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

PRINTED: 03/06/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495325	A. BUILDING _____ B. WING _____	R 02/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHEASANT RIDGE NURSING & REHAB CENTER	4355 PHEASANT RIDGE ROAD, SW ROANOKE, VA 24014

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{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the standard survey conducted 12/12/18 through 12/14/18 was conducted 2/12/19 through 2/13/19. Significant corrections are required for compliance with the following Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B. Complaints were investigated during this survey. The census in this 101 certified bed facility was 90 at the time of the survey. The survey sample consisted of 16 current Resident reviews (Residents 101 through 116).	{F 000}		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (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- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (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); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or	F 580	F 580 Notification of Change 1. On 02/13/19 the Unit Manager notified the Nurse Practitioner of the change in condition that resident # 102 experienced. Based on the most recent assessment by the Nurse Practitioner on 02/28/19 no adverse effects were noted. Resident #102 was discharged from the facility on 03/04/19.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Mason Layne
TITLE: Executive Director
(X6) DATE: 3-13-19

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	Continued From page 1 (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (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. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6). or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) 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). This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility staff failed to notify the physician of a change in Resident condition for 1 of 12 Residents in the survey sample. Resident # 102. The findings included:	F 580	2. Quality Review of residents who experience a change in condition in the last 30 days was completed on 2/27/19 by DON or Unit Manager. Follow up based on findings. 3. DON/ADON / Unit Managers re-educated licensed nurses on the regulation, policy and procedure for notification of changes on 03/11/19. 4. DON/ADON/ Unit Mangers conduct Quality Monitoring of nursing documentation of notification of resident changes to the MD/NP and responsible party, 3 x a week for 4 weeks, then weekly x 1 month, then monthly x 2 months. Findings to be reported to QAPI committee by the DON and updated as indicated. Quality monitoring schedule will be modified based on findings. 5. Date of Compliance: 03/20/19	

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F 580	Continued From page 2 The facility staff failed to notify the physician of a change of condition in Resident # 102 on 1/2/19. Resident # 102 was a 40-year-old-male who was admitted to the facility on 4/20/18 with a readmission date of 8/27/18. Diagnoses included but were not limited to, hypertension, major depressive disorder, anxiety disorder, and benign prostatic hyperplasia. The clinical record for Resident # 102 was reviewed on 2/12/19 at 12:42 pm. The most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 12/4/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 102 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 102 was cognitively intact. The plan of care for Resident # 102 was reviewed and revised on 2/17/18. The facility staff documented a focus area for Resident # 102 as, "Resident # 102 has alterations in pain R/T (related to) quadriplegia C5-C7, neuropathy, GERD (gastroesophageal reflux disease), wounds, PVD (peripheral vascular disease), transverse myelitis, chronic pain syndrome, low back pain, muscle spasms." Interventions included but were not limited to, "Medications per MD orders," and "Notify physician if interventions are unsuccessful or if current complaint is a significant change from resident's past experience of pain." Resident # 102 had current orders for	F 580		

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F 580	Continued From page 3	F 580		

"Methadone HCl Tablet 10 mg (milligram) Give 12 tablet by mouth one time a day for pain," which was initiated by the physician on 11/29/18. Resident # 102 also had orders for Oxycodone HCl tablet 5 mg Give 2 tablet by mouth every 6 hours as needed for pain related to low back pain," which was initiated by the physician on 12/6/18.

A progress note documented on 1/2/19 at 12:34 pm was documented as. "This nurse spoke with (Pharmacy employee's name withheld) from (pharmacy name withheld), manager, about methadone not arriving in a timely manner. (Pharmacy employee's name withheld) verified medication was ordered on 12/31 online however due to the holiday it could not be filled. Then the next day nurse again called pharmacy again and requested the medication. Pt. received 40 mg, which is what we had on hand. The pharmacy explained that they needed new script due to it being a holiday and needing to get med from a different pharmacy because it is controlled. Script was obtained and faxed med was not here 1/2/19 in the morning nurse again called pharmacy requested it stat in which (Pharmacy employee's name withheld) at (pharmacy's name withheld) stated it would be sent. 12 pm and medication was still not here. Nurse called back again spoke to (pharmacy employee's name withheld) in which she stated (pharmacy employee's name withheld) never put in as stat order. Order was not in as stat per (Pharmacy employee's name withheld), manager. This nurse assessed pt around 10 am. Pt appears pale, diaphoretic, states he is nauseated in which nurse gave 4 mg Zofran. States he had been having diarrhea and urinating on himself all night. Vitals stable. Pt stable. This nurse informed him of plan to contact pharmacy

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F 580	Continued From page 4	F 580		

and discuss how we will avoid this again and get medication in stat. Education provided to staff that meds will need to be reordered when the 4th card of meds is started and to order meds several days in advance of a holiday. Per (Pharmacy employee's name withheld) this nurse could keep track of med by reordering every week on wed (Wednesday), then the following week on fri (Friday) and then mon (Monday) on the third week to make sure it falls in line with insurance. Next script due jan (January) 21st. Stat medication is on it's way per (Pharmacy employee's name withheld). Will continue to monitor. Pt updated on plan of care." The surveyor observed that there was no documentation of physician notification of change of condition for Resident # 102.

On 2/13/19 at 3:08 pm, the surveyor interviewed the unit manager RN # 1. The surveyor asked RN # 1 if she was aware of any incidents where Resident # 102 did not have his physician ordered Methadone in the facility for administration. RN # 1 stated that she was aware of the incident but could not recall the exact date. The surveyor asked RN # 1 if there was an incident that occurred on New Year's Day when Resident # 102 did not have his Methadone available in the facility for administration. RN # 1 stated, "Yes." RN # 1 stated that when she did come into the facility she went in to assess Resident # 102 and he was in "full blown withdrawals." RN # 1 stated that Resident # 102 was shaking, diaphoretic, and was having diarrhea. The surveyor then reviewed the progress note for Resident # 102 that was documented on 1/2/19 at 12:34 pm, with RN #1. The surveyor asked RN # 1 if she was the nurse that had documented the progress note in the

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F 580	Continued From page 5	F 580		

clinical record for Resident # 102. RN # 1 stated that she had written the progress note on 1/2/19 at 12:34 pm. The surveyor asked RN # 1 if she had informed the physician of the change of condition in Resident # 102 that had been documented in the progress note on 1/2/19 at 12:34 pm. RN # 1 stated that she did notify the nurse practitioner. RN # 1 reviewed the progress note along with the surveyor and RN # 1 agreed that she did not document physician notification of change in Resident # 102's status on 1/2/19 at 12:34 pm. The surveyor asked RN # 1 who she made aware of the change in Resident # 102's condition on 1/2/19. RN # 1 stated that she made (Nurse practitioner's name withheld) aware.

On 2/13/19 at 3:30 pm, the surveyor spoke with (Nurse Practitioner's name withheld) via telephone in the presence of RN #1 and 2 other surveyors. The surveyor asked the nurse practitioner if he had been made aware of a change in Resident # 102's condition on 1/2/19. The nurse practitioner stated, "No." RN # 1 then interjected and stated, "(Nurse practitioner's name withheld), I called you on that day to make you aware of the change with Resident # 102." The nurse practitioner stated, "You probably did." "I must have forgotten." The surveyor asked the nurse practitioner if he would expect the nurses to make him aware when Residents experience a change in condition. The nurse practitioner stated, "Yes." The surveyor asked the nurse practitioner what he would have done for Resident # 102 if he had been made aware of his change of condition on 1/2/19. The nurse practitioner stated, "Probably give him some Ativan." The surveyor asked the nurse practitioner if that was all that he would have ordered for Resident # 102. The nurse

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F 580	Continued From page 6 practitioner stated, "Yes." The facility policy on "Notification of Change in Condition" contained documentation that included but was not limited to, ..." Procedure The nurse to notify the attending physician and Resident Representative when there is a (n): Significant change in the patient/resident's physical, mental, or psychosocial status." ... On 2/13/19 at 7:00 pm, the administrative team was made aware of the findings as stated above. No further information was provided to the survey team prior to the exit conference on 2/13/19.	F 580		
{F 686} SS=D	This is a complaint deficiency. Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff	{F 686}	F 686 Treatment-Heal Pressure Ulcers 1. The ADON reassessed the wound on resident # 102 and obtained a treatment order on 2/13/19. No adverse effects were noted. Resident #102 has been discharged from the facility on 03/04/19. 2. On 02/25/19 the DON completed a quality review to ensure residents with pressure ulcers had treatment orders in place. 100% skin sweep was completed by the Unit Managers and/ or ADON on 02/28/19. Follow up based on findings.	

