

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

PRINTED: 05/07/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 04/23/19 through 04/25/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. Three complaints were investigated during the survey.	E 000	This Plan of Correction is submitted in accordance with established state and federal laws. Submission of this Plan of Correction is not an admission of a deficiency existing or that a deficiency was cited correctly, it constitutes written allegation of compliance for deficiencies cited.		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 4/23/19 through 4/25/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. Three complaints were investigated during the survey.	F 000			
F 550	The census in this 176 certified bed facility was 131 at the time of the survey. The survey sample consisted of 43 current Resident reviews and 4 closed record reviews.	F 550			
SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and				
				<p>RECEIVED</p> <p>MAY 20 2019</p> <p>VDH/OLC</p>	
			F-550:		
			1: In this case when the surveyor reported the dining experience observation, the nurse aide was reminded to serve all residents at one table at the same time and to sit at eye level whenever feeding or assisting a resident with eating. Nurse supervisors observed dining experiences and no further incidents were reported for Resident #53 or Resident #97.		
			2: Current residents who are served their meals in a dining room, or require assistance or total dependence with meals have the potential to be affected by this practice.		

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

TITLE

(X6) DATE

Ramona J. Ringstaff

Administrator

5/16/2019

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

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F 550	<p>Continued From page 1 promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide a dignified dining experience for two of 47 residents in the survey sample, Residents #53 and #97.</p> <p>1. The facility staff failed to serve lunch to Resident #94 in a dignified manner. Another resident seated at the same table as Resident #53 was served a meal and Resident #53 was</p>	F 550	<p>3: Clinical staff will be in-serviced on resident rights with an emphasis on a dignified dining experience.</p> <p>4: The director of nursing designee will observe dining room experiences in random dining rooms weekly. Any discrepancies will be addressed immediately and reported to the director of nursing. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion Date: May 28, 2019</p>		

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F 550	<p>Continued From page 2</p> <p>not served a meal until 27 minutes later.</p> <p>2. The facility staff stood next to Resident # 97 while assisting them with eating during lunch.</p> <p>The findings include:</p> <p>1. The facility staff failed to serve lunch to Resident #94 in a dignified manner. Another resident seated at the same table as Resident #53 was served a meal and Resident #53 was not served a meal until 27 minutes later.</p> <p>Resident #53 was admitted to the facility on 2/17/16. Resident #53's diagnoses included but were not limited to difficulty swallowing, heart failure and diabetes. Resident #53's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/5/19, coded the resident's cognition as severely impaired. Section G coded Resident #53 as requiring supervision with set up help only with eating. Resident #53's comprehensive care plan dated 3/5/18 failed to document information regarding a dignified dining experience.</p> <p>On 4/23/19 at 11:40 a.m., Resident #53 was observed sitting at a table in the wing 100 dining room. Another resident was observed eating a meal at the same table and Resident #53 did not have a meal. Resident #53 was served a meal at 12:07 p.m. (27 minutes later).</p> <p>On 4/23/19 at 2:40 p.m., Resident #53 was asked how she felt being served her meal several minutes after another resident who was seated at the same table. Resident #53 stated, "To a degree, it's okay but past that degree, it makes me angry."</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>On 4/24/19 at 2:17 p.m., an interview was conducted with CNA (certified nursing assistant) #2. CNA #2 stated all residents at the same table should be served meals at the same time. When asked why, CNA #2 stated, "So one person won't be sitting there eating and another person is sitting there not having their food." When asked how she would feel if someone seated at the same table was served a meal and she wasn't served a meal for 27 minutes. CNA #2 stated, "Disappointed." When asked why, CNA #2 stated, "Because they are eating and I'm not and I'm sitting there watching them and I'm hungry."</p> <p>On 4/24/19 at 4:59 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, "Meal Tray Service" failed to document information regarding the above concern.</p> <p>The facility policy titled, "Resident Rights" documented, "The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility."</p> <p>No further information was presented prior to exit. 2. The facility staff was observed standing next to Resident # 97 while assisting them with eating during lunch.</p> <p>Resident # 97 was admitted to the facility on 03/30/18 with diagnoses that included but were not limited to cerebral infarction (1), depressive disorder, (2), and dysphagia (3).</p>	F 550			

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F 550	<p>Continued From page 4</p> <p>Resident # 97's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 03/22/19, coded Resident # 97 as scoring a 9 (nine) on the brief interview for mental status (BIMS) of a score of 0 - 15, 9 (nine) - being moderate impaired of cognition for making daily decisions. Resident # 97 was coded as requiring extensive assistance of one staff member for all activities of daily living and limited assistance of one staff member with eating.</p> <p>A dining observation was conducted on 4/23/19 at 11:43 a.m., in the Unit 1 dining area. Residents # 97 sitting was observed in her wheelchair at a table receiving assistance with eating from a staff member, [CNA (certified nursing assistant) # 1]. Further observation revealed CNA # 1 was standing next to Resident # 97 while assisting Resident # 97, while she ate her meal.</p> <p>On 04/23/19 at 3:18 p.m., an interview was conducted with CNA # 1 regarding the assistance she provided to Resident # 97 during lunch. CNA # 1 stated, "(Resident # 97) required hand-over-hand assistance with feeding herself using the spoon & fork with the larger handles." When asked how a staff member should position himself or herself when feeding or assisting a resident during a meal, CNA # 1 stated, "Normally we sit down next to the resident." When asked why it would not be dignified to stand and feed or assist a resident during a meal, CNA # 1 stated, "It's not a personal approach you want to be down at their level."</p> <p>On 04/24/19 at 8:55 a.m., an interview was conducted with CNA # 3. When asked how a</p>	F 550			

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F 550	<p>Continued From page 5</p> <p>resident should be served their meals in a dining area when seated at a table, CNA # 3 stated, "Pay attention to the resident and you should be sitting next to them."</p> <p>On 04/24/19 at 10:08 a.m., an interview was conducted with CNA # 4. When asked how staff members should position themselves when feeding or assisting a resident during a meal, CNA # 4 stated, "I sit eye level facing the resident."</p> <p>On 04/24/19 at 10:12 a.m., an interview was conducted with CNA # 5. When asked how staff members should position themselves when feeding or assisting a resident during a meal, CNA # 5 stated, "You should be sitting next to the resident."</p> <p>The facility's policy "Meal Tray Service" documented, "Residents who are unable to feed themselves shall be fed with attention to safety, comfort and dignity."</p> <p>On 04/24/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website:</p>	F 550			

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F 550	Continued From page 6 https://medlineplus.gov/ency/article/000726.htm . (2) Depression may be described as feeling sad, blue, unhappy, miserable, or down in the dumps. Most of us feel this way at one time or another for short periods. Clinical depression is a mood disorder in which feelings of sadness, loss, anger, or frustration interfere with everyday life for weeks or more. This information was obtained from the website: https://medlineplus.gov/ency/article/003213.htm . (3) A swallowing disorder. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html .	F 550			
F 580 SS=D	Notify of Changes (Injury/Denial/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 (D) A decision to transfer or discharge the resident from the facility as specified in	F 580	F- 580 1: Verification by nurse management that the medication for Resident #81 was available for administration was completed after notification by the surveyor of documentation. 2: Current residents receiving medications have potential to be affected by this practice. 3: Licensed nursing staff will be in-serviced on policy and procedure for notifying MD of changes in resident condition or needs, with an emphasis on notification of physician or physician extender of the unavailability of medications. 4: The director of nursing designee will audit medication administration records and progress notes weekly. Any noted discrepancies will be reported to the director of nursing, and addressed accordingly per facility policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion Date: May 28, 2019		

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F 580	<p>Continued From page 7</p> <p>§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-</p> <p>(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).</p> <p>§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 staff interview, facility document review and clinical record review, it was determined that the facility staff failed to notify the physician of a possible need to alter treatment for one of 47 residents in the survey sample, Resident #81.</p> <p>The facility staff failed to notify the physician when Crestor (Rosuvastatin) (1) 10 MG (milligram) was not available for administration to Resident</p>	F 580			

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F 580	<p>Continued From page 8</p> <p>#81 on 01/04/19, 01/07/19, and 01/08/19.</p> <p>The findings include:</p> <p>Resident #81 was admitted to the facility on 05/02/18 with a most recent readmission on 05/24/18. Resident #81's diagnoses included but were not limited to hyperlipidemia (2), hypertension (2), and heart failure (3). Resident #81's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/02/18, coded the resident as scoring a 15 on the brief interview for mental status (BIMS) of score of 0-15, 15 being cognitively intact for daily decision-making. Section G coded Resident #81 as requiring limited assistance of one staff for activities of daily living and as requiring the assistance of one staff member for the set up for eating.</p> <p>Review of Resident #81's clinical record revealed physician's orders dated 05/03/18 documented, "Crestor Tablet 10 MG (Rosuvastatin calcium) give one tablet by mouth at bedtime related hyperlipidemia."</p> <p>Review of Resident #81's January 2019 MAR (medication administration record) revealed the above Crestor order. A review of the MAR noted on 01/04/19, 01/07/19 and 01/08/19, RN (Registered nurse) #3 documented the code "9= other/ See Nurse Notes" indicating that the Crestor was not administered to Resident #81. Nurses' progress notes signed by RN #3 on 01/07/19 and 01/08/19 documented, "Waiting for med (medication) from pharmacy."</p> <p>Resident #81's care plan dated 05/24/18 failed to document specific information regarding</p>	F 580			

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F 580	<p>Continued From page 9</p> <p>physician notification of unavailable medications.</p> <p>On 04/25/19 at 10:36 a.m., an interview was conducted with LPN (licensed practical nurse) #5. LPN #5 was asked to describe the process for ensuring that Resident # 81's Crestor tablet 10MG was administered per physician's orders. LPN #5 stated, "I check in the back or in the emergency medication box, if the medication is not there check with the pharmacy to see if they can get it in reasonable time. If they don't, I call the Doctor or the Nurse Practitioner whether to hold or get substitute medication." When asked where she would document the conversation, LPN #5 stated, "We write a note in the resident's electronic clinical record. When asked to review the clinical record to evidence the conversation was documented, LPN #5 was not able to evidence in the clinical record that the physician's was notified of the missed doses of Crestor on the dates documented above. When asked what was in the stat box (Immediate- emergency medication box), LPN #5 provided the list to the surveyor but Crestor was not listed. When LPN #5 was asked what else should have been done, LPN #5 stated, "We should follow up with the pharmacy because the resident needed her medication."</p> <p>On 04/25/19 at 14:05 p.m., ASM (administrative staff member) #1 administrator, and ASM #2, the director, were made aware of the findings.</p> <p>The facility policy titled, "Physician Notification" documented in part under purpose, "To ensure the physician or the physician's extender is notified of relevant and significant changes of a patient/resident condition or needs effectively. To establish proper and acceptable method of</p>	F 580			

