2) The quality assessment and assurance committee must:<br>(ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by:<br>Based on observation, Resident interview, staff interview, facility document review, and clinical record review, the facility staff failed to ensure the quality assurance program meet the needs of the facility as evidenced by repeated deficiencies in the areas of Resident Rights, Quality of Care, and Pharmacy Services and failed to effectively monitor the effects of implemented changes and make needed revisions to the action plans as needed for the prevention of further deficiencies.<br><br>The findings included:<br><br>As part of the survey process, the survey team identified deficient practice in the areas of Resident Rights, Quality of Care, and Pharmacy | (F 867)   | F867: QA regarding Resident Rights, Quality of Care and Pharmacy:<br><br>#1. On 04/25/19 the facility Quality Assurance Performance Improvement Committee held a ADHOC meeting to review the statement of deficiencies regarding F580, F684, F760. A plan of correction was developed to address the identified deficient practice and approved by the committee.<br><br>#2. The center acknowledges current residents had the potential to be affected by the alleged deficient practice.<br><br>#3. Regional Vice President of Operations provided re-education to the Executive Director on 04/04/19 regarding the expectations of |  |  |

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| {F 867}   | Continued From page 13<br>Services.<br><br>Those deficient practices are detailed under the<br>appropriate citations in this report.<br><br>The administrative staff were notified of the<br>issues regarding their quality assurance program<br>during a meeting with the survey team on<br>04/03/19 at approximately 1:40 p.m. | {F 867}   | following the Quality Assurance<br>Performance Improvement Policy<br>and procedure. Executive Director<br>provided re-education to the<br>Administrative staff regarding the<br>policy and procedure for Quality<br>Assurance Performance<br>Improvement. Education was<br>completed on 04/05/19.<br>#4. Regional Vice President of<br>Operation/Designee will monitor<br>compliance with plan of correction<br>and audits for F580, F684 & F760<br>monthly X 3 months. Executive<br>Director/Designee to report audit<br>findings to the Quality<br>Assurance Performance<br>Improvement Committee monthly<br>X 3 months. The Quality Assurance<br>Performance Committee includes<br>but is not limited to the following<br>members: Executive Director,<br>Director of Nursing, Medical<br>Director, Business Office Manager,<br>Unit Managers, MDS Coordinator,<br>Rehab Director, Dietary Manager,<br>Director of Social Services, Activity<br>Director, Maintenance Director,<br>License Nurse and Certified<br>Nursing Assistants.<br>5. Compliance Date 05/2/19 |                            |  |