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{F 686}	Continued From page 7 interview, the facility staff failed to provide treatment and services necessary to prevent pressure ulcers for 1 of 12 Residents in the survey sample. Resident # 102. The findings included: The facility staff failed to ensure that Resident # 102 had current treatment for a sacral pressure ulcer. Resident # 102 was a 40-year-old-male who was admitted to the facility on 4/20/18 with a readmission date of 8/27/18. Diagnoses included but were not limited to, hypertension, major depressive disorder, anxiety disorder, and benign prostatic hyperplasia. The clinical record for Resident # 102 was reviewed on 2/12/19 at 12:42 pm. The most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 12/4/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 102 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 102 was cognitively intact. Section M of the MDS assesses skin conditions. In Section M0210, the facility staff documented that Resident # 102 had one or more unhealed pressure ulcers/injuries. The plan of care for Resident # 102 was reviewed and revised on 12/17/18. The facility staff documented a focus area for Resident # 102 as, "Resident # 102 has a stage 2 to the sacrum and 2 arterial ulcers RLE (right lower extremity)." Interventions included but were not limited to,	{F 686}	3. Education was provided to licensed staff by the DON/ADON/ Unit Managers on the regulation and policy and procedure for treatment of pressure ulcers on 03/11/19. Competency observations for Clean dressings were completed for licensed staff 03/15/19 . 4. DON/ADON/Unit Managers to conduct Quality Monitoring of residents with pressure ulcers 5 times weekly for 4 weeks, then monthly for 3 month and PRN as indicated. Results to be reported to QAPI committee monthly by the DON, and updated as indicated. Quality monitoring schedule will be modified based on findings. 5. Date of Compliance: 03/20/19	

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{F 686}	Continued From page 8 "Administer treatments as ordered and monitor for effectiveness." The February 2019 treatment administration record had orders that included but were not limited to. "Cleanse sacral wound with NS (normal saline), pat dry. Apply anasept gel to packing strip and sprinkle collagen powder, pack wound with cotton tipped applicator. Cover with hydrogel sheet (cut to size) and secure with tegaderm qd (every day) and prn (as needed) every day and evening shift for wound for 30 days." This order was initiated by the physician on 1/7/19. The surveyor observed that the physician ordered treatment had been completed as of 2/6/19. The surveyor did not observe any current treatment orders after 2/6/19 for the stage 2 pressure ulcer to the sacrum for Resident # 102. On 2/13/19 at 10:36 am, the surveyor observed a progress note for Resident # 102 that had been documented on 2/12/19 at 2:49 pm. The progress note was documented as, "Resident discussed in weekly IDT (interdisciplinary team) meeting. Resident has Stage II to sacrum. Chronic wound measuring 0.3 x 0.3 x 0.3 cm (centimeters). Resident non compliant with dressing changes, often refusing for the treatment to be changed or replacement of a dislodged dressing. Resident inserviced on proper treatment changes and reproach if refusing. Resident verbalized understanding. MD (medical doctor) to eval on next rounding day." On 2/13/19 at 10:38 am, the surveyor reviewed the February 2019 treatment administration record for Resident # 102. The surveyor observed that Resident # 102 had not had treatment to the Stage II pressure ulcer to the sacrum since	{F 686}		

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{F 686}	Continued From page 9 2/6/19 On 2/13/19 at 3:30 pm, the surveyor spoke with the unit manager RN # 1 (registered nurse). RN # 1 reviewed the February 2019 treatment administration record along with the surveyor and agreed that Resident # 102 did not have current physician's orders for treatment to the Stage II pressure ulcer to his sacrum. On 2/13/19 at 7:00 pm, the administrative team was made aware of the findings as stated above. No further information regarding this issue was provided to the survey team prior to the exit conference on 2/13/19.	{F 686}		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on clinical record review, Resident interview, staff interview, and facility document review, the facility staff failed to provide effective pain management for 1 of 12 Residents in the survey sample, Resident # 102. The findings included The facility staff failed to ensure that the physician ordered Methadone was in the facility and available for administration, which resulted in	F 697	F 697 Pain Management 1. On 02/12/19 the unit manger completed a medication administration record to medications audit to ensure medications were available for resident # 102. Resident #102 was discharged from the facility on 03/04/19. 2. DON/ADON/Unit Managers conducted a Quality Review of pain medication on current residents to ensure medications are available as ordered on 02/12/19.	

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F 697	Continued From page 10 incomplete and late dose administrations. This caused Resident # 102 to report a pain scale of 9/10 and 10/10, and experience withdrawal symptoms because of not having the Methadone in the facility. Resident # 102 was a 40-year-old-male who was admitted to the facility on 4/20/18 with a readmission date of 8/27/18. Diagnoses included but were not limited to, hypertension, major depressive disorder, anxiety disorder, and benign prostatic hyperplasia. The clinical record for Resident # 102 was reviewed on 2/12/19 at 12:42 pm. The most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 12/4/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 102 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 102 was cognitively intact. The plan of care for Resident # 102 was reviewed and revised on 2/17/18. The facility staff documented a focus area for Resident # 102 as, "Resident # 102 has alterations in pain R/T (related to) quadriplegia C5-C7, neuropathy, GERD (gastroesophageal reflux disease), wounds. PVD (peripheral vascular disease), transverse myelitis, chronic pain syndrome, low back pain, muscle spasms." Interventions included but were not limited to, "Medications per MD orders," and "Notify physician if interventions are unsuccessful or if current complaint is a significant change from resident's past experience of pain."	F 697	3. DON/ADON/Unit Managers provided re-education to licensed nurses on the regulations and policy and procedure for effective pain management and following physician orders and medication administration on 03/11/19. 4. DON/ADON/Unit Managers will conduct Quality Monitoring of pain medication to ensure medications are available as ordered by the Physician. Quality Monitoring will be completed 5 times weekly for 4 weeks, then monthly for 3 months and PRN as indicated. Findings to be reported to QAPI committee monthly by the DON and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of Compliance: 03/20/19	

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F 697	Continued From page 11 Resident # 102 had current orders for "Methadone HCl Tablet 10 mg (milligram) Give 12 tablet by mouth one time a day for pain," which was initiated by the physician on 11/29/18. Resident # 102 also had orders for Oxycodone HCl tablet 5 mg Give 2 tablet by mouth every 6 hours as needed for pain related to low back pain." which was initiated by the physician on 12/6/18. On 2/12/19 at 1:00 pm, the surveyor reviewed the February 2019 medication administration record for Resident # 102. The surveyor observed a "9" documented at the 9:00 am dose of Methadone for Resident # 102. According to the "Chart Codes/Follow Up Codes" 9 = "Other/ See Nurses Notes." Upon review of the progress notes for Resident # 102, the surveyor observed a "Medication Administration Note" for Resident # 102 documented on 2/11/19 at 10:16 am. The medication administration note was documented as, "Methadone HCl Tablet 10 mg give 12 tablet by mouth one time a day for pain notified pharmacy and md about order." On 2/12/19 at 3:13 pm, the surveyor interviewed LPN # 2 (licensed practical nurse) via telephone. LPN # 2 confirmed that she was responsible for administering medications to Resident # 102 on 2/11/19. The surveyor asked LPN # 2 why Resident # 102 did not receive the physician ordered Methadone at 9:00 am on the morning of 2/11/19. LPN # 2 stated, "He didn't have it there." LPN # 2 stated that the facility called the pharmacy that morning and the facility was charged and paid for the Methadone and the pharmacy delivered the Methadone to the facility. The surveyor asked LPN # 2 what time Resident	F 697		