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F 580	<p>Continued From page 10</p> <p>communication." Under "Procedure" it is documented, "Notify the Physician when there is: 1. Change in condition of the patient, 2. Clarification of orders, 3. Medication and/or treatment refusal, 4. Falls, Incident/Accident, 6. Any other circumstance requiring a physician's intervention and/or order."</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>1. Crestor (rosuvastatin calcium) is a statin drug, that works by slowing the production of cholesterol by the body, used to lower cholesterol and fats (triglycerides) in the blood and is used to reduce the chances of developing problems like heart disease and strokes that can be caused, in part, by high cholesterol levels. This information was obtained from the website: https://www.rxlist.com/crestor-side-effects-drug-center.htm</p> <p>2. Cholesterol is a fat (also called a lipid) that your body needs to work properly. Too much bad cholesterol can increase your chance of getting heart disease, stroke, and other problems. The medical term for high blood cholesterol is lipid disorder, hyperlipidemia, or hypercholesterolemia. This information was obtained from the website: https://medlineplus.gov/ency/article/000403.htm</p> <p>3. High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html</p>	F 580			

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F 580	Continued From page 11 4. A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm .	F 580			
F 622 SS=D	Transfer and Discharge Requirements CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii) §483.15(c) Transfer and discharge- §483.15(c)(1) Facility requirements- (i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless- (A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility; (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; (C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; (D) The health of individuals in the facility would otherwise be endangered; (E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or	F 622	F-622: 1: In this case after the incident was reported by the surveyor it was determined that none of the mentioned residents, #15, #73, or #114, were adversely effected by the deficient practice. A check list was then initiated to track and document all required paperwork for transfers to acute care facilities as well as required documentation and notifications. 2: Current residents have potential to be affected by this practice. 3: Licensed nursing staff will be in-serviced on policy and procedure for transfers and discharges with an emphasis on required documentation to accompany resident, and proper documentation. 4: The director of nursing designee will review acute transfer check list for completion, and transfer documentation with each transfer and report any discrepancies to the director of nursing at which time it will be addressed according to policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion Date: May 28, 2019		

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F 622	<p>Continued From page 12</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c)(1)(A) or (B) of this section; and</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p>	F 622			

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F 622	<p>Continued From page 13</p> <p>(iii) Information provided to the receiving provider must include a minimum of the following:</p> <p>(A) Contact information of the practitioner responsible for the care of the resident.</p> <p>(B) Resident representative information including contact information</p> <p>(C) Advance Directive information</p> <p>(D) All special instructions or precautions for ongoing care, as appropriate.</p> <p>(E) Comprehensive care plan goals;</p> <p>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to provide the receiving facility, the required documentation upon transfer for three of 47 residents in the survey sample, Residents # 15, # 73, and #114.</p> <p>1. The facility staff failed to provide the receiving hospital the comprehensive care plan goals upon Resident # 15's transfer to the hospital on 1/1/19 and 1/13/19.</p> <p>2. The facility staff failed to provide the required documentation to the hospital for a facility initiated hospital transfer of Resident #73 on 2/27/19.</p> <p>3. The facility staff failed to evidence the comprehensive care plan goals were provided to the receiving facility when Resident #114 was transferred to the hospital on 3/14/19 and 3/19/19.</p> <p>The findings include:</p>	F 622			

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F 622	<p>Continued From page 14</p> <p>1. The facility staff failed to provide the receiving hospital the comprehensive care plan goals upon Resident # 15's transfer to the hospital on 1/1/19 and 1/13/19.</p> <p>Resident #15 was admitted to the facility 5/6/05 with a recent readmission on 1/15/19, with diagnoses that included but were not limited to: sepsis [destruction of tissue by bacterial toxins, contamination, infection (1)], muscle weakness, pain, dementia and episodes of nausea and vomiting.</p> <p>The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 1/22/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.</p> <p>The nurse's note dated, 1/1/19 at 9:49 p.m. documented, "Resident in resp (respiratory) distress, o2 (oxygen) sats (saturation) 77 o2 (at) 2 liters applied immed (immediately) np (nurse practitioner) notified, orders given to send to er (emergency room) 911 (emergency medical services) notified. 911 arrived transported to ER."</p> <p>The nurse's note dated, 1/13/19 at 5:52 a.m. documented, "Called to room by CNA (certified nursing assistant) @ (at) 0500 (5:00 a.m.). Resident noted with large amount of white foam coming from mouth. HOB (head of bed) up and Resident's mouth suctioned. VS (vital signs) 100.5 (temperature) - 105 (heart rate) - 26 (respirations) - 120/60 (blood pressure) - o2 sats 64% on room air. o2 (oxygen) applied via mask,</p>	F 622			

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F 622	<p>Continued From page 15</p> <p>sats (saturation) up to 70%. NP (nurse practitioner) notified 0508 (5:08 a.m.), new order send to (initials of hospital) ER to eval (evaluate) and tx (treat). 911 notified. RP (responsible party) notified 0510 (5:10 a.m.) of Resident's change in condition. Resident left facility with EMS (emergency medical services) via stretcher."</p> <p>The nurse practitioner note dated, 1/2/19 at 11:59 a.m. documented, "Resident sent to hospital over weekend after she was hypoxic and SOB (short of breath). Admitted for pneumonia, verbal order to send to hospital."</p> <p>The nurse practitioner note dated, 1/14/19 at 11:38 a.m. documented, "Gave verbal order for resident to be sent to ER for evaluation over weekend for hypoxia [inadequate amounts of available oxygen in the blood (2)] and resp (respiratory) distress.</p> <p>Further review of the clinical record failed to reveal any documentation regarding the information provided to the hospital at the time of transfer for the above dates.</p> <p>An interview was conducted with administrative staff member (ASM) #1, the administrator, on 4/24/19 at 1:30 p.m., regarding the information sent with a resident when transferred to the hospital, ASM #1 stated, "A copy of the face sheet, the transfer form, and the MARs (medication administration records)."</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 4/24/19 at 4:45 p.m., regarding the information sent with a resident transferred to the hospital. LPN #4 stated, "First I do an assessment, get the residents vital signs. I</p>	F 622			

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F 622	<p>Continued From page 16</p> <p>call the nurse practitioner for an order to send out. I call 911 and fill out the papers. I fill in the transfer form, send a copy of the face sheet, the list of the resident's medications, and I let the family know." When asked if she sends a copy of the comprehensive care plan goals with the resident, LPN #4 stated, "I don't remember doing that." She further stated that if the resident is a DNR (do not resuscitate) we send that form along too.</p> <p>The facility policy, "Facility Initiated Transfer and Discharge" documented in part, "Identifying information provided to the receiving provider which at a minimum will include: vii) The resident's comprehensive care plan goals."</p> <p>ASM #1 and ASM #2, the director of nursing, were made aware of the above concern on 4/24/19 at 5:45 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 527.</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 286.</p> <p>2. The facility staff failed to provide the required documentation to the hospital for a facility initiated hospital transfer of Resident #73 on 2/27/19.</p> <p>Resident #73 was admitted to the facility on 4/1/14 with a most recent readmission date of 3/4/19. Diagnoses included but were not limited to: heart failure (1), depression, urinary tract infection, myocardial infarction (2) and gout (3). The most recent MDS (minimum data set), an</p>	F 622			

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F 622	<p>Continued From page 17</p> <p>entry assessment, with an ARD (assessment reference date) of 3/18/19 coded the resident as having a score of three on the BIMS (brief interview for mental status), indicating the resident had severe cognitive impairment.</p> <p>Resident #73's clinical record revealed that she was sent to the hospital on 2/27/19. A Nurse Practitioner's note dated 2/27/19 at 12:30 p.m., documented "hypernatremia- family called, reviewed sx. (Symptoms) that may present with hypernatremia to include continued confusion, headache, weakness and possible seizures along with death if we don't get corrected (sic). IV (intravenous) needs to be placed and frequent monitoring of q (every) six hours is recommended."</p> <p>Resident #73's clinical record revealed that she was sent to the hospital on 2/27/19. A nurse's note dated 2/27/19 at 12:48 p.m., documented, "This writer spoke to daughter and updated with status and labs (laboratory tests). Daughter expressed that she wanted her taken care of just not sitting in an ER (emergency room) for hours. 911 (emergency services) called at 12:45 p.m. and updated them on the resident change of status and labs values. Waiting for transport."</p> <p>There was no evidence in the clinical record that the required information was provided to the hospital for Resident #73's facility initiated hospital transfer dated 2/27/19.</p> <p>On 4/24/19 at approximately 1:30 p.m., an interview was conducted with administrative staff member (ASM) #1, the Administrator, regarding what information is sent with residents upon transfer to the hospital, ASM #1 stated, "A copy of</p>	F 622			

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F 622	<p>Continued From page 18</p> <p>the face sheet, the transfer form, and the MARs (medication administration records)."</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 4/24/19 at 4:45 p.m., regarding the information sent with a resident transferred to the hospital. LPN #4 stated, "First I do an assessment, get the residents vital signs. I call the nurse practitioner for an order to send out. I call 911 and fill out the papers. I fill in the transfer form, send a copy of the face sheet, the list of the resident's medications, and I let the family know." When asked if she sends a copy of the comprehensive care plan goals with the resident, LPN #4 stated, "I don't remember doing that." She further stated that if the resident is a DNR (do not resuscitate) we send that form along too.</p> <p>On 04/24/19 at approximately 5:45 p.m., ASM #1, the Administrator and ASM #2, the Director of nursing, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>1. A condition in which the heart can't pump enough blood to meet the body's needs. Heart failure does not mean that your heart has stopped or is about to stop working. It means that your heart is not able to pump blood the way it should. It can affect one or both sides of the heart. This information was obtained from the website: https://medlineplus.gov/heartfailure.html</p> <p>2. Heart attack. Most heart attacks are caused by a blood clot that blocks one of the coronary arteries. The coronary arteries bring blood and oxygen to the heart. If the blood flow is blocked, the heart is starved of oxygen and heart cells die. This information was obtained from the website:</p>	F 622			

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F 622	<p>Continued From page 19</p> <p>https://medlineplus.gov/ency/article/000195.htm. 3. A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the joints. This information was obtained from the website: https://medlineplus.gov/ency/article/000422.htm. 3. The facility staff failed to evidence the comprehensive care plan goals were provided to the receiving facility when Resident #114 was transferred to the hospital on 3/14/19 and 319/19.</p> <p>Resident #114 was admitted to the facility on 3/6/19 with the diagnoses of but not limited to left femur fracture (1), anxiety, osteoporosis (2), high blood pressure, dementia with behavioral disturbance, and right femur fracture. The most recent MDS (Minimum Data Set), a 14-day Medicare assessment, with an ARD (Assessment reference date) of 3/6/19, coded the resident as scoring a 3 on the BIMS (Brief Interview for Mental Status) score, indicating the Resident has severe cognitive impairment for daily decision making.</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/14/19 at 4:04 PM, which documented in part, " ...this writer rushed into the room and observed PT (patient) lying on the floor in front of her wheelchair with aid by her side. ROM (range of motion) completed on pt with no injuries noted. Pain to the left hip where incisions noted. Pt did hit her head ...no injuries noted. PT stated, 'I am okay just get me off the floor! I was trying to pee when I fell out of my chair.' ...Family notified and NP (Nurse Practitioner) New order for x-ray to left hip for c/o (complains of) pain ..."</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/14/19 at 4:35 PM, which</p>	F 622			

