

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

PRINTED: 07/09/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/20/2019
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NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid abbreviated survey was conducted 6/19/19 through 6/20/19. Complaints were investigated during the survey. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirement(s).

The census in this 190 certified bed facility was 159 at the time of the survey. The survey sample consisted of four current Resident reviews (Residents #1 through #4) and one closed record review (Resident #5).

F 842 Resident Records - Identifiable Information
SS=D CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)

F 842

§483.20(f)(5) Resident-identifiable information.
(i) A facility may not release information that is resident-identifiable to the public.
(ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.

§483.70(i) Medical records.
§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-
(i) Complete;
(ii) Accurately documented;
(iii) Readily accessible; and
(iv) Systematically organized

§483.70(i)(2) The facility must keep confidential all information contained in the resident's records,

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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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regardless of the form or storage method of the records, except when release is-

- (i) To the individual, or their resident representative where permitted by applicable law;
- (ii) Required by Law;
- (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
- (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-

- (i) The period of time required by State law; or
- (ii) Five years from the date of discharge when there is no requirement in State law; or
- (iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-

- (i) Sufficient information to identify the resident;
- (ii) A record of the resident's assessments;
- (iii) The comprehensive plan of care and services provided;
- (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
- (v) Physician's, nurse's, and other licensed

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professional's progress notes; and
(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:
Based on staff interview and clinical record review, it was determined that the facility staff failed to maintain a complete and accurate clinical record for three of five residents in the survey sample, Residents #1, #3 and #4.

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Past noncompliance: no plan of correction required.

1. The facility staff failed to document medication administration for Resident #1 during the evening shift on 4/16/19.
2. The facility staff failed to document treatment administration for Resident #3 on 5/10/19, 5/25/19 and 5/29/19.
3. The facility staff failed to document medication administration for Resident #4 during the evening shift on 6/13/19.

The findings include:

1. The facility staff failed to document medication administration for Resident #1 during the evening shift on 4/16/19.

Resident #1 was admitted to the facility on 6/20/14. Resident #1's diagnoses included but were not limited to anxiety disorder, pain and major depressive disorder. Resident #1's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 4/10/19, coded the resident's cognition as severely impaired.

Review of Resident #1's clinical record revealed

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the following physician's orders:
6/3/17-miralax (1) 17 grams in eight ounces of liquid twice daily.
1/24/18- prolixin (2) 2.5 mg (milligrams) - one tablet at bedtime.
4/8/18- luvox (3) 50mg- on tablet at bedtime.
10/10/18- xalatan (4) 0.005% eye drops- one drop in both eyes at bedtime.
10/10/18-desyrel (5) 50mg- one tablet at bedtime.

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Review of Resident #1's April 2019 MAR (medication administration record) revealed the medications were not initialed as being administered during the evening shift on 4/16/19.

On 6/20/19 at 8:08 a.m., an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 was asked what is meant if medications and treatments are not initialed as being administered on the MAR and TAR (treatment administration record). LPN #3 stated it is human error and the medications or treatments were probably administered but not documented. LPN #3 stated residents and families frequently stop the nurses so it is easy to forget to document.

On 6/20/19 at 9:15 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made aware of the above concern.

The facility policy regarding physician's orders failed to document specific information regarding MAR and TAR documentation.

On 6/20/19 at 9:35 a.m., ASM #2 presented a plan of correction that documented, "There are holes in the MARS/TARS. Residents who are admitted to the facility have the potential to be

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affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during QAPI (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan.

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PAST NON-COMPLIANCE

- (1) Miralax is used to treat constipation. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a603032.html>
- (2) Prolixin is used to treat psychotic symptoms. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a682172.html>
- (3) Luvox is used to treat obsessive-compulsive disorder. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a695004.html>
- (4) Xalatan is used to treat glaucoma. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a697003.html>
- (5) Desyrel is used to treat depression. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a681038.html>

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2. The facility staff failed to document treatment administration for Resident #3 on 5/10/19, 5/25/19 and 5/29/19.

Resident #3 was admitted to the facility on 1/26/19. Resident #3's diagnoses included but were not limited to difficulty swallowing, weakness and abnormal gait. Resident #3's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 5/5/19 coded the resident's cognitive skills for daily decision making as severely impaired.

Review of Resident #3's clinical record revealed a physician's order dated 3/27/19 to cleanse the sacrum with dakin's solution (1), pat dry, apply santyl ointment (2) and a dry dressing every day.

Review of Resident #3's May 2019 TAR (treatment administration record) revealed the treatment was not initialed as being administered on 5/10/19, 5/25/19 and 5/29/19.

On 6/20/19 at 8:08 a.m., an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 was asked what is meant if medications and treatments are not initialed as being administered on the MAR and TAR (treatment administration record). LPN #3 stated it is human error and the medications or treatments were probably administered but not documented. LPN #3 stated residents and families frequently stop the nurses so it is easy to forget to document.

On 6/20/19 at 9:15 a.m., ASM (administrative staff member) #1 (the executive director) and ASM #2 (the director of nursing) were made

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aware of the above concern.

On 6/20/19 at 9:35 a.m., ASM #2 presented a plan of correction that documented, "There are holes in the MARS/TARS. Residents who are admitted to the facility have the potential to be affected. Re-education has been provided to licensed Nursing staff on following Physician orders and filling out the MAR and TAR at time of medication administration. Quality monitoring of the MAR/TAR to be performed 5x (times) a week x 4 weeks to ensure compliance. Findings to be discussed and reviewed during QAPI (quality assurance and performance improvement) and adjusted as indicated. Compliance Date: 6/19/19." ASM #2 also presented all the credible evidence for the plan.

PAST NON-COMPLIANCE

(1) Dakin's solution is used to treat wounds. This information was obtained from the website: <https://www.ncbi.nlm.nih.gov/books/NBK507916/>

(2) Santyl is used to treat wounds. This information was obtained from the website: <https://www.santyl.com/>

3. The facility staff failed to document medication administration for Resident #4 during the evening shift on 6/13/19.

Resident #4 was admitted to the facility on 3/28/13. Resident #4's diagnoses included but were not limited to acute respiratory failure, high blood pressure and diabetes. Resident #4's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 5/17/19, coded the resident as being

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cognitively intact.

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Review of Resident #4's clinical record revealed the following physician's orders:

- 1/12/19- lantus (1) 20 units every evening.
- 6/3/17- xalatan (2) 0.005% eye drops- one drop into both eyes every evening.
- 12/8/17- latuda (3) 40mg (milligrams) - one tablet every day with dinner.
- 3/10/17- miralax (4) 17 grams with eight ounces of water or juice twice a day.
- 11/16/17- desyrel (5) 150 mg- one half tablet at bedtime.

Review of Resident #4's June 2019 MAR (medication administration record) revealed the medications were not initialed as being administered during the evening shift on 6/13/19.

On 6/20/19 at 8:08 a.m., an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 was asked what is meant if medications and treatments are not initialed as being administered on the MAR and TAR (treatment administration record). LPN #3 stated it is human error and the medications or treatments were probably administered but not documented. LPN #3 stated residents and families frequently stop the nurses so it is easy to forget to document.

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PAST NON-COMPLIANCE

(1) Lantus is used to treat diabetes. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a600027.html>

(2) Xalatan is used to treat glaucoma. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a697003.html>

(3) Latuda is used to treat psychotic symptoms. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a611016.html>

(4) Miralax is used to treat constipation. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a603032.html>

(5) Desyrel is used to treat depression. This information was obtained from the website: <https://medlineplus.gov/druginfo/meds/a681038.html>