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F 697	Continued From page 12 # 102 received the Methadone on 2/11/19. LPN # 2 stated, "He didn't get it until 11 something." The surveyor asked LPN # 2 if Resident # 102 reported pain while he did not have the physician ordered Methadone. LPN # 2 stated, "He said that he was hurting but I gave him two oxycodone." "He was very upset and said he was going to call the ombudsman." On 12/13/19 at 12:00 pm, a Resident interview was conducted with Resident # 102 in the presence of 3 surveyors. Resident # 102 stated that on Monday 2/11/19, he was waiting for the nurse to give him his medicine. Resident # 102 stated that he usually received his medication first because he was the first room on the hall. Resident # 102 stated that he noticed that the nurse kept skipping his room and he was in pain. Resident # 102 stated that he finally got up and walked down the hall and asked the medication nurse for his medication. Resident # 102 stated that the medication nurse informed him that they were out of his medication. Resident # 102 stated that he could not believe that the facility let him run out of his methadone again. Resident # 102 stated that he spoke with the unit manager RN # 1 (registered nurse). Resident # 102 stated that RN # 1 informed him that the pharmacy did not send his medication. Resident # 102 stated that he then told RN # 1 that he heard the facility staff nurses state that there was no prescription for his Methadone and that a prescription had to be written that Monday morning (2/11/19). Resident # 102 stated that RN # 1 stated that she would look into the situation, later returned, and told him that he was correct and that the prescription for Methadone had been obtained that morning. Resident # 102 stated, "They should not let me run out of my Methadone." The surveyor asked	F 697		

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F 697	Continued From page 13 Resident # 102 if the facility staff provided him with anything for pain in place of the Methadone Resident # 102 stated that the facility staff gave him his prn (as needed) oxycodone 10 mg. The surveyor asked Resident # 102 if the oxycodone 10 mg helped to relieve his pain during the time that the facility did not have the Methadone. Resident # 102 stated, "No, I take 12 tablets of Methadone at one time." The surveyor asked Resident # 102 to rate his pain during the time he went without his Methadone on a scale of 0 to 10 with zero being no pain and 10 being the worst pain he could imagine. Resident # 102 rated his pain at a level of 9 out of 10. The surveyor asked Resident # 102 what level of pain is usually tolerable for him. Resident # 102 reported that a pain level of 5 out of 10 was tolerable for him. Resident # 102 stated, "Last time this happened was New Year's and I went into full blown withdrawal." "I had to wait for two days to get it back." "I was vomiting and going to the bathroom on myself." "I felt like I was going to die." On 2/13/19 at 1:00 pm, the surveyor reviewed the progress notes for Resident # 102. The surveyor observed the following progress notes. A progress note documented on 1/1/19 at 9:21 am was documented as, "Methadone in drawer is only 4 tablets. Refill was not sent from pharmacy. Called pharmacy spoke with (pharmacy employee's name withheld) and she told me medication would be on next run. Also called Richmond line and was told medication had already been put in to be sent on next run. 3-11 nurse notified that I spoke with pharmacy regarding medication. Resident received 4 pills in the cart awaiting delivery for full dose. Resident aware." A progress note documented on 1/1/19 at 6:24	F 697		

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F 697	Continued From page 14	F 697		

pm, was documented as, "Called pharmacy to deliver methadone. Pt. (patient) only received 40 mg dose today. Behaviors cursing staff and general mocdiness, refusing evening meds. Pharm (pharmacy) was called would not send out until they receive new script. On call DR (doctor) (Physician's name withheld) was called and she wrote a one day script for 1/2/19. Pharmacy was called back and will send out on 1/2/19."

A progress note documented on 1/2/19 at 10:36 am was documented as "Zofran ODT tablet disintegrating 4 mg Give 1 tablet by mouth every 6 hours as needed for nausea given for nausea vomiting."

A progress note documented on 1/2/19 at 11:12 am, was documented as, "Zofran ODT tablet disintegrating 4 mg give 1 tablet by mouth every 6 hours as needed for nausea patient stated the Zofran prn administration was ineffective."

A progress note documented on 1/2/19 at 11:12 am, was documented as, "Oxycodone HCl tablet 5 mg give 2 tablets by mouth every 6 hours as needed for pain related to low back pain oxycodone 5 mg every 6 hours prn 10/10 back pain."

A progress note documented on 1/2/19 at 12:34 pm was documented as. "This nurse spoke with (Pharmacy employee's name withheld) from (pharmacy name withheld), manager, about methadone not arriving in a timely manner. (Pharmacy employee's name withheld) verified medication was ordered on 12/31 online however due to the holiday it could not be filled. Then the next day nurse again called pharmacy again and requested the medication. Pt. received 40 mg

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F 697	Continued From page 15 which is what we had on hand. The pharmacy explained that they needed new script due to it being a holiday and needing to get med from a different pharmacy because it is controlled. Script was obtained and faxed med was not here 1/2/19 in the morning nurse again called pharmacy requested it stat in which (Pharmacy employee's name withheld) at (pharmacy's name withheld) stated it would be sent. 12 pm and medication was still not here. Nurse called back again spoke to (pharmacy employee's name withheld) in which she stated (pharmacy employee's name withheld) never put in as stat order. Order was not in as stat per (Pharmacy employee's name withheld), manager. This nurse assessed pt around 10 am. Pt appears pale, diaphoretic, states he is nauseated in which nurse gave 4 mg Zofran. States he had been having diarrhea and urinating on himself all night. Vitals stable. Pt stable. This nurse informed him of plan to contact pharmacy and discuss how we will avoid this again and get medication in stat. Education provided to staff that meds will need to be reordered when the 4th card of meds is started and to order meds several days in advance of a holiday. Per (Pharmacy employee's name withheld) this nurse could keep track of med by reordering every week on wed (Wednesday), then the following week on fri (Friday) and then mon (Monday) on the third week to make sure it falls in line with insurance. Next script due jan (January) 21st. Stat medication is on it's way per (Pharmacy employee's name withheld). Will continue to monitor. Pt updated on plan of care." The surveyor observed that there was no documentation of physician notification of change of condition for Resident # 102. On 2/13/19 at 1:50 pm, the surveyor reviewed the	F 697		

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F 697	Continued From page 16 "Pain Level Summary" in the clinical record for Resident # 102. The surveyor observed the following times that Resident # 102 reported pain levels of 10 during the time the Methadone was not available for distribution in the facility. 1/1/19 at 6:44 pm, Resident # 102 reported a pain level of 10 1/1/19 at 7:42 pm, Resident # 102 reported a pain level of 10 1/1/19 at 8:35 pm, Resident # 102 reported a pain level of 10 1/2/19 at 4:30 am, Resident # 102 reported a pain level of 10 1/2/19 at 11:12 am, Resident # 102 reported a pain level of 10 1/2/19 at 2:00 pm, Resident # 102 reported a pain level of 10 1/2/19 at 2:21 pm, Resident # 102 reported a pain level of 10 On 2/13/19 at 3:08 pm, the surveyor interviewed the unit manager RN # 1. The surveyor asked RN # 1 if she was aware of any incidents where Resident # 102 did not have his physician ordered Methadone in the facility for administration. RN # 1 stated that she was aware of the incident but could not recall the exact date. The surveyor asked RN # 1 if there was an incident that occurred on New Year's Day when Resident # 102 did not have his Methadone available in the facility for administration. RN # 1 stated, "Yes." RN # 1 stated that when she did come into the facility she went in to assess Resident # 102 and he was in "full blown withdrawals." RN # 1 stated that Resident # 102 was shaking, diaphoretic, and was having diarrhea. The surveyor asked RN # 1 if there were any other incidents where Resident # 102's	F 697		