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F 622	<p>Continued From page 20</p> <p>documented in part, " ...New order to send out 911 to (name of) ED (emergency department) due to hitting head when fell. No hematoma (3) noted. Pt has no injuries at this time. On lovenox (4) injection."</p> <p>A review of the clinical record revealed a nurse practitioner note that was dated 3/15/19 at 11:02 AM, which documented in part, "reason for visit - skilled visit as she had a fall last evening. She is on Lovenox for left hip fracture. She was complaining of left hip pain as well ...She was sent over to the hospital ER (emergency room), all scans was negative. She was sent back ..."</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/19/19 at 6:36 PM, which documented in part, " ...observed PT on the floor in the dining room with head under cabinet and chair alarm dinging. Pt is complaining of right hip pain and cannot fully distend the leg. Pt grabbing at the hip hollering out ...NP notified ...PT is being sent out to the ER (emergency room) 911. Daughter called to notify and message left to return call at this time. Pt stated she was trying to get up to leave."</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/19/19 at 6:46 PM, which documented in part, " ...(name of) contacted and notified of fall. Pt sent to the ER and family will be in following behind squad at this time."</p> <p>A review of the clinical record revealed a nurse practitioner note that was dated 3/20/19 at 6:39 AM, which documented in part, "Received phone call last evening. Resident fell again. Hit her head and c/o hip pain. Apparently one leg was shorter than other and externally rotated outward.</p>	F 622			

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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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F 622	<p>Continued From page 21</p> <p>Verbal order to send (name of hospital) via 911."</p> <p>Further review of the clinical record failed to evidence the comprehensive care plan goals were provided to the hospital for the Resident #114's transfer to the hospital on 3/14 and 3/19/19.</p> <p>An interview was conducted with administrative staff member (ASM) #1, the administrator, on 4/24/19 at 1:30 p.m. When asked what information is sent with residents when transferred to the hospital, ASM #1 stated, "A copy of the face sheet, the transfer form, and the MARs (medication administration records)."</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 4/24/19 at 4:45 p.m., regarding the information sent with a resident transferred to the hospital. LPN #4 stated, "First I do an assessment, get the residents vital signs. I call the nurse practitioner for an order to send out. I call 911 and fill out the papers. I fill in the transfer form, send a copy of the face sheet, the list of the resident's medications, and I let the family know." When asked if she sends a copy of the comprehensive care plan goals with the resident, LPN #4 stated, "I don't remember doing that." She further stated that if the resident is a DNR (do not resuscitate) we send that form along too.</p> <p>On 4/25/19 at 2:52 PM, ASM (Administrative Staff Member) #1 (Administrator) and ASM #2 (Director of Nursing) were made aware of the findings. No further information was provided by the end of the survey.</p> <p>(1) You had a fracture (break) in the femur in</p>	F 622			

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F 622	Continued From page 22 your leg. It is also called the thighbone. You may have needed surgery to repair the bone. You may have had surgery called an open reduction internal fixation. In this surgery, your surgeon will make a cut to open your fracture. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/00166.htm . (2) Osteoporosis: Makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/osteoporosis.html . (3) Hematoma: A hematoma is a collection of blood outside of a blood vessel. There are several types of hematomas and they are often described based on their location. This information was obtained from the website: https://www.medicinenet.com/hematoma/article.htm#hematoma_definition_and_facts (4) Lovenox (Enoxaparin): Enoxaparin is used to prevent blood clots in the leg in patients who are on bedrest or who are having hip replacement, knee replacement, or stomach surgery. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a601210.html	F 622			
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and	F 623	F-623 1: In this case after the incident was reported by the surveyor it was determined that none of the mentioned residents, #15, #73, and #114, were adversely effected by the deficient practice. All current transfer notifications were verified as provided.		

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F 623	<p>Continued From page 23</p> <p>the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p>	F 623	<p>2: Current resident have potential to be affected by this practice.</p> <p>3: Social Service staff will be in-serviced on policy and procedure for transfers and discharges with an emphasis on written notification to the resident or responsible party and ombudsman for facility initiated transfers.</p> <p>4: The director of nursing designee will audit written transfer notifications weekly. Any noted discrepancies will be reported to the director of nursing, and addressed according to policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion Date: May 28, 2019</p>		

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F 623	<p>Continued From page 24</p> <p>(i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.</p> <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.</p>	F 623			

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F 623	<p>Continued From page 25</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide written notification of transfer to the resident and/or resident representative and failed to notify the ombudsman of transfers to the hospital for three of 47 residents in the survey sample, Residents #15, #73 and #114.</p> <p>1. The facility staff failed to provide written documentation to the resident and/or resident representative for the transfer of Resident #15 to the hospital on 1/13/19.</p> <p>2. The facility staff failed to provide Resident #73 or the resident's representative (RR) with written documentation of a facility initiated transfer dated 2/27/19.</p> <p>3. The facility staff failed to provide evidence that the required written notification was provided to Resident #114 and or the representative and ombudsman regarding the reasons for the transfer to the hospital on 3/14/19 and 3/19/19.</p> <p>The findings include:</p>	F 623			

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F 623	<p>Continued From page 26</p> <p>1. The facility staff failed to provide written documentation to the resident and/or resident representative for the transfer of Resident #15 to the hospital on 1/13/19.</p> <p>Resident #15 was admitted to the facility 5/6/05 with a recent readmission on 1/15/19, with diagnoses that included but were not limited to: sepsis [destruction of tissue by bacterial toxins, contamination, infection (1)], muscle weakness, pain, dementia and episodes of nausea and vomiting.</p> <p>The most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 1/22/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions.</p> <p>The nurse's note dated, 1/13/19 at 5:52 a.m. documented, "Called to room by CNA (certified nursing assistant) @ (at) 0500 (5:00 a.m.). Resident noted with large amount of white foam coming from mouth. HOB (head of bed) up and Resident's mouth suctioned. VS (vital signs) 100.5 (temperature) - 105 (heart rate) - 26 (respirations) - 120/60 (blood pressure) - o2 sats 64% on room air. o2 (oxygen) applied via mask, sats (saturation) up to 70%. NP (nurse practitioner) notified 0508 (5:08 a.m.), new order send to (initials of hospital) ER to eval (evaluate) and tx (treat). 911 notified. RP (responsible party) notified 0510 (5:10 a.m.) of Resident's change in condition. Resident left facility with EMS (emergency medical services) via stretcher."</p> <p>The nurse practitioner note dated, 1/2/19 at 11:59</p>	F 623			

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F 623	<p>Continued From page 27</p> <p>a.m. documented, "Resident sent to hospital over weekend after she was hypoxic and sob (short of breath). Admitted for pneumonia, verbal order to send to hospital."</p> <p>The nurse practitioner note dated, 1/14/19 at 11:38 a.m. documented, "Gave verbal order for resident to be sent to er for evaluation over weekend for hypoxia [inadequate amounts of available oxygen in the blood (2)] and resp (respiratory) distress.</p> <p>Further review of the clinical record failed to reveal any documentation regarding written documentation provided to the resident and/or resident representative for the transfer of Resident #15 to the hospital on 1/13/19.</p> <p>An interview was conducted with administrative staff member (ASM) #1, the administrator, on 4/24/19 at 1:30 p.m. When asked if the resident and/or resident representative is provided anything in writing for the reason of the transfer to the hospital, ASM #1 stated, "Yes, a copy is kept in the business office file."</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 4/24/19 at 4:45 p.m. When asked if a letter is provided to the resident and/or the resident representative upon transfer to the hospital, LPN #4 stated, "No, Ma'am."</p> <p>An interview was conducted with other staff member (OSM) #5, the business office manager, on 4/24/19 at 5:28 p.m. When asked if she had the letter for Resident #15's transfer to the hospital of 1/13/19, OSM #5 stated she would ask the social worker.</p>	F 623			

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F 623	<p>Continued From page 28</p> <p>An interview was conducted with OSM #3, the social worker, on 4/25/19 at 8:16 a.m. When asked if the resident and/or resident representative receive something in writing as to why they are being transferred to the hospital, OSM #3 stated, "When a resident goes to the hospital the transfer letter is signed by the resident or resident representative. They (the resident or resident representative) keep the original and the copy is faxed to the state ombudsman." When asked if she had a copy of the letter for Resident #13's transfer on 1/13/19, OSM #3 stated she would go look. On 4/25/19 at 8:31 a.m., OSM #3 informed this surveyor that she did not have a copy of the letter for 1/13/19.</p> <p>The facility policy, "Facility Initiated Transfer and Discharge" documented in part, "8). Before a facility transfers or discharges a resident, the facility will notify the resident and there resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand...9). The written notice will include the following: a) The reason for the transfer. b). The effective date of transfer or discharge...h). The facility will send a copy of the notice to a representative of the Office of the State Long-Term Ombudsman. i) The copy of the notice to the ombudsman will be sent at the same time notice is provided to the resident and resident representative. ii) Copies of notices for emergency transfers will be sent to the ombudsman, but they may be send when practicable, such as in a list of residents on a monthly basis."</p> <p>ASM #1, the administrator and ASM #2, the director of nursing, were made aware of the above concern on 4/24/19 at 5:45 p.m.</p>	F 623			

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F 623	<p>Continued From page 29</p> <p>No further information was provided prior to exit.</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 527.</p> <p>(2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 286.</p> <p>2. The facility staff failed to provide Resident #73 or the resident's representative (RR) with written documentation of a facility initiated transfer dated 2/27/19.</p> <p>Resident #73 was admitted to the facility on 4/1/14 with a most recent readmission date of 3/4/19. Diagnoses included but were not limited to: heart failure (1), depression, urinary tract infection, myocardial infarction (2) and gout (3). The most recent MDS (minimum data set), an entry assessment, with an ARD (assessment reference date) of 3/18/19 coded the resident as having a score of three on the BIMS (brief interview for mental status), indicating the resident had severe cognitive impairment.</p> <p>Resident #73's clinical record revealed that she was sent to the hospital on 2/27/19. A Nurse Practitioner's note dated 2/27/19 at 12:30 p.m., documented "hypernatremia- family called, reviewed sx. (Symptoms) that may present with hypernatremia to include continued confusion, headache, weakness and possible seizures along with death if we don't get corrected (sic). IV (intravenous) needs to be placed and frequent monitoring of q (every) six hours is recommended."</p>	F 623			

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F 623	<p>Continued From page 30</p> <p>Resident #73's clinical record revealed that she was sent to the hospital on 2/27/19. A nurse's note dated 2/27/19 at 12:48 p.m., documented, "This writer spoke to daughter and updated with status and labs (laboratory tests). Daughter expressed that she wanted her taken care of just not sitting in an ER (emergency room) for hours. 911 (emergency services) called at 12:45 p.m. and updated them on the resident change of status and labs values. Waiting for transport."</p> <p>On 4/24/19 at approximately 1:30 p.m., an interview was conducted with administrative staff member (ASM) #1, the administrator. When asked if the resident and/or resident representative is provided anything in writing for the reason of transfer to the hospital, ASM #1 stated, "Yes, a copy is kept in the business office file."</p> <p>On 4/24/19 at approximately 4:45 p.m., an interview was conducted with LPN (licensed practical nurse) #4. When asked if a letter is provided to the resident and/or the resident representative upon transfer to the hospital, LPN #4 stated, "No, Ma'am."</p> <p>On 4/24/19 at approximately 5:28 p.m., an interview was conducted with other staff member (OSM) #5, the business office manager. When asked if she had a letter for Resident #73 for her transfer to the hospital on 2/27/19, OSM #5 stated she would ask the social worker.</p> <p>On 4/25/19 at approximately 8:16 a.m., an interview was conducted with OSM #3, the social worker. When asked if the resident and/or resident representative receive something in</p>	F 623			