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F 697	Continued From page 17 Methadone was not available for administration. RN # 1 informed the surveyor that there was" almost an incident" on 2/11/19. RN # 1 stated that Resident # 102 got upset and came and spoke to her. RN # 1 stated that she called the physician and the pharmacy and got the medication into the facility. The surveyor then reviewed the progress note for Resident # 102 that was documented on 1/2/19 at 12:34 pm, with RN #1. The surveyor asked RN # 1 if she was the nurse that had documented the progress note in the clinical record for Resident # 102. RN # 1 stated that she had written the progress note on 1/2/19 at 12:34 pm. The surveyor asked RN # 1 if she had informed the physician of the change of condition in Resident # 102 as documented in the progress note on 1/2/19 at 12:34 pm. RN # 1 stated that she did notify the nurse practitioner. RN # 1 reviewed the progress note along with the surveyor and agreed that she did not document physician notification of change in Resident # 102's status on 1/2/19 at 12:34 pm. The surveyor asked RN # 1 who she made aware of the change in Resident # 102's condition on 1/2/19. RN # 1 stated that she made (Nurse practitioner's name withheld) aware. On 2/13/19 at 2:14 pm, the surveyor interviewed (Pharmacist name withheld) via telephone. The surveyor asked the pharmacist if a prescription for Methadone had been received for Resident # 102. The pharmacist stated that a prescription had been received and on 1/2/19 at 2:09 pm 120 tablets of Methadone was delivered to the facility for Resident # 102. The surveyor asked the pharmacist if there was an issue with the Methadone prescription for Resident # 102 that would prevent the pharmacy from delivering the Methadone to the facility to be available for	F 697		

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F 697	Continued From page 18 administration. The pharmacist stated that a new prescription was needed because Resident # 102's insurance rejected the refill order. The pharmacist informed the surveyor that 60 tablets of Methadone was delivered to the facility at 11:22 am on 2/11/19. On 2/13/19 at 3:30 pm, the surveyor spoke with (Nurse Practitioner's name withheld) via telephone in the presence of RN #1 and 2 other surveyors. The surveyor asked (Nurse Practitioner's name withheld) if he had been made aware of a change in Resident # 102's condition on 1/2/19. (Nurse practitioner's name withheld) stated, "No." RN # 1 then interjected and stated, "(Nurse practitioner's name withheld), I called you on that day to make you aware of the change with Resident # 102." (Nurse practitioner's name withheld) stated, "You probably did." "I must have forgotten." The surveyor asked (Nurse Practitioner's name withheld) if he would expect the nurses to make him aware when Resident's experience a change in condition. The nurse practitioner stated, "Yes." The surveyor asked the nurse practitioner what he would have done for Resident # 102 if he had been made aware of his change of condition on 1/2/19. The nurse practitioner stated, "Probably give him some Ativan." The surveyor asked the nurse practitioner if that is all that he would have ordered for Resident # 102.. The nurse practitioner stated, "Yes." The facility policy on "Notification of Change in Condition" contained documentation that included but was not limited to, ..." Procedure The nurse to notify the attending physician and Resident Representative when there is a (n):	F 697		

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F 697	Continued From page 19 Significant change in the patient/resident's physical, mental, or psychosocial status." ... The facility policy on "Medication Shortages/Unavailable Medications" contained documentation that included but was not limited to, ..."Procedure 1. Upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy. If the medication shortage is discovered at the time of medication administration, facility staff should immediately take the action specified in Sections 2 or 3 of this Policy 7.0. as applicable. 2. If a medication shortage is discovered during normal pharmacy hours: 2.1 Facility nurse should call pharmacy to determine the status of the order. If the medication has not been ordered, the licensed facility nurse should place the order to reorder for the next scheduled delivery. 2.2 If the next available delivery causes delay or a missed dose in the resident's medication schedule, facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose. 2.3 If the medication is not available in the Emergency Medication Supply, facility staff should notify pharmacy and arrange for an emergency delivery. 3. If a medication shortage is discovered after normal pharmacy hours: 3.1 A licensed facility nurse should obtain the ordered medication from the Emergency Medication Supply. 3.2 If the ordered medication is not available in	F 697		

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F 697	Continued From page 20 the Emergency Medication Supply, the licensed facility nurse should call pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action. Action may include: 3.2.1 Emergency delivery;, 3.2.2 Use of an emergency (back-up) third party pharmacy. 4. If an emergency delivery is unavailable, facility nurse should contact the attending physician to obtain orders or directions. 5. If the medication is unavailable from pharmacy or a third party pharmacy, and cannot be supplied from the manufacturer, facility should obtain alternate physician/prescriber orders, as necessary." .. On 2/13/19 at 7:00 pm, the administrative team was made aware of the findings as stated above. No further information was provided to the survey team prior to the exit conference on 2/13/19. This is a complaint deficiency.	F 697		
{F 698} SS=D	Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility staff failed to ensure that the dialysis facility provided adequate communication	{F 698}	F 698 Dialysis 1. On 02/13/19 the DON and Unit Manager spoke with the manager of the dialysis center requesting assistance from the Dialysis center, to complete the communication form on resident #108, for each dialysis appointment. Requested information was received and communication form up-dated.	

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{F 698}	Continued From page 21 to the nursing facility for 1 of 12 Residents in the survey sample, Resident # 108. The findings included: The facility staff failed to ensure that the dialysis facility provided adequate communication regarding care received at the dialysis facility for Resident # 108. Resident # 108 was a 72-year-old-male who was admitted to the facility on 1/7/19. Diagnoses included but were not limited to, ESRD (end stage renal disease), chronic kidney disease, type 2 diabetes mellitus, and congestive heart failure. The clinical record for Resident # 108 was reviewed on 12/12/19 at 1:50 pm. The most recent MDS (minimum data set) assessment was an admission assessment with an ARD (assessment reference date) of 1/14/19. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 108 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 108 was cognitively intact. Section O of the MDS assesses special treatments, procedures, and programs. In Section O0100, the facility staff documented that Resident # 108 had received dialysis services in the last 14 days since the 1/14/19 ARD. The plan of care for Resident # 108 was reviewed and revised on 1/16/19. The facility staff documented as focus area for Resident # 108 as, "Resident # 108 receives hemodialysis r/t (related to) ESRD shunt to R (right) arm." Interventions included but were not limited to, "Monitor labs and report to doctor as needed."	{F 698}	2. On 02/12/25/19 the DON completed a Quality review of communication forms for current resident on dialysis. Follow up based on findings. 3. DON/ADON/Unit Managers provided re-education to license nurses on the regulation and policy and procedure for the coordination of hemodialysis services and communication on 3/11/19. 4. DON/ADON/Unit Managers will conduct Quality Monitoring on dialysis residents to ensure the communication form is completed upon return from dialysis daily for 4 weeks, then 5 times a week for 4 weeks, then monthly and PRN as indicated. Results to be reported to QAPI committee monthly by the DON and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of Compliance: 03/20/19	

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{F 698}	Continued From page 22 The current orders for Resident # 108 contained orders that included but were not limited to, "Hemodialysis every Tuesday, Thursday, and Saturday at 5:45 am at (facility name withheld)." The physician had initiated this order on 1/28/19. On 2/12/19 at 1:30 pm, the surveyor reviewed the facility "Dialysis Communication Record" for Resident # 108. Upon review of the dialysis communication record, the surveyor observed that the section headed "Dialysis Center To Complete For Facility" was incomplete for the following dates, 1/29/19, 2/1/19, 2/2/19, 2/5/19, 2/7/19, and 2/9/19. On 2/12/19 at 1:50 pm, the surveyor reviewed the dialysis communication records for Resident # 108 with the director of clinical services. The surveyor asked the director of clinical services if she would consider the documentation on the dialysis communication sheet for Resident # 108 to be adequate. The director of clinical services stated, "From our end yes, but the facility has been sending separate sheets." The surveyor requested to see any information that had been faxed from the dialysis facility for Resident # 108. On 2/12/19 at 3:00 pm, the surveyor spoke with the director of clinical services in the presence of the nurse consultant. The director of clinical services made the surveyor aware that the facility had been having issues getting the dialysis facility to complete the dialysis communication sheets, and that the unit managers had been speaking with the dialysis facility to try to get them to fill out the dialysis communication sheets completely. On 2/12/19 at 3:42 pm, the unit manager LPN # 1	{F 698}		

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{F 698}	Continued From page 23 (licensed practical nurse) provided the surveyor with a copy of Resident information for Resident # 108 from the dialysis facility. The surveyor observed a time stamp at the top of the document that was dated 2/12/19 at 2:56 pm. LPN # 1 informed the surveyor that she had spoken to the dialysis facility several times regarding filling in the information on the dialysis communication sheets. The surveyor asked LPN # 1 when she had received the Resident information for Resident # 108 from the dialysis facility. LPN # 1 stated, "I received this today." The dialysis contract contained documentation that included but was not limited to, ..."C. Obligations of the ESRD Dialysis Unit and/or Company C. To provide the Long Term Care Facility information on all aspects of the management of the ESRD Resident's care related to the provision of Renal Dialysis Services, including directions on management of medical and non-medical emergencies, including but not limited to bleeding, infection, and care of dialysis access site." ... On 2/13/19 at 7:00 pm, the administrative team was made aware of the findings as stated above. No further information was provided to the survey team prior to the exit conference on 2/13/19.	{F 698}		
{F 755} SS=G	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in	{F 755}	F-755 Pharmacy Services 1. Unit Managers completed a MAR to medications audit for resident # 102 on 02/13/19 to ensure medications were available. Resident #102 was interviewed on	

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{F 755}	Continued From page 24 §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on clinical record review, Resident interview, staff interview, facility document review, and during the course of a complaint investigation, the facility staff failed to provide pharmaceutical services to meet the needs of 1 of 12 Residents in the survey sample. Resident # 102. The findings included	{F 755}	02/14/19 to ensure he received all ordered medications over the last 24 hours. Resident #102 has been discharged from the facility on 03/04/19. 2. On 02/14/19 Unit Managers completed a MAR to medications audit Quality Review on current residents. Follow up based on findings. 3. DON/ADON completed re-education to licensed nurses on the regulation and policy and procedure for ordering and re-ordering medications from the Pharmacy and or the back up Pharmacy, medication availability, and effective pain medication administration on 03/11/19. 4. DON/ADON/Unit Managers will conduct Quality Monitoring of MARs to medications, to ensure medications are available as ordered then 5	

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{F 755}	Continued From page 25 The facility staff failed to ensure that the physician ordered Methadone was in the facility and available for administration, which resulted in incomplete and late dose administrations. This caused Resident # 102 to report a pain scale of 9/10 and 10/10, and experience withdrawal symptoms because of not having the Methadone in the facility. Resident # 102 was a 40-year-old-male who was admitted to the facility on 4/20/18 with a readmission date of 8/27/18. Diagnoses included but were not limited to, hypertension, major depressive disorder, anxiety disorder, and benign prostatic hyperplasia. The clinical record for Resident # 102 was reviewed on 2/12/19 at 12:42 pm. The most recent MDS (minimum data set) assessment was a quarterly assessment with an ARD (assessment reference date) of 12/4/18. Section C of the MDS assesses cognitive patterns. In Section C0500, the facility staff documented that Resident # 102 had a BIMS (brief interview for mental status) score of 15 out of 15, which indicated that Resident # 102 was cognitively intact. The plan of care for Resident # 102 was reviewed and revised on 2/17/18. The facility staff documented a focus area for Resident # 102 as, "Resident # 102 has alterations in pain R/T (related to) quadriplegia C5-C7, neuropathy, GERD (gastroesophageal reflux disease), wounds, PVD (peripheral vascular disease), transverse myelitis, chronic pain syndrome, low back pain, muscle spasms." Interventions included but were not limited to, "Medications per MD orders," and "Notify physician if interventions	{F 755}	times a week for 4 weeks, then weekly x 3 mos. and PRN as indicated. DON will report results to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of Compliance: 03/20/19	

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{F 755}	Continued From page 26 are unsuccessful or if current complaint is a significant change from resident's past experience of pain." Resident # 102 had current orders for "Methadone HCl Tablet 10 mg (milligram) Give 12 tablet by mouth one time a day for pain," which was initiated by the physician on 11/29/18. Resident # 102 also had orders for Oxycodone HCl tablet 5 mg Give 2 tablet by mouth every 6 hours as needed for pain related to low back pain," which was initiated by the physician on 12/6/18. On 2/12/19 at 1:00 pm, the surveyor reviewed the February 2019 medication administration record for Resident # 102. The surveyor observed a "9" documented at the 9:00 am dose of Methadone for Resident # 102. According to the "Chart Codes/Follow Up Codes" 9 = "Other/ See Nurses Notes." Upon review of the progress notes for Resident # 102, the surveyor observed a "Medication Administration Note" for Resident # 102 documented on 2/11/19 at 10:16 am. The medication administration note was documented as, "Methadone HCl Tablet 10 mg give 12 tablet by mouth one time a day for pain notified pharmacy and md about order." On 2/12/19 at 3:13 pm, the surveyor interviewed LPN # 2 (licensed practical nurse) via telephone. LPN # 2 confirmed that she was responsible for administering medications to Resident # 102 on 2/11/19. The surveyor asked LPN # 2 why Resident # 102 did not receive the physician ordered Methadone at 9:00 am on the morning of 2/11/19. LPN # 2 stated, "He didn't have it there." LPN # 2 stated that the facility called the pharmacy that morning and the facility was charged and paid for the Methadone and the	{F 755}		

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{F 755}	Continued From page 27 pharmacy delivered the Methadone to the facility. The surveyor asked LPN # 2 what time Resident # 102 received the Methadone on 2/11/19. LPN # 2 stated, "He didn't get it until 11 something." The surveyor asked LPN # 2 if Resident # 102 reported pain while he did not have the physician ordered Methadone. LPN # 2 stated, "He said that he was hurting but I gave him two oxycodone." "He was very upset and said he was going to call the ombudsman." On 12/13/19 at 12:00 pm, a Resident interview was conducted with Resident # 102 in the presence of 3 surveyors. Resident # 102 stated that on Monday 2/11/19, he was waiting for the nurse to give him his medicine. Resident # 102 stated that he usually received his medication first because he was the first room on the hall. Resident # 102 stated that he noticed that the nurse kept skipping his room and he was in pain. Resident # 102 stated that he finally got up and walked down the hall and asked the medication nurse for his medication. Resident # 102 stated that the medication nurse informed him that they were out of his medication. Resident # 102 stated that he could not believe that the facility let him run out of his methadone again. Resident # 102 stated that he spoke with the unit manager RN # 1 (registered nurse). Resident # 102 stated that RN # 1 informed him that the pharmacy did not send his medication. Resident # 102 stated that he then told RN # 1 that he heard the facility staff nurses state that there was no prescription for his Methadone and that a prescription had to be written that Monday morning (2/11/19). Resident # 102 stated that RN # 1 stated that she would look into the situation, later returned, and told him that he was correct and that the prescription for Methadone had been obtained that morning.	{F 755}		