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F 623	<p>Continued From page 31</p> <p>writing as to why they are being transferred to the hospital, OSM #3 stated, "When a resident goes to the hospital the transfer letter is signed by the resident or resident representative. They (the resident or resident representative) keep the original." When asked if she had a copy of the letter for Resident #73's hospital transfer on 2/27/19, OSM #3 stated she would go look.</p> <p>On 4/25/19 at approximately 11:45 a.m., OSM #3 informed this surveyor that she did not have a copy of the letter for Resident #73's hospital transfer dated 2/27/19.</p> <p>On 04/25/19 at approximately 1:45 p.m., ASM #1, the Administrator and ASM #2, the Director of nursing, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>1. A condition in which the heart can't pump enough blood to meet the body's needs. Heart failure does not mean that your heart has stopped or is about to stop working. It means that your heart is not able to pump blood the way it should. It can affect one or both sides of the heart. This information was obtained from the website: https://medlineplus.gov/heartfailure.html</p> <p>2. Heart attack. Most heart attacks are caused by a blood clot that blocks one of the coronary arteries. The coronary arteries bring blood and oxygen to the heart. If the blood flow is blocked, the heart is starved of oxygen and heart cells die. This information was obtained from the website: https://medlineplus.gov/ency/article/000195.htm.</p> <p>3. A type of arthritis. It occurs when uric acid builds up in blood and causes inflammation in the joints. This information was obtained from the website:</p>	F 623			

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F 623	<p>Continued From page 32</p> <p>https://medlineplus.gov/ency/article/000422.htm.</p> <p>3. The facility staff failed to provide evidence that the required written notification was provided to Resident #114 and or the representative and ombudsman regarding the reasons for the transfer to the hospital on 3/14/19 and 3/19/19.</p> <p>Resident #114 was admitted to the facility on 3/6/19 with the diagnoses of but not limited to left femur fracture (1), anxiety, osteoporosis (2), high blood pressure, dementia with behavioral disturbance, and right femur fracture. The most recent MDS (Minimum Data Set), a 14-day Medicare assessment, with an ARD (Assessment reference date) of 3/6/19, coded the resident as scoring a 3 on the BIMS (Brief Interview for Mental Status) score, indicating the Resident has severe cognitive impairment for daily decision making.</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/14/19 at 4:04 PM, which documented in part, "...this writer rushed into the room and observed PT (patient) lying on the floor in front of her wheelchair with aid by her side. ROM (range of motion) completed on pt with no injuries noted. Pain to the left hip where incisions noted. Pt did hit her head ...no injuries noted. PT stated, 'I am okay just get me off the floor! I was trying to pee when I fell out of my chair.' ...Family notified and NP (Nurse Practitioner) New order for x-ray to left hip for c/o (complains of) pain ..."</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/14/19 at 4:35 PM, which documented in part, "...New order to send out 911 to (name of) ED (emergency department) due to hitting head when fell. No hematoma (3) noted. Pt has no injuries at this time. On lovenox</p>	F 623			

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F 623	<p>Continued From page 33 (4) injection."</p> <p>A review of the clinical record revealed a nurse practitioner note that was dated 3/15/19 at 11:02 AM, which documented in part, "reason for visit - skilled visit as she had a fall last evening. She is on Lovenox for left hip fracture. She was complaining of left hip pain as well ...She was sent over to the hospital ER, all scans was negative. She was sent back ..."</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/19/19 at 6:36 PM, which documented in part, " ...observed PT on the floor in the dining room with head under cabinet and chair alarm dinging. Pt is complaining of right hip pain and cannot fully distend the leg. Pt grabbing at the hip hollering out ...NP notified ...PT is being sent out to the ER (emergency room) 911. Daughter called to notify and message left to return call at this time. Pt stated she was trying to get up to leave."</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/19/19 at 6:46 PM, which documented in part, " ...(name of) contacted and notified of fall. Pt sent to the ER and family will be in following behind squad at this time."</p> <p>A review of the clinical record revealed a nurse practitioner note that was dated 3/20/19 at 6:39 AM, which documented in part, "Received phone call last evening. Resident fell again. Hit her head and c/o hip pain. Apparently one leg was shorter than other and externally rotated outward. Verbal order to send (name of hospital) via 911."</p> <p>An interview was conducted with administrative staff member (ASM) #1, the administrator, on</p>	F 623			

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F 623	<p>Continued From page 34</p> <p>4/24/19 at 1:30 p.m. When asked if the resident and/or resident representative is provided anything in writing for the reason of the transfer to the hospital, ASM #1 stated, "Yes, a copy is kept in the business office file." When asked who's responsible for notifying the ombudsman, ASM #1 stated the social worker does that but our unit clerk on wing 2 has been helping to do it. It's done on a weekly basis.</p> <p>An interview was conducted with LPN (licensed practical nurse) #4 on 4/24/19 at 4:45 p.m. When asked if a letter is provided to the resident and/or the resident representative upon transfer to the hospital, LPN #4 stated, "No, Ma'am."</p> <p>An interview was conducted with other staff member (OSM) #5, the business office manager, on 4/24/19 at 5:28 p.m. When asked if she had a letter for Resident #114's transfers to the hospital on 3/14/19 and 3/19/19, OSM #5 stated she would ask the social worker. OSM #5 informed the survey team that the notifications to the ombudsman for March 2019 cannot be located.</p> <p>An interview was conducted with OSM #3, the social worker, on 4/25/19 at 8:16 a.m. When asked if the resident and/or resident representative receive something in writing as to why they are being transferred to the hospital, OSM #3 stated, "When a resident goes to the hospital the transfer letter is signed by the resident or resident representative. They (the resident or resident representative) keep the original and the copy is faxed to the state ombudsman." When asked if she had a copy of the letter for Resident #114's hospital transfers on 3/14/19 and 3/19/19, OSM #3 stated she would go look. On 4/25/19 at 8:31 a.m., OSM #3</p>	F 623			

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F 623	<p>Continued From page 35</p> <p>informed this surveyor that she did not have the copy of the letters for Resident #114's hospital transfers on 3/14/19 and 3/19/19.</p> <p>On 4/25/19 at 2:52 PM, ASM (Administrative Staff Member) #1 (Administrator) and ASM #2 (Director of Nursing) were made aware of the findings. No further information was provided by the end of the survey.</p> <p>(1) You had a fracture (break) in the femur in your leg. It is also called the thighbone. You may have needed surgery to repair the bone. You may have had surgery called an open reduction internal fixation. In this surgery, your surgeon will make a cut to open your fracture. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/00166.htm.</p> <p>(2) Osteoporosis: Makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/osteoporosis.html.</p> <p>(3) Hematoma: A hematoma is a collection of blood outside of a blood vessel. There are several types of hematomas and they are often described based on their location. This information was obtained from the website: https://www.medicinenet.com/hematoma/article.htm#hematoma_definition_and_facts</p> <p>(4) Lovenox (Enoxaparin): Enoxaparin is used to prevent blood clots in the leg in patients who are on bedrest or who are having hip replacement, knee replacement, or stomach surgery.</p>	F 623			

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F 623	Continued From page 36 This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a601210.h tml	F 623			
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. 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 MDS (minimum data set) assessment for one of 47 residents in the survey sample, Resident #58.</p> <p>The facility staff failed to attempt the BIMS (Brief Interview for Mental Status) interview for Resident #58's quarterly MDS assessment with an ARD (assessment reference date) of 3/4/19.</p> <p>The findings include:</p> <p>Resident #58 was admitted to the facility on 3/5/18. Resident #58's diagnoses included but were not limited to pneumonia, difficulty swallowing and muscle weakness. Section B of Resident #58's most recent MDS, a quarterly assessment with an ARD of 3/4/19, documented the resident was understood. Section C of the MDS documented, "C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? 0. No (resident is rarely/never understood)." The staff assessment for mental status was completed, and coded Resident #58's cognitive skills for daily decision-making as severely impaired.</p>	F 641	<p>F-641</p> <p>1: It was determined after the incident was reported by the surveyor that Resident #58 was not adversely affected by the deficient practice.</p> <p>2: Current residents have the potential to be affected by this practice.</p> <p>3: Social Service and MDS staff will be educated on policy and procedure for completion of resident MDS assessments according to the Resident Assessment Manual with an emphasis on completing the BIMS assessment accurately.</p> <p>4: The director of nursing designee will audit the BIMS interview of all MDS assessments. Any discrepancies will be reported to the director of nursing and addressed according to policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion Date; May 28, 2019</p>		

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F 641	<p>Continued From page 37</p> <p>On 4/24/19 at 3:20 p.m., an interview was conducted with RN (registered nurse) #2 (the MDS coordinator). RN #2 was asked the facility process for completing the BIMS interviews for the MDS assessments. RN #2 stated, "Everybody can be interviewed for a BIMS. It doesn't mean they can answer or answer correctly. If they get nothing right, it's coded 99 then the staff interview is done." RN #2 stated she does not complete the BIMS interviews; the social services department is responsible for that. When asked what she references while completing MDS assessments, RN #2 stated she follows the RAI (Resident Assessment Instrument) manual.</p> <p>On 4/24/19 at 3:22 p.m., an interview was conducted with OSM (other staff member) #3 (the social worker). OSM #3 was asked about the facility process for completing the BIMS interviews for the MDS assessments. OSM #3 stated, "I attempt by. I go and talk with them and try to ask them questions. If they are not able to answer questions then go to staff and ask them." When asked if she attempts the BIMS interview with all residents, OSM #3 stated, "Yeah." OSM #3 was made aware of the above concern. OSM #3 stated another social worker had worked with Resident #58. OSM #3 was made aware she was the person who signed Resident #58's 3/4/19, MDS assessment. OSM #3 stated, "I think I may have tried and she wasn't up for answering questions. That far back I just can't (remember)." OSM #3 confirmed she could not remember if she attempted the BIMS interview with Resident #58. When asked what she references if she has a question regarding the completion of a MDS assessment, OSM #3</p>	F 641			

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F 641	<p>Continued From page 38 stated she refers to the facility MDS staff.</p> <p>On 4/24/19 at 4:59 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The CMS (Centers for Medicare & Medicaid Services) RAI manual documented the following: "SECTION C: COGNITIVE PATTERNS Intent: The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information. These items are crucial factors in many care-planning decisions. C0100: Should Brief Interview for Mental Status Be Conducted? Item Rationale Health-related Quality of Life ·Most residents are able to attempt the Brief Interview for Mental Status (BIMS). ·A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance. · Without an attempted structured cognitive interview, a resident might be mislabeled based on his or her appearance or assumed diagnosis. · Structured interviews will efficiently provide insight into the resident's current condition that will enhance good care. Planning for Care ·Structured cognitive interviews assist in identifying needed supports. ·The structured cognitive interview is helpful for identifying possible delirium behaviors (C1310). Steps for Assessment 1. Interact with the resident using his or her preferred language. Be sure he or she can hear you and/or has access to his or her preferred</p>	F 641			

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F 641	Continued From page 39 method for communication. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards. 2. Determine if the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to C0700-C1000, Staff Assessment of Mental Status. 3. Review Language item (A1100), to determine if the resident needs or wants an interpreter. If the resident needs or wants an interpreter, complete the interview with an interpreter. Coding Instructions Code 0, no: if the interview should not be conducted because the resident is rarely/never understood; cannot respond verbally, in writing, or using another method; or an interpreter is needed but not available. Skip to C0700, Staff Assessment of Mental Status. Code 1, yes: if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available. Proceed to C0200, Repetition of Three Words..."	F 641			
F 656 SS=D	No further information was presented prior to exit. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's	F 656	F- 656 1: Upon notification by the surveyor of the lack of care plans the care plan was updated to reflect the presence of an indwelling Foley catheter for Resident #21, and care plan was updated to reflect non-pharmacological interventions for pain for Resident #32. 2: Current residents have potential to be affected by this practice.		