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{F 755}	Continued From page 28 Resident # 102 stated, "They should not let me run out of my Methadone." The surveyor asked Resident # 102 if the facility staff provided him with anything for pain in place of the Methadone. Resident # 102 stated that the facility staff gave him his prn (as needed) oxycodone 10 mg. The surveyor asked Resident # 102 if the oxycodone 10 mg helped to relieve his pain during the time that the facility did not have the Methadone. Resident # 102 stated, "No, I take 12 tablets of Methadone at one time." The surveyor asked Resident # 102 to rate his pain during the time he went without his Methadone on a scale of 0 to 10 with zero being no pain and 10 being the worst pain he could imagine. Resident # 102 rated his pain at a level of 9 out of 10. The surveyor asked Resident # 102 what level of pain is usually tolerable for him. Resident # 102 reported that a pain level of 5 out of 10 was tolerable for him. Resident # 102 stated, "Last time this happened was New Year's and I went into full blown withdrawal." "I had to wait for two days to get it back." "I was vomiting and going to the bathroom on myself." "I felt like I was going to die." On 2/13/19 at 1:00 pm, the surveyor reviewed the progress notes for Resident # 102. The surveyor observed the following progress notes. A progress note documented on 1/1/19 at 9:21 am was documented as, "Methadone in drawer is only 4 tablets. Refill was not sent from pharmacy. Called pharmacy spoke with (pharmacy employee's name withheld) and she told me medication would be on next run. Also called Richmond line and was told medication had already been put in to be sent on next run. 3-11 nurse notified that I spoke with pharmacy regarding medication. Resident received 4 pills in the cart awaiting delivery for full dose. Resident	{F 755}		

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{F 755}	Continued From page 29 aware." A progress note documented on 1/1/19 at 6:24 pm, was documented as, "Called pharmacy to deliver methadone. Pt. (patient) only received 40 mg dose today. Behaviors cursing staff and general moodiness, refusing evening meds. Pharm (pharmacy) was called would not send out until they receive new script. On call DR (doctor) (Physician's name withheld) was called and she wrote a one day script for 1/2/19. Pharmacy was called back and will send out on 1/2/19." A progress note documented on 1/2/19 at 10:36 am was documented as "Zofran ODT tablet disintegrating 4 mg Give 1 tablet by mouth every 6 hours as needed for nausea given for nausea vomiting." A progress note documented on 1/2/19 at 11:12 am, was documented as, "Zofran ODT tablet disintegrating 4 mg give 1 tablet by mouth every 6 hours as needed for nausea patient stated the Zofran prn administration was ineffective." A progress note documented on 1/2/19 at 11:12 am, was documented as, "Oxycodone HCl tablet 5 mg give 2 tablets by mouth every 6 hours as needed for pain related to low back pain oxycodone 5 mg every 6 hours prn 10/10 back pain." A progress note documented on 1/2/19 at 12:34 pm was documented as. "This nurse spoke with (Pharmacy employee's name withheld) from (pharmacy name withheld), manager, about methadone not arriving in a timely manner. (Pharmacy employee's name withheld) verified medication was ordered on 12/31 online however due to the holiday it could not be filled. Then the	{F 755}		

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{F 755}	Continued From page 30	{F 755}		

next day nurse again called pharmacy again and requested the medication. Pt. received 40 mg which is what we had on hand. The pharmacy explained that they needed new script due to it being a holiday and needing to get med from a different pharmacy because it is controlled. Script was obtained and faxed med was not here 1/2/19 in the morning nurse again called pharmacy requested it stat in which (Pharmacy employee's name withheld) at (pharmacy's name withheld) stated it would be sent. 12 pm and medication was still not here. Nurse called back again spoke to (pharmacy employee's name withheld) in which she stated (pharmacy employee's name withheld) never put in as stat order. Order was not in as stat per (Pharmacy employee's name withheld), manager. This nurse assessed pt around 10 am. Pt appears pale, diaphoretic, states he is nauseated in which nurse gave 4 mg Zofran. States he had been having diarrhea and urinating on himself all night. Vitals stable. Pt stable. This nurse informed him of plan to contact pharmacy and discuss how we will avoid this again and get medication in stat. Education provided to staff that meds will need to be reordered when the 4th card of meds is started and to order meds several days in advance of a holiday. Per (Pharmacy employee's name withheld) this nurse could keep track of med by reordering every week on wed (Wednesday), then the following week on fri (Friday) and then mon (Monday) on the third week to make sure it falls in line with insurance. Next script due jan (January) 21st. Stat medication is on it's way per (Pharmacy employee's name withheld). Will continue to monitor. Pt updated on plan of care." The surveyor observed that there was no documentation of physician notification of change of condition for Resident # 102.

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{F 755}	Continued From page 31 On 2/13/19 at 1:50 pm, the surveyor reviewed the "Pain Level Summary" in the clinical record for Resident # 102. The surveyor observed the following times that Resident # 102 reported pain levels of 10 during the time the Methadone was not available for distribution in the facility. 1/1/19 at 6:44 pm, Resident # 102 reported a pain level of 10 1/1/19 at 7:42 pm, Resident # 102 reported a pain level of 10 1/1/19 at 8:35 pm, Resident # 102 reported a pain level of 10 1/2/19 at 4:30 am, Resident # 102 reported a pain level of 10 1/2/19 at 11:12 am, Resident # 102 reported a pain level of 10 1/2/19 at 2:00 pm, Resident # 102 reported a pain level of 10 1/2/19 at 2:21 pm, Resident # 102 reported a pain level of 10 On 2/13/19 at 3:08 pm, the surveyor interviewed the unit manager RN # 1. The surveyor asked RN # 1 if she was aware of any incidents where Resident # 102 did not have his physician ordered Methadone in the facility for administration. RN # 1 stated that she was aware of the incident but could not recall the exact date. The surveyor asked RN # 1 if there was an incident that occurred on New Year's Day when Resident # 102 did not have his Methadone available in the facility for administration. RN # 1 stated, "Yes." RN # 1 stated that when she did come into the facility she went in to assess Resident # 102 and he was in "full blown withdrawals." RN # 1 stated that Resident # 102 was shaking, diaphoretic, and was having	{F 755}		

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{F 755}	Continued From page 32	{F 755}		

diarrhea. The surveyor asked RN # 1 if there were any other incidents where Resident # 102's Methadone was not available for administration. RN # 1 informed the surveyor that there was" almost an incident" on 2/11/19. RN # 1 stated that Resident # 102 got upset and came and spoke to her. RN # 1 stated that she called the physician and the pharmacy and got the medication into the facility. The surveyor then reviewed the progress note for Resident # 102 that was documented on 1/2/19 at 12:34 pm, with RN #1. The surveyor asked RN # 1 if she was the nurse that had documented the progress note in the clinical record for Resident # 102. RN # 1 stated that she had written the progress note on 1/2/19 at 12:34 pm. The surveyor asked RN # 1 if she had informed the physician of the change of condition in Resident # 102 as documented in the progress note on 1/2/19 at 12:34 pm. RN # 1 stated that she did notify the nurse practitioner. RN # 1 reviewed the progress note along with the surveyor and agreed that she did not document physician notification of change in Resident # 102's status on 1/2/19 at 12:34 pm. The surveyor asked RN # 1 who she made aware of the change in Resident # 102's condition on 1/2/19. RN # 1 stated that she made (Nurse practitioner's name withheld) aware.

On 2/13/19 at 2:14 pm, the surveyor interviewed (Pharmacist name withheld) via telephone. The surveyor asked the pharmacist if a prescription for Methadone had been received for Resident # 102. The pharmacist stated that a prescription had been received and on 1/2/19 at 2:09 pm 120 tablets of Methadone was delivered to the facility for Resident # 102. The surveyor asked the pharmacist if there was an issue with the Methadone prescription for Resident # 102 that

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{F 755}	Continued From page 33 would prevent the pharmacy from delivering the Methadone to the facility to be available for administration. The pharmacist stated that a new prescription was needed because Resident # 102's insurance rejected the refill order. The pharmacist informed the surveyor that 60 tablets of Methadone was delivered to the facility at 11:22 am on 2/11/19. On 2/13/19 at 3:30 pm, the surveyor spoke with (Nurse Practitioner's name withheld) via telephone in the presence of RN #1 and 2 other surveyors. The surveyor asked (Nurse Practitioner's name withheld) if he had been made aware of a change in Resident # 102's condition on 1/2/19. (Nurse practitioner's name withheld) stated, "No." RN # 1 then interjected and stated, "(Nurse practitioner's name withheld), I called you on that day to make you aware of the change with Resident # 102." (Nurse practitioner's name withheld) stated, "You probably did." "I must have forgotten." The surveyor asked (Nurse Practitioner's name withheld) if he would expect the nurses to make him aware when Resident's experience a change in condition. The nurse practitioner stated, "Yes." The surveyor asked the nurse practitioner what he would have done for Resident # 102 if he had been made aware of his change of condition on 1/2/19. The nurse practitioner stated, "Probably give him some Ativan." The surveyor asked the nurse practitioner if that is all that he would have ordered for Resident # 102.. The nurse practitioner stated, "Yes." The facility policy on "Notification of Change in Condition" contained documentation that included but was not limited to, ..." Procedure	{F 755}		

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{F 755}	Continued From page 34 The nurse to notify the attending physician and Resident Representative when there is a (n): Significant change in the patient/resident's physical, mental, or psychosocial status." ... The facility policy on "Medication Shortages/Unavailable Medications" contained documentation that included but was not limited to, ..."Procedure 1. Upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy. If the medication shortage is discovered at the time of medication administration, facility staff should immediately take the action specified in Sections 2 or 3 of this Policy 7.0, as applicable. 2. If a medication shortage is discovered during normal pharmacy hours: 2.1 Facility nurse should call pharmacy to determine the status of the order. If the medication has not been ordered, the licensed facility nurse should place the order to reorder for the next scheduled delivery. 2.2 If the next available delivery causes delay or a missed dose in the resident's medication schedule, facility nurse should obtain the medication from the Emergency Medication Supply to administer the dose. 2.3 If the medication is not available in the Emergency Medication Supply, facility staff should notify pharmacy and arrange for an emergency delivery. 3. If a medication shortage is discovered after normal pharmacy hours: 3.1 A licensed facility nurse should obtain the ordered medication from the Emergency	{F 755}		

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{F 755}	Continued From page 35 Medication Supply. 3.2 If the ordered medication is not available in the Emergency Medication Supply, the licensed facility nurse should call pharmacy's emergency answering service and request to speak with the registered pharmacist on duty to manage the plan of action. Action may include: 3.2.1 Emergency delivery; 3.2.2 Use of an emergency (back-up) third party pharmacy. 4. If an emergency delivery is unavailable, facility nurse should contact the attending physician to obtain orders or directions. 5. If the medication is unavailable from pharmacy or a third party pharmacy, and cannot be supplied from the manufacturer, facility should obtain alternate physician/prescriber orders, as necessary." ... On 2/13/19 at 7:00 pm, the administrative team was made aware of the findings as stated above. No further information was provided to the survey team prior to the exit conference on 2/13/19. This is a complaint deficiency.	{F 755}		
{F 761} SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals	{F 761}	F 761 Label/Store Drugs 1. The unit manager removed and discarded the expired medications for Resident #'s 113, 114 and 115 on 02/13/19. Discarded medications were replaced by the center for each resident.	

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{F 761}	Continued From page 36 §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, facility staff failed to discard medications after the expiration date for 4 of 16 residents in the survey sample (Residents #113-116) and bulk medications on 1 of 5 medication carts. The surveyor inspected the two medication carts and the medication room on unit 2 on 2/12/19 at 2 PM and found no expired medications. On 2/13/19 at 1:30 PM, the surveyor started inspecting the medication carts on unit 1. The cart on the 400 hall had no unexpired medications. The cart on the 300 hall had a bottle of cetirizine 10 mg opened 10/8/18 with manufacturer's expiration date 11/2018, a bottle of zinc sulfate 220 milligrams opened 10/8/18 with manufacturer's expiration date 9/2018, and a bottle of sennosides 8.6 milligrams opened 10/8/2018 with manufacturer's expiration date 10/2018. In addition, there was a box of albuterol sulfate nebulizers 0.64 milligrams/3 milliliter vial	{F 761}	2. A Quality review of medications and medication rooms was completed on 02/26/19 by the DON. Follow up based on findings. 3. DON/ADON provided re-education to licensed nurses on the regulation and policy for storage and labeling of medications on 3/11/19. 4. DON/ADON/Unit Managers will conduct Quality Monitoring of medications and medication rooms for expired medications, appropriate labeling and loose pills, 5 times a week for 4 weeks, and then monthly x 3 and PRN as indicated. DON will report results to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of Compliance: 03/20/19	

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{F 761}	Continued From page 37 with 5 packages in the box with order date 8/14/17 and manufacturer's expiration date October 2018 for Resident #113; for Resident #114, a blister package of ondansetron 4 milligram tablets with 4 remaining tablets with expiration date 12/7/18; and for Resident #15, a bottle of nitroglycerin 0.4 milligram sublingual tablets with 23 tablets remaining and manufacturer's expiration date January 19. Facility staff made facility administration aware of the issue and the surveyor observed while a licensed practical nurse (LPN) and a corporate level Quality Assurance representative inspected the medication cart on the 200 hall for expired medications. They discovered a blister package of hyoscyamine 0.125 milligrams tablets with 10 remaining tablets with expiration date 1/25/19. The medication room on unit 1 contained no expired medications. The issue was reported to facility administration during the summary meeting on 2/13/19. Resident #113 was admitted to the facility on 8/10/15 with diagnoses including anemia, Alzheimer's dementia, heart failure, and hypertension. The resident scored 9/15 on the brief interview for mental status on the latest minimum data set assessment. Resident #114 was admitted to the facility on 9/22/2015 with diagnoses including anemia, hypertension, aphasia, cardiovascular accident, hemiplegia, malnutrition, anxiety, and bipolar disorder. The resident scored 14/15 on the brief interview for mental status on the latest minimum data set assessment. Resident #115 was admitted to the facility on	{F 761}		

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{F 761}	Continued From page 38 1/17/2019 with diagnoses including anemia, heart failure, hypertension, peripheral vascular disease, cerebrovascular accident, and dementia. The resident had not yet had a minimum data set assessment. Resident #116 was admitted to the facility on 4/2/18 with diagnoses including Alzheimer's dementia and depression. The resident was assessed as unable to complete the brief interview for mental status on the latest minimum data set assessment.	{F 761}		
{F 812} SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview it was determined the facility staff failed to provide ice in	{F 812}	F 812 Food Procurement 1. Ice chests and scoops were cleaned by Dietary manager on 02/13/19. Staff foods were removed from the resident designated areas on 02/14/19 by the Unit Manager. Unit manager provided education to CNA # 1 on 02/14/19 on policy and procedure on the distribution of ice in a safe and sanitary manner. Education provided to CNA #2 on designated areas for staff storage of food 02/14/19. 2. Quality review was completed by DON on 02/26/19 to ensure scoops were in appropriate storage, and staff food and resident food is not co-mingled.	