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F 656	<p>Continued From page 40</p> <p>medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, resident interview, facility documentation review, and clinical record review, the facility staff failed to develop and/or implement the comprehensive</p>	F 656	<p>3: Nursing staff to include the care plan coordinator will be in-serviced on policy for developing and updating comprehensive care plans.</p> <p>4: The director of nursing or designee will audit current resident care plans weekly, and address any discrepancies immediately, and report to the director of nursing to be addressed per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion date; May 28, 2019</p>		

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F 656	Continued From page 40 medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, resident interview, facility documentation review, and clinical record review, the facility staff failed to develop and/or implement the comprehensive	F 656	3: Nursing staff to include the care plan coordinator will be in-serviced on policy for developing and updating comprehensive care plans. 4: The director of nursing or designee will audit current resident care plans weekly, and address any discrepancies immediately, and report to the director of nursing to be addressed per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion date; May 28, 2019		

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F 656	<p>Continued From page 41</p> <p>care plan for two of 47 residents in the survey sample (Resident #21, #32).</p> <p>1. The facility staff failed to develop a comprehensive care plan for Resident #21's indwelling urinary catheter (1).</p> <p>2. The facility staff failed to implement the comprehensive care plan for non-pharmacological interventions prior to the administration of as needed pain medication to Resident #32.</p> <p>Findings include:</p> <p>1. Resident #21 was admitted to the facility on 05/09/14, with a most recent readmission on 03/09/18, with diagnoses that included but were not limited to: MS (multiple sclerosis) (2), non-pressure chronic ulcer (3) of the skin, and pain.</p> <p>The most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 01/31/19, coded the resident as scoring a 15 on the BIMS (brief interview for mental status) score of 0-15, 15 indicating no cognitive impairment for daily decision making. The resident was coded as totally dependent upon two or more staff members for all of activities of daily living. In Section H- Bladder and Bowel, Resident #21 was coded A. Indwelling catheter.</p> <p>On 04/23/19 at 3:44 p.m., an observation of Resident #21 revealed the resident sitting in her wheelchair reading a book. Further observation revealed Resident #21 had an indwelling catheter with the drainage bag covered and hanging on</p>	F 656			

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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F 656	<p>Continued From page 42 the back of her wheelchair.</p> <p>Review of the comprehensive care plan dated 08/08/18 documented in part, "Focus area: The resident has risk for bladder incontinence rt (related to) urgency." Under "Intervention", was documented in part, "Incontinence (4): check frequency for incontinence. Wash, rinse and dry perineum." No care plan for the indwelling urinary catheter was found in the resident's clinical record.</p> <p>The physician orders dated 01/17/19 documented, "Foley catheter (5) care every shift. Every shift." Another order on the same date, documented, "Change the Foley bag (6) as needed"</p> <p>On 04/25/19 at 9:30 a.m., an interview was conducted with LPN (licensed practical nurse) #10. When asked to describe the purpose of the comprehensive care plan, LPN #10 stated, "The purpose is to make everyone aware of the status of the patient, their activity of daily living, medication status, and the overall picture of the patient status. You get some of this information from the family." When asked who develops the care plan, LPN #10 stated, "The initial care plan is started by the nurse who admits the resident." When asked who develops the care plan for new issues, LPN #10 stated, "The Care Plan Coordinator develops new care plans." When asked if a care plan should be developed for a resident with an indwelling urinary catheter, LPN #10 stated, "Yes, they should have a care plan." LPN #10 was asked to provide evidence of Resident #21's urinary catheter care plan. LPN #10 stated she (Resident #21) did not have one. When asked the importance of having a care</p>	F 656			

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F 656	<p>Continued From page 43</p> <p>plan for the urinary catheter, LPN #10 stated, "So we can care for the catheter and measure the resident's intake and output."</p> <p>On 04/25/19 at approximately 9:31 a.m., an interview was conducted with LPN #9, care plan coordinator. When asked to describe the purpose of the care plan, LPN #9 stated, "So everybody is on the same page of the resident care." When asked who develops the care plan, LPN #9 stated, "The admission nurse starts it, and the care plan coordinator goes back and develops the comprehensive care plan." When asked if a care plan should be developed for a resident with an indwelling urinary catheter, LPN #9 stated, "Yes." LPN #9 was asked if Resident #21 had a care plan developed for the indwelling urinary catheter. LPN #9 stated, "I messed up, I didn't do it. I will update her care plan and add the catheter care plan."</p> <p>The facility policy, "Comprehensive Person - Centered Care Planning" documented in part, "A Preliminary care plan to meet the resident's immediate needs shall be developed for each resident within forty eight (48) hours of admission. A person-centered comprehensive care plan that includes comprehensive, person-centered care plan that includes measurable objective and timetables to meet the resident's medical, nursing, mental and psychosocial needs shall be developed for each resident ..."</p> <p>Basic Nursing, Essentials for Practice, 6th edition, (Potter and Perry, 2007, pages 119-127), was a reference for care plans. "A nursing care plan is a written guideline for coordinating nursing care, promoting continuity of care and listing outcome criteria to be used in the evaluation of nursing</p>	F 656			

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F 656	<p>Continued From page 44</p> <p>care. The written care plan communicates nursing care priorities to other health care professionals. The care plan also identifies and coordinates resources used to deliver nursing care. A correctly formulated care plan makes it easy to continue care from one nurse to another. If the patient's status has changed and the nursing diagnosis and related interventions are no longer appropriate, modify the nursing care plan. An out of date or incorrect care plan compromises the quality of nursing care."</p> <p>On 04/25/19 at 12:44 p.m., ASM (Administrative Staff Member) #1, the administrator, and ASM #2, the director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit</p> <p>References:</p> <p>1. You have an indwelling catheter (tube) in your bladder. "Indwelling" means inside your body. This catheter drains urine from your bladder into a bag outside your body. Common reasons to have an indwelling catheter are urinary incontinence (leakage), urinary retention (not being able to urinate), surgery that made this catheter necessary, or another health problem. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000140.htm.</p> <p>2. A nervous system disease that affects your brain and spinal cord. It damages the myelin sheath, the material that surrounds and protects your nerve cells. This damage slows down or blocks messages between your brain and your</p>	F 656			

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F 656	<p>Continued From page 45</p> <p>body, leading to the symptoms of MS. They can include visual disturbances, muscle weakness, trouble with coordination and balance, sensations such as numbness, prickling, or "pins and needles" and thinking and memory problems. This information was obtained from the website: https://medlineplus.gov/multiplesclerosis.html.</p> <p>3. Pressure ulcers are also called bedsores, or pressure sores. They can form when your skin and soft tissue press against a harder surface, such as a chair or bed, for a prolonged time. This pressure reduces blood supply to that area. Lack of blood supply can cause the skin tissue in this area to become damaged or die. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000147.htm</p> <p>4. Urinary incontinence means a person leaks urine by accident. While it may happen to anyone, urinary incontinence is more common in older people, especially women. Incontinence can often be cured or controlled. This information was obtained from the website: https://www.nia.nih.gov/health/urinary-incontinence-older-adults</p> <p>5. A Foley catheter is a thin, sterile tube inserted into the bladder to drain urine. Because it can be left in place in the bladder for a period of time, it is also called an indwelling catheter. This information was obtained from the website: https://www.emedicinehealth.com/foley_catheter/article_em.htm</p> <p>6. Urinary drainage bags are used as a urine collection bag for catheters and designed to be</p>	F 656			

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F 656	<p>Continued From page 46</p> <p>hygienic and user-friendly. This information was obtained from the website: https://www.healthproductsforyou.com/c-drainage-bags.html</p> <p>2. The facility staff failed to implement the comprehensive care plan for non-pharmacological interventions prior to the administration of as needed pain medication to Resident #32.</p> <p>Resident # 32 was admitted to the facility on 11/11/2017, and readmitted on 10/23/18 with diagnoses that included but were not limited to, pain, chronic obstructive pulmonary disease (1), cerebral infarction (2), heart failure (3) gastroesophageal reflux disease (4), and benign prostatic hyperplasia (5).</p> <p>Resident # 32's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 02/06/19, coded Resident # 32 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Resident # 32 was coded as requiring extensive assistance of one staff member for activities of daily living. Section "J0600 Pain Intensity. Ask resident "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine" coded Resident # 32 as "7 (seven)."</p> <p>The "Physician's Order Sheet" dated "APR (April) 2019" documented, "Tramadol (6) Tablet 50 MG (milligram). Give 1 (one) tablet via (by) G-tube (gastrostomy tube) [7] every 8 (eight) hours as needed for pain. Order Date: Active. Revision Date: 02/26/2019."</p>	F 656			

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F 656	Continued From page 47 The eMAR (electronic medication administration record) dated "Mar (March) 2019" documented the above order for Tramadol. Further review of the eMAR revealed Tramadol 50mg was administered on the following dates and times: 03/04/19 at 6:36 a.m., with a pain level of six, 03/09/19 at 6:56 a.m., with a pain level of six, 03/10/19 at 5:48 p.m., with a pain level of five, 03/11/19 at 5:05 p.m., with a pain level of four, 03/12/19 at 8:21 a.m., with a pain level of five, 03/13/19 at 8:39 p.m., with a pain level of seven, 03/14/19 at 6:46 p.m., with a pain level of six and at 4:53 p.m. with a pain level of five, 03/15/19 at 4:56 p.m., with a pain level of four and at 5:55 p.m. with a pain level of five, 03/16/19 at 5:26 a.m., with a pain level of five, 03/17/19 at 5:18 a.m., with a pain level of six and at 3:54 p.m. with a pain level of six, 03/18/19 at 12:26 a.m., with a pain level of six, 03/19/19 at 8:45 p.m., with a pain level of six, 03/20/19 at 6:20 a.m., with a pain level of six, 03/21/19 at 6:14 a.m., with a pain level of five, and at 7:10 p.m. with a pain level of two, 03/22/19 at 6:09 a.m., with a pain level of three and at 9:35 p.m. with a pain level of five, 03/24/19 at 11:15 a.m., with a pain level of eight and at 9:32 p.m. with a pain level of four, 03/25/19 at 9:26 p.m., with a pain level of four, 03/28/19 at 6:21 a.m., with a pain level of four, 03/30/19 at 6:18 a.m., with a pain level of five, 03/31/19 at 9:00 p.m., with a pain level of five. Further review of the eMAR dated "Mar (March) 2019" failed to evidence documentation of non-pharmacological interventions prior to the administration of tramadol. The eMAR (electronic medication administration record) dated "Apr (April) 2019" documented the	F 656			