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{F 812}	Continued From page 39 a clean and sanitary manner and commingled staff and resident foods in the unit one pantry refrigerator. Findings: On 2-12-19 at 11:30 AM during a tour of the 400 hall on unit one, two staff members were observed to get ice from an ice chest with bare hands holding the ice scoop. The two staff members (CNA I and AO) put the ice into resident cups then dropped the ice scoop back into the chest on top of the ice. CNA I proceeded down the hall and was observed to go in and out of three resident rooms, filling cups from the ice chest which she held with her bare hands. Each time she returned the scoop to the inside of the chest by dropping it onto the bed of ice. On 2-13-19 at 4:05 PM the resident's Unit two pantry refrigerator was reviewed for contents. The surveyor found a plastic bag containing a styrofoam meal dish and an apple pie. The items were not labeled with a name or dated. The surveyor observed a sign on the refrigerator that stated, "This refrigerator is to be used for resident items only! Staff items will be thrown away. All items in this refrigerator must include ~Resident's name AND ~Resident's room number and ~Today's date and the date 3 days from today... " The surveyor asked CNA II what was in the bag and who it belonged to. CNA II stated, "It's mine, I guess I'm in trouble. I just stuck it there temporarily until I could get it to the break room."	{F 812}	3. DON/ADON/Unit Managers provided education to nursing staff on the regulation and policy and procedure on the distribution of ice in a safe and sanitary manner and storage of staff and resident foods on 3/11/19. 4. DON/ADON/Unit Managers will conduct Quality Monitoring to ensure ice is maintained and passed in a sanitary manner, and staff food is not co-mingled with resident food 5 x a week for 4 weeks, then monthly for 3 months, and PRN as indicated. Findings to be reported to QAPI committee by the DON and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of Compliance: 03/20/19	

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{F 812}	Continued From page 40 This information was shared with the DON and CNN (corporate nurse consultant) at 6:30 PM. The DON provided the surveyor with a policy for ice storage. The policy said the ice scoop should be stored in a separate container. No policy was found regarding the commingling of resident and staff food--but the DON acknowledged staff were not to store food in resident refrigerators. No additional info was provided prior to the survey team exit.	{F 812}	F 867 QAPI/QAA 1. Facility conducted a QAPI AD-Hoc meeting on 02/15/19 to discuss the outcome of the annual survey revisit and review development of plans to correct areas identified. 2. On 02/21/19 The Executive Director and the Interdisciplinary team completed a Root Cause Analysis for deficiencies cited on 02/14/19. 3. The Divisional Director of Clinical Services provided education to the Quality Assurance Performance Improvement committee members regarding the regulation and policy for the roles, functions and development of action plans of QAPI committee members on 02/21/19. 4. ED/DON will conduct Quality Monitoring of QAPI meetings weekly for 6 weeks and then monthly and PRN as indicated.	
{F 867} SS=F	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance. §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, clinical record review, comlaint investigation, and during a return survey to evaluate the Plan of Correction of Deficiencies from the prior survey, facility staff failed to implement action plans to correct identified quality deficiencies in the areas of pressure ulcer care, hemodialysis, medication availability, medication storage, and infection control. Those deficient practices are detailed under the appropriate citations in this report. Continuing concerns were discussed with the faacility administrator,director of clinical services, and two	{F 867}		

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{F 867}	Continued From page 41 corporate representatives during a final conference on 2/13/19.	{F 867}	Findings to be reported to QAPI Committee by the ED and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of compliance: 03/20/19	
{F 880} SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported;	{F 880}	F880 Infection Prevention and Control 1. For Resident # 109 based on the most recent assessment by the Nurse Practitioner on 02/28/19 no adverse effects or new infections were noted. Unit Manager reviewed the facility infection control regulation, policy and procedure with the manager of the transportation company and the dialysis clinic on 02/12/19. The mechanical lift was removed from resident care area and was cleaned and disinfected. Education provided to staff on dedicated equipment for isolation residents was completed 2/13/19.	

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{F 880}	Continued From page 42 (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility document review, facility staff failed to ensure transmission based precautions were followed to prevent the spread of infections by notifying visitors and employees of transport company and hemodialysis center of the need for precautions and keeping appropriate	{F 880}	On 2/13/19 isolation signage was enlarged to reflect direction for staff and visitors and vendors to see nurse for direction. 2. Quality Review was completed 02/25/19 on isolation residents to ensure precautions are maintained, notifications are completed to dialysis centers and outside vendors, and equipment is dedicated to the residents in isolation. 3. The DON/ADON provided education on infection control regulation and policy for isolation to Resident council members on 03/7/19 and Family council members on 03/19/19. On 03/11/19, DON/ADON provided re-education to licensed nurses on the infection control regulations and policy and procedure to ensure staff understand the importance of notifying	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495325	A. BUILDING _____ B. WING _____	R 02/13/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHEASANT RIDGE NURSING & REHAB CENTER	4365 PHEASANT RIDGE ROAD, SW ROANOKE, VA 24014

(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 880}	Continued From page 43 disinfectant available for staff use for 1 of 16 residents in the survey sample (Resident #109). Resident #109 was admitted to the facility on 2/12/19 with diagnoses including end stage renal disease clostridium difficile colitis, congestive heart failure, atrial fibrillation, diabetes mellitus, and depression. At the time of the review on 2/13/19, the resident had not had a minimum data set completed. The surveyor found the resident able to answer questions about her care. On 2/12/19 at 1:30 the surveyor noted the resident was out of the room. 3 magnets on the door frame said "stop see nurse for instructions". A cart outside the door contained gowns, gloves, masks, hair covers, red bags and clear dressing tape. The surveyor asked the unit manager about the resident's locations and the necessary precautions. The unit manager said the resident was at dialysis. The resident was on contact precautions and the unit manager did not know what type of precautions should be taken if the resident was out of the room or left the building. Later, on 2/12/19, the unit manager informed the surveyor she had called the dialysis center and the transport company to inform them the resident required contact precautions. At approximately 3:15 on 2/13/19, the surveyor observed the resident return to the building with two transporters. They entered the room and transferred the resident to the bed using a lift. then left with their stretcher. Neither donned personal protective equipment. No staff member notified the transporters of the need to wear PPE (Personal protective equipment). After leaving, one returned to retrieve a tablet from the room. When the surveyor returned from watching the	{F 880}	transportation services and the dialysis center of residents with isolation precautions including the use of dedicated equipment. Letters were sent out to families on 03/11/19 regarding facility Infection Control Policy and Procedures. 4. DON/ADON/ Unit Managers will conduct Quality Monitoring to ensure documentation is present that notification to transportation company and dialysis center is completed, random observation of visitors to maintain compliance with isolation precautions, and equipment for residents in isolation is dedicated to them and left in the room, 5 x week for 4 weeks then , monthly x 3 months. Findings to be reported to QAPI committee monthly by the DON and updated as indicated. Quality monitoring schedule modified based on findings. 5. Date of Compliance: 03/20/19	

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

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{F 880}	Continued From page 44 transporters exit, the lift was no longer in the room. The resident, when asked, said the lift was removed without being cleaned. The CNA reported it had been taken to another hall and cleaned with wipes. The CNA stated wipes were stored in a drawer in the nurse's station and aids get them from nurses when they need them. A nurse at the nurse's station said the wipes were stored in the medication cart. There were no wipes in the cart. Another nurse said they were locked in a drawer in the nurse's station. Staff found the disinfecting wipes 7 minutes after the CNA asked for them. The CNA showed the surveyor the caution notice on the package indicating they whould be kept from children and said that was why the wipes could not be kept on the isolation cart. On 2/13/19, a visitor arrived and delivered several bags of the resident's belongings, visited, then left. No staff member informed the visitor of the need to use PPE or thoroughly wash hands after visiting. The administrator and director of clinical services were notified of the concerns with contact precautions during a summary meeting on 2/13/19.	{F 880}		