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F 656	<p>Continued From page 48</p> <p>above physician's order for Tramadol. Review of the eMAR revealed Tramadol 50mg was administered on the following dates and times: 04/05/19 at 10:31 a.m., with a pain level of four, 04/08/19 at 4:59 a.m., with a pain level of seven and at 2:00 p.m. with a pain level of four, 04/09/19 at 9:29 a.m., with a pain level of seven and at 10:00 p.m. with a pain level of six, 04/10/19 at 10:24 a.m., with a pain level of four, 04/12/19 at 1:24 p.m., with a pain level of eight, 04/13/19 at 12:40 p.m., with a pain level of four and at 9:13 p.m. with a pain level of three, 04/14/19 at 8:56 p.m., with a pain level of three, 04/15/19 at 6:00 p.m., with a pain level of five, 04/17/19 at 9:20 p.m., with a pain level of three, 04/20/19 at 10:42 p.m., with a pain level of two. Further review of the eMAR dated "Apr (April) 2019" failed to evidence documentation of non-pharmacological interventions prior to the administration of tramadol.</p> <p>Review of the nurse's progress notes and the eMAR notes for Resident # 32 dated 03/04/19 through 04/20/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of tramadol on the following dates: - 03/04/19, - 03/09/19 through 03/22/19, - 03/24/19, - 03/25/19, - 03/28/19, - 03/30/19, - 03/31/19, - 04/05/19, - 04/08/19 through 04/10/19, - 04/12/19 through 04/15/19, - 04/17/19 and on 04/20/19.</p>	F 656			

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F 656	<p>Continued From page 49</p> <p>The comprehensive care plan for Resident # 32 dated 10/23/18 documented, "Focus. Resident has potential for pain. Date initiated: 10/23/18." Under "Interventions/Tasks" it documented, "Attempt non-pharmacological interventions such as back rubs, distraction and hot/cold compresses for complaints of pain. Document attempted interventions. Date Initiated: 10/25/2018."</p> <p>On 04/24/19 at 8:50 a.m., an interview was conducted with Resident # 32. When asked about receiving as needed pain medication, Resident #32 stated, "I get Tramadol 50 mg." When asked where he has pain when he receives the Tramadol, Resident # 32 stated, "In my abdomen." When asked if the staff ask him how much pain he is in and where the pain is located, Resident # 32 stated, "Yes, they ask from one to ten and I tell them the pain is always in the same place." When asked if they try alleviate the pain by other approaches before giving him his pain medication, Resident # 32 stated "No They just give me the medication."</p> <p>On 04/24/19 at 10:43 a.m., an interview was conducted with RN (registered nurse) # 1. When asked to describe the procedure for administering as needed pain medication, RN # 1 stated, "I ask where the pain is, location, what it is like, the severity from one to ten, ten being most severe and how long they have had it. I look in the MAR (medication administration record) for orders for prn (as needed) pain medication, if they have it I pull it then do a note as to why I gave the medication, go back and reassess the resident after about an hour to an hour and a half and document if it was effective or not. If not effective would call the nurse practitioner." When asked if</p>	F 656		

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F 656	<p>Continued From page 50</p> <p>other approaches are attempted before administering as needed pain medication, RN # 1 stated, "I will talk about readjusting their position or try other approaches." When asked where the approaches attempted are documented, RN # 1 stated, "In the eMAR note and the nurse's notes."</p> <p>On 04/24/19 at 1:19 p.m., an interview was conducted with LPN (licensed practical nurse) # 1. When asked to describe the procedure for administering prn pain medication, LPN # 1 stated, "Ask what pain level on a scale of zero to ten, with ten being the worst pain, where the pain is, the type of pain, and try a different approach, non-pharmacological, like reposition and distraction. If is not working, check the orders to determine what is prescribed then administer it, chart on it in the electronic record, and reassess the resident in about half an hour to 45 minutes. The process is followed every time a PRN (as needed) pain medication is administered unless the resident refuses." When asked to describe the purpose of a resident's care plan, LPN # 1 stated, "To help you provide care for them (the residents) and what we are trying to achieve with them." After reviewing Resident # 32's care plan, March and April 2019 eMAR, the physician's order sheet, the nurse's notes and eMAR notes, LPN # 1 was asked about the documentation of the non-pharmacological interventions. LPN # 1 stated, "I don't see it, if it isn't documented I can't say it was done." When asked if Resident # 32's care plan was being followed for the implementation of non-pharmacological interventions, LPN # 1 stated, "The care plan is not being followed."</p> <p>The facility's policy "Care Plan" documented, "10. The care plan will serve as a guide for all staff in</p>	F 656			

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F 656	<p>Continued From page 51</p> <p>delivery of care and services to meet the needs of each patient/resident and in helping achieve the highest level of practicable well being."</p> <p>On 04/24/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.</p> <p>(2) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm.</p> <p>(3) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>(4) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.</p> <p>(5) An enlarged prostate. This information was</p>	F 656			

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F 656	Continued From page 52 obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html . (6) Tramadol is used to relieve moderate to moderately severe pain. Tramadol extended-release tablets and capsules are only used by people who are expected to need medication to relieve pain around-the-clock. Tramadol is in a class of medications called opiate (narcotic) analgesics. It works by changing the way the brain and nervous system respond to pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695011.html . (7) Gastrostomy feeding tube insertion is the placement of a feeding tube through the skin and the stomach wall. It goes directly into the stomach. This information was obtained from the website: https://medlineplus.gov/ency/article/002937.htm .	F 656			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident.	F 657	F-657 1: In this case upon notification by the surveyor the care plans of the Residents # 114 and #58 were reviewed. Resident #114 has been discharged. The care plan for the Resident #58 was updated to include a care plan for oxygen administration. 2: Current residents have the potential to be affected by this practice.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(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 657	<p>Continued From page 53</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, and facility document review, it was determined the facility staff failed to review and revise the comprehensive care plan for two of 47 residents in the survey sample; Resident #114 and Resident #58.</p> <p>1. The facility staff failed to review and revise Resident #114's comprehensive care plan to address the administration of the antipsychotic medication Seroquel.</p> <p>2. The facility staff failed to review and revise Resident #58's care plan for oxygen administration.</p> <p>The findings include:</p> <p>1. The facility staff failed to review and revise Resident #114's comprehensive care plan to address the administration of the antipsychotic medication Seroquel.</p>	F 657	<p>3: Nursing staff to include the care plan coordinator will be in-serviced on the policy for revising and updating care plans with an emphasis on revising care plans for change in resident needs or status.</p> <p>4: The director of nursing or designee will audit 10 current residents care plans weekly and address any discrepancies immediately, and report them to the director of nursing to be addressed per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion date: May 28, 2019</p>		

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F 657	<p>Continued From page 54</p> <p>Resident #114 was admitted to the facility on 3/6/19 with the diagnoses of but not limited to left femur fracture (1), anxiety, osteoporosis (2), high blood pressure, dementia with behavioral disturbance, and right femur fracture. The most recent MDS (Minimum Data Set), a 14-day Medicare assessment, with an ARD (Assessment reference date) of 3/6/19, coded the resident as scoring a 3 on the BIMS (Brief Interview for Mental Status) score, indicating the Resident has severe cognitive impairment for daily decision making. The resident required limited assistance for eating; extensive assistance for hygiene, toileting, dressing, and transfers; total care for bathing; and was occasionally incontinent of bladder and bowel.</p> <p>A review of the clinical record revealed a nurse's note that was dated 3/19/19 at 9:47 PM, which documented in part, " ...Resident admitted to hospital with diagnosis fractured hip."</p> <p>A review of the clinical record revealed an extended care transfer report from (name of hospital) dated 3/25/19, which documented in part, "Discharge Medication List Start taking these medications: Quetiapine (3) 25 mg tablet commonly known as Seroquel, indications of use: behavioral disorders associated with dementia ...dose: 12.5 mg ...instructions: take 0.5 tablets (12.5 mg total) by mouth 2 (two) times daily for 10 days ...AM and PM were both checked ..."</p> <p>A review of the clinical record revealed a physician order listing report dated 3/19/19, which did not evidence an order for Seroquel.</p> <p>A physician order listing report that was dated</p>	F 657			

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F 657	<p>Continued From page 55</p> <p>3/1/19 to 3/31/19, which documented in part, " ...Admitted to (facility name) under the services of (physician name) ...3/27/19 Antipsychotic medication - monitor for dry mouth, constipation, blurred vision, disorientation/confusion, ...lethargy, drooling, ...every shift for house protocol ...Psych [psychiatric] consult and treat as needed ...3/26/19 Seroquel tablet 25 mg (Quetiapine Fumarate) give 12.5 mg by mouth two times a day related to UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE ..."</p> <p>A review of the clinical record revealed a nurse practitioner note dated 3/29/19 at 8:32 AM, which documented in part, "Reason for visit - skilled visit, recently readmitted back to facility after fall and fractured right hipPMHx (past medical history) of Dementia ...Psych: alert, cooperative, pleasantly confused ...Medications: reviewed ...Assessment/Plan: ...dementia - supportive care, continue to monitor ..."</p> <p>Another nurse practitioner note dated 4/15/19 at 9:55 AM, documented in part the following: "Reason for visit - skilled visit, recently readmitted back to facility after fall and fractured right hipI spoke with daughter (name of), reviewed meds [medications] and we decided to discontinue some ... PMHx of Dementia ... Psych: alert, cooperative, pleasantly confused ...Medications: reviewed ... dementia - supportive care, continue to monitor ...increased confusion - urinalysis ordered and negative, she continues to be confused today. Could be dementia related."</p> <p>A review of the clinical record revealed a comprehensive care plan dated 3/7/19, which documented in part; "the resident has impaired</p>	F 657			

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F 657	<p>Continued From page 56</p> <p>cognitive function/dementia ..." Further review of the clinical record did not reveal a comprehensive care plan to address the use of an antipsychotic medication.</p> <p>On 4/25/19 at 1:57 PM, an interview was conducted with LPN (Licensed Practical Nurse) #9. When LPN #9 was asked the process for the reviewing and revising the comprehensive care plan, LPN #9 stated, "I just go into the care plan tab and add what is need where it falls under and review the chart notes and physician orders." When LPN #9 was asked the process for reviewing and revising the comprehensive care plan when a resident returns from a hospital stay, LPN #9 stated, "I would go in (computerized patient care documentation tool) and look at the comprehensive care plan and revise where it is needed after reviewing orders and diagnosis." LPN #9 was asked to review the comprehensive care plan for Resident #114's Seroquel medication, LPN #9 stated, "I don't see it in here. The antianxiety and antidepressant care plans are in there." When asked if Resident #114's comprehensive care plan should include her Seroquel medication, LPN #9 stated, "Yes. She should have been care planned for the antipsychotic medication." When asked how soon after a change in status or a readmission should the care plan be reviewed and revised, LPN #9 stated, "I would say within five days." When asked if she was familiar with the RAI (Resident Assessment Instrument) Manual, LPN #9 stated, "No." When asked if there is a policy addressing care plan revisions, LPN #9 stated, "I am sure we do."</p> <p>A review of the facility's policy "Comprehensive Person-Centered Care Planning," that is undated,</p>	F 657			

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F 657	<p>Continued From page 57</p> <p>documented in part, "Professional References: ...RAI Manual ...'Comprehensive Care Plan' means an interdisciplinary communication tool developed after completion of a comprehensive MDS and review of the Care Area Assessments (CAAs) ...Policy: A preliminary (interim) care plan to meet the resident's immediate needs shall be developed for each resident within forty-eight hours of admission ...Procedures: ...1) To assure that the resident's immediate care needs are met and maintained, an interim care plan will be developed within 48 hours of the resident's admission ...a) the interdisciplinary team will review the following to assist in developing the interim care plan: i) Orders obtained at the time of admission ...13) The comprehensive care plan will: a) Incorporate identified problem areas; ...15) The Care planning/interdisciplinary team is responsible for the review and updating of care plans: b) When there has been a significant change in the resident's condition; d) When the resident has been readmitted to the facility from a hospital stay ..."</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient and is used to direct care...expect to review, revise and update the care plan regularly, when there are changes in condition, treatments, and with new orders..."</p> <p>On 4/25/19 at 2:52 PM, ASM (Administrative Staff</p>	F 657			

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F 657	<p>Continued From page 58</p> <p>Member) #1 (Administrator) and ASM #2 (Director of Nursing) were made aware of the findings. No further information was provided by the end of the survey.</p> <p>(1) You had a fracture (break) in the femur in your leg. It is also called the thighbone. You may have needed surgery to repair the bone. You may have had surgery called an open reduction internal fixation. In this surgery, your surgeon will make a cut to open your fracture. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000166.htm.</p> <p>(2) Osteoporosis: Makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/osteoporosis.html.</p> <p>(3) Quetiapine (Seroquel) tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). In addition, quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release tablets are also used along with other</p>	F 657			

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F 657	<p>Continued From page 59</p> <p>medications to treat depression. Quetiapine tablets may be used as part of a treatment program to treat bipolar disorder and schizophrenia in children and teenagers. Quetiapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698019.html</p> <p>2. The facility staff failed to review and revise Resident #58's care plan for oxygen administration.</p> <p>Resident #58 was admitted to the facility on 3/5/18. Resident #58's diagnoses included but were not limited to pneumonia, difficulty swallowing and muscle weakness. Resident #58's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 3/4/19, coded the resident's cognitive skills for daily decision-making as severely impaired. Section O did not code Resident #58 as receiving oxygen therapy.</p> <p>Review of Resident #58's clinical record revealed a physician's order dated 3/25/19 for oxygen at two liters via nasal cannula to maintain an oxygen saturation level greater than 90%. Review of Resident #58's comprehensive care plan dated 3/5/18 failed to reveal documentation regarding oxygen administration.</p> <p>On 4/23/19 at 11:42 a.m., 12:52 p.m. and 3:23 p.m., Resident #58 was observed lying in bed receiving oxygen.</p> <p>On 4/24/19 at 2:47 p.m., an interview was conducted with LPN (licensed practical nurse) #9</p>	F 657			

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F 657	Continued From page 60 (the care plan coordinator). LPN #9 was asked if a resident's care plan should be reviewed and revised to include oxygen administration. LPN #9 stated, "Yes." When asked why, LPN #9 stated, "Because it's part of their medications that we care plan. Usually what I would put it under is a medication tab under the care plan. That has that for oxygen therapy." LPN #9 was asked to review Resident #58's care plan. LPN #9 reviewed the care plan and confirmed it did not include oxygen administration. When asked if the care plan should include oxygen administration, LPN #9 stated, "It should. Yes." When asked about the facility process for reviewing and revising care plans, LPN #9 stated, "Every morning I will go through and pull a report of all new orders. I catch it in the morning and add there." On 4/24/19 at 4:59 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern. The facility policy titled, "Care Plan" documented, "2. CP (Care Plan) will be monitored and reviewed and open to revision as circumstances change, quarterly, annually, and with significant changes..."	F 657			
F 695 SS=D	No further information was presented prior to exit. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such	F 695	F-695 1: In this case upon notification by the surveyor of the oxygen observation a physician's order was obtained for the administration of oxygen for Resident #117, the nebulizer mask, and incentive spirometer were properly disposed of and proper clean and stored equipment was verified to be in place. Also the oxygen concentrator was set to the proper setting for Resident #58 and nurse management checked all oxygen concentrators and reported no further incidence.		

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F 695	<p>Continued From page 61</p> <p>care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility documentation and clinical review, it was determined that the facility staff failed to provide respiratory care services consistent with professional standards of practice, and the comprehensive person-centered care plan for three of 47 residents in the survey sample; Residents #117, #32 and #58.</p> <p>1. The facility staff failed to ensure a physician's order was in place prior to the administration of oxygen to Resident #117.</p> <p>2. The facility staff failed to store a nebulizer mask and incentive spirometer (1) in a sanitary manner.</p> <p>3. The facility staff failed to administer oxygen to Resident #58 per the physician prescribed rate of two liters per minute.</p> <p>The findings include:</p> <p>1. The facility staff failed to ensure a physician's order was in place prior to the administration of oxygen to Resident #117.</p> <p>Resident #117 was admitted to the facility on 10/31/16. Resident #117's diagnoses included but were not limited to: heart failure, Alzheimer's disease and muscle weakness. Resident #117's most recent MDS (minimal data set), a quarterly assessment with an ARD (assessment reference</p>	F 695	<p>2: Current residents receiving respiratory therapy treatments have a potential to be affected by this practice.</p> <p>3: Clinical staff will be educated on policy and procedure for respiratory treatments and oxygen, with an emphasis on physician's orders, oxygen equipment settings, and proper infection control storage of personal respiratory equipment.</p> <p>4: The director of nursing designee will audit oxygen orders, settings and equipment weekly and report any discrepancies to the director of nursing to be addresses according to policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion date: May 28, 2019</p>		

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F 695	<p>Continued From page 62</p> <p>date) of 3/29/19 coded the resident's cognition as severely impaired.</p> <p>On 4/23/19 at 3:25 p.m., Resident #117 was observed with oxygen on at 2.75 liters/min (liters per minute) via nasal cannula.</p> <p>A review of the clinical record revealed there were no orders for oxygen. The care plan initiated on 1/5/18 did not document information regarding oxygen administration.</p> <p>On 4/24/19 at 2:30 p.m., an interview was conducted with LPN (licensed practical nurse) #2 (the unit 1 manager). LPN #2 stated that an order is required for the administration of oxygen. LPN #2 stated that the orders are written in a resident specific folder then input in the computer by a nurse. LPN #2 stated that this is something that the nurses would've known about while giving report at the start or end of the shift. LPN #2 stated that she would correct the order. Resident #117's order for oxygen was entered into the system on 4/24/19.</p> <p>A review of the facility policy, "Policy and Procedure Relation to Oxygen Therapy", did not document any information regarding administration of oxygen.</p> <p>According to Fundamentals of Nursing, 6th edition, Potter and Perry, 2005, page 1122, "Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity (Thomson, 2002). The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen</p>	F 695			

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F 695	<p>Continued From page 63 administration."</p> <p>On 4/24/19 at 5:30 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above findings.</p> <p>No further information was presented prior to exit. 2. The facility staff failed to store a nebulizer mask and incentive spirometer (1) in a sanitary manner.</p> <p>Resident # 32 was admitted to the facility on 11/11/2017 with a readmission of 10/23/18 with diagnoses that included but were not limited to pain, chronic obstructive pulmonary disease (2), cerebral infarction (3), heart failure (4) gastroesophageal reflux disease (5), and benign prostatic hyperplasia (6).</p> <p>Resident # 32's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 02/06/19, coded Resident # 32 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Resident # 32 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>On 04/24/19 at 8:50 a.m., 11:36 a.m., and at 1:38 p.m., observations of Resident # 32's room revealed Resident # 32's nebulizer mask and incentive spirometer sitting on the resident's bedside table uncovered during each observation.</p> <p>The "Physician's Order Sheet" dated "APR (April) 2019" documented,</p>	F 695			

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F 695	<p>Continued From page 64</p> <p>"Ipratropium-Albuterol Solution. 3ml (milliliter) inhale orally two times a day related to chronic obstructive pulmonary disease. Order Date: Active. Revision Date: 04/15/2019." "Encourage use of incentive spirometer, 10x (ten times) per hour while awake. Order Date: Active. Revision Date: 11/29/2018."</p> <p>On 04/24/19 at 1:44 p.m., an interview and observation was conducted with LPN (licensed practical nurse) # 2, Unit 1 (one) manager. When asked if a spirometer and a nebulizer mask are pieces of respiratory equipment, LPN # 2 stated, "Yes." When asked how they should be stored when not in use, LPN # 2 stated, "It should be bagged when not in use." LPN # 2 was asked to accompany this surveyor to Resident # 32's room. After observing the nebulizer mask and incentive spirometer on Resident # 32's bed side table, LPN # 2 stated that the nebulizer mask and incentive spirometer should have been placed in a bag."</p> <p>On 04/24/19 at 4:24 p.m., an interview was conducted with Resident # 32. When asked if used the incentive spirometer Resident # 32 stated, "Yes."</p> <p>On 04/24/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) A device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive</p>	F 695			

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F 695	<p>Continued From page 65</p> <p>spirometer teaches you how to take slow deep breaths. Deep breathing keeps your lungs well-inflated and healthy while you heal and helps prevent lung problems, like pneumonia. By using the incentive spirometer every 1 to 2 hours, or as instructed by your nurse or doctor, you can take an active role in your recovery and keep your lungs healthy. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000451.htm.</p> <p>(2) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.</p> <p>(3) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm.</p> <p>(4) A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>(5) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html.</p> <p>(6) An enlarged prostate. This information was</p>	F 695			

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F 695	<p>Continued From page 66 obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html.</p> <p>3. The facility staff failed to administer oxygen to Resident #58 per the physician prescribed rate of two liters per minute.</p> <p>Resident #58 was admitted to the facility on 3/5/18. Resident #58's diagnoses included but were not limited to pneumonia, difficulty swallowing and muscle weakness. Resident #58's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 3/4/19, coded the resident's cognitive skills for daily decision making as severely impaired. Section G coded Resident #58 as requiring extensive assistance of one staff with bed mobility, dressing and personal hygiene. Section O did not code Resident #58 as receiving oxygen therapy.</p> <p>Review of Resident #58's clinical record revealed a physician's order dated 3/25/19 for oxygen at two liters via nasal cannula to maintain an oxygen saturation level greater than 90%. Review of Resident #58's comprehensive care plan dated 3/5/18 failed to reveal documentation regarding oxygen administration.</p> <p>On 4/23/19 at 11:42 a.m., 12:52 p.m. and 3:23 p.m., Resident #58 was observed lying in bed receiving oxygen via a nasal cannula in the resident's nose. During each observation, the oxygen concentrator was set at a rate between one and a half and two liters as evidenced by the middle of the ball in the flow meter set between the one and a half and two liter lines. The 12:52 p.m. observation was confirmed by another surveyor.</p>	F 695			

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F 695	<p>Continued From page 67</p> <p>On 4/24/19 at 1:58 p.m., an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 was asked to describe the position of where the ball in the oxygen concentrator flow meter should be if a resident has a physician's order for two liters. LPN #3 stated the two liter line should run through the middle of the ball at eye level. LPN #3 was asked if oxygen was being administered at two liters if the ball is between the one and a half liter line and two liter line. LPN #3 stated, "No."</p> <p>On 4/24/19 at 4:59 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The oxygen concentrator manufacturer's instructions documented, "4. Slowly turn the flow meter knob until the flow meter ball is centered on the line next to the appropriate flow rate..."</p> <p>The facility policy regarding oxygen therapy documented, "All nursing/therapy staff are responsible for maintaining an adequate supply of oxygen to any resident requiring such..."</p> <p>According to Fundamentals of Nursing, 6th edition, Potter and Perry, 2005, page 1122, "Oxygen should be treated as a drug. It has dangerous side effects, such as atelectasis or oxygen toxicity (Thomson, 2002). The nurse should routinely check the physician's orders to verify that the client is receiving the prescribed oxygen concentration. The six rights of medication administration also pertain to oxygen administration."</p>	F 695			

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F 695	Continued From page 68	F 695			
F 697	Pain Management	F 697	F-697		
SS=D	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 staff interview, resident interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure pain management services, consistent with professional standards of practice, and the comprehensive person-centered care plan for two of 47 residents in the survey sample, Residents #108 and #32. 1. The facility staff failed to clarify Resident #108's medication orders for two as needed pain medications to determine when each medication should be administered to the resident based on pain level parameters to ensure effective consistent pain management. 2. The facility staff failed to implement non-pharmacological interventions prior to the administration of as needed pain medication to Resident #32 The findings include: 1. The facility staff failed to clarify Resident #108's medication orders for two pain medications.	1: In this case upon notification by the surveyor the PRN order for pain medication for Resident # 108 was clarified with the nurse practitioner and parameters were added. Nursing staff was reminded to attempt non-pharmacological interventions prior to administering PRN pain medication for Resident #32. 2: Current residents receiving pain medication have potential to be affected by this practice. 3: Licensed nursing staff will be educated on policy for pain management to include clarifying and entering prn pain medication orders, and the use of non-pharmacological interventions prior to pain medication administration. 4: The director of nursing designee will audit pain medication orders, and documentation of non-pharmacological interventions weekly and correct any discrepancies immediately, and report discrepancies to the director of nursing to be address per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion date: May 28, 2019			

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F 697	<p>Continued From page 69</p> <p>Resident #108 was admitted to the facility on 3/15/19 with diagnoses that included but were not limited to: chronic pain syndrome, lung cancer, high blood pressure, and depression.</p> <p>The most recent MDS (minimum data set) assessment, a Medicare five day assessment, with an assessment reference date of 3/29/19, coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating she was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance of one or more staff members for all of her activities of daily living except eating in which she was coded as requiring supervision.</p> <p>The physician order dated, 3/15/19, documented, "Hydrocodone - Acetaminophen Tablet [used to treat moderate to severe pain (1)] 5-325 MG (milligrams); give 1 tablet by mouth every 8 hours as needed for pain." The second physician order dated, 3/15/19, documented, "Tramadol HCL (hydrochloride) [used to treat moderate to moderately severe pain (2)] 50 MG; give 1 tablet by mouth every 6 hours as needed for pain related to CHRONIC PAIN SYNDROME."</p> <p>The March 2019 MAR (medication administration record) documented the above two medication orders. The Hydrocodone - Acetaminophen was documented as administered on the following dates, times, with pain levels as follows: 3/18/19 at 2:02 p.m. - pain level - 8 (A pain scale is from 0 -10. 10 being the worst pain ever). 3/19/19 at 2:44 a.m. - pain level - 4 3/19/19 at 9:24 p.m. - pain level - 7 3/20/19 at 11:22 a.m. - pain level - 7</p>	F 697			

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F 697	<p>Continued From page 70</p> <p>3/21/19 at 3:03 a.m. - pain level - 8 3/21/19 at 11:15 p.m. - pain level - 4 3/22/19 at 9:56 a.m. - pain level - 8 3/22/19 at 8:19 p.m. - pain level - 6 3/24/19 at 3:01 a.m. - pain level - 4 3/24/19 at 10:28 a.m. - pain level - 8 3/24/19 at 9:43 p.m. - pain level - 8 3/25/19 at 10:45 a.m. - pain level - 8 3/26/19 at 1:04 a.m. - pain level - 4 3/26/19 at 5:15 p.m. - pain level - 8 3/27/19 at 9:07 a.m. - pain level - 8 3/28/19 at 9:03 p.m. - pain level - 8 3/29/19 at 11:45 a.m. - pain level - 8 3/30/19 at 12:00 a.m. - pain level - 4 3/30/19 at 9:25 a.m. - pain level - 8 3/20/19 at 5:47 p.m. - pain level - 8</p> <p>The March 2019 MAR documented the Tramadol as administered on the following dates, times, with pain levels as follows: 3/18/19 at 3:07 a.m. - pain level - 8 3/20/19 at 4:34 p.m. - pain level - 8 3/23/19 at 1:43 a.m. - pain level - 4 3/25/19 at 4:26 a.m. - pain level - 4 3/27/19 at 5:58 a.m. - pain level - 7 3/27/19 at 11:25 p.m. - pain level - 8 3/28/19 at 4:45 p.m. - pain level - 8 3/29/19 at 2:26 a.m. - pain level - 4</p> <p>The April 2019 MAR documented the above physician order for Hydrocodone - Acetaminophen. The Hydrocodone was documented as administered on the following dates, times, with pain levels as follows: 4/1/19 at 5:55 p.m. - pain level - 8 4/2/19 at 6:34 a.m. - pain level - 4 4/2/19 at 10:32 p.m. - pain level - 6 4/4/19 at 10:07 a.m. - pain level - 8 4/5/19 at 2:54 a.m. - pain level - 4</p>	F 697			

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F 697	<p>Continued From page 71</p> <p>4/5/19 at 9:09 a.m. - pain level - 8 4/5/19 at 8:14 p.m. - pain level - 7 4/6/19 at 4:58 a.m. - pain level - 4 4/7/19 at 4:15 a.m. - pain level - 6 4/7/19 at 2:51 p.m. - pain level - 6 4/8/19 at 3:32 a.m. - pain level - 5 4/8/19 at 12:17 p.m. - pain level - 10 4/8/19 at 11:43 p.m. - pain level - 5 4/9/19 at 9:32 a.m. - pain level - 7 4/10/19 at 6:20 a.m. - pain level - 8 4/10/19 at 6:49 p.m. - pain level - 8 4/11/19 at 2:50 a.m. - pain level - 4 4/11/19 at 9:10 p.m. - pain level - 4 4/12/19 at 5:02 a.m. - pain level - 4 4/12/19 at 3:18 p.m. - pain level - 5 4/13/19 at 12:49 a.m. - pain level - 4 4/13/19 at 9:02 a.m. - pain level - 8 4/13/19 at 9:25 p.m. - pain level - 7 4/14/19 at 8:51 p.m. - pain level - 7 4/15/19 at 5:16 p.m. - pain level - 8 4/16/19 at 6:10 a.m. - pain level - 7 4/16/19 at 8:38 p.m. - pain level - 8 4/17/19 at 12:58 p.m. - pain level - 8 4/18/19 at 12:28 a.m. - pain level - 8 4/18/19 at 8:10 p.m. - pain level - 5 4/19/19 at 3:57 a.m. - pain level - 4 4/19/19 at 1:18 p.m. - pain level - 7 4/20/19 at 3:19 a.m. - pain level - 5 4/20/19 at 5:06 p.m. - pain level - 9 4/21/19 at 2:30 a.m. - pain level - 4 4/21/19 at 10:35 a.m. - pain level - 7 4/21/19 at 10:27 p.m. - pain level - 8 4/22/19 at 10:23 a.m. - pain level - 8 4/22/19 at 7:34 p.m. - pain level - 5 4/23/19 at 9:54 a.m. - pain level - 6 4/23/19 at 8:43 p.m. - pain level - 8</p> <p>The April 2019 MAR documented the above physician order for Tramadol. The Tramadol was</p>	F 697			

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F 697	<p>Continued From page 72</p> <p>documented as administered on the following dates, times, with pain levels as follows:</p> <p>4/1/19 at 2:17 a.m. - pain level - 7</p> <p>4/1/19 at 11:34 p.m. - pain level - 4</p> <p>4/3/19 at 6:23 a.m. - pain level - 4</p> <p>4/3/19 at 1:36 p.m. - pain level - 7</p> <p>4/4/19 at 7:24 p.m. - pain level - 8</p> <p>4/6/19 at 10:37 p.m. - pain level - 8</p> <p>4/7/19 at 9:34 a.m. - pain level - 5</p> <p>4/7/19 at 9:27 p.m. - pain level - 8</p> <p>4/9/19 at 5:01 p.m. - pain level - 8</p> <p>4/10/19 at 9:22 a.m. - pain level - 8</p> <p>4/11/19 at 9:09 a.m. - pain level - 8</p> <p>4/11/19 at 3:40 p.m. - pain level - 6</p> <p>4/12/19 at 2:34 p.m. - pain level - 8</p> <p>4/12/19 at 9:34 p.m. - pain level - 8</p> <p>4/13/19 at 5:58 p.m. - pain level - 6</p> <p>4/14/19 at 9:08 a.m. - pain level - 6</p> <p>4/14/19 at 4:56 p.m. - pain level - 5</p> <p>4/16/19 at 4:02 p.m. - pain level - 7</p> <p>4/17/19 at 1:12 a.m. - pain level - 7</p> <p>4/17/19 at 8:37 p.m. - pain level - 7</p> <p>4/19/19 at 3:43 p.m. - pain level - 5</p> <p>4/20/19 at 12:24 a.m. - pain level - 5</p> <p>4/22/19 at 1:58 a.m. - pain level - 4</p> <p>4/22/19 at 4:29 p.m. - pain level - 5</p> <p>4/23/19 at 2:11 p.m. - pain level - 7</p> <p>4/24/19 at 12:56 a.m. - pain level - 6</p> <p>4/24/19 at 10:10 a.m. - pain level - 7</p> <p>The comprehensive care plan dated, 3/16/19, documented in part, "Focus: Resident has actual pain r/t (related to) hemiplegia, fibromyalgia, left artificial hip joint, pressure ulcer of sacral region." The "Interventions/Tasks" documented in part, "Administer pain medications as ordered. Document level of pain. Monitor for side effects and effectiveness of pain medication."</p>	F 697			

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F 697	<p>Continued From page 73</p> <p>An interview was conducted with RN (registered nurse) #1 on 4/24/19 at 2:56 p.m., regarding how staff know which medication to administer if a resident has an order for both as needed Tramadol and Hydrocodone. RN #1 stated, "The one is ordered every six hours and the other is ordered every eight hours. I look to see which one she got last and which one is in the time frame to be given." When asked if she is using a time factor instead of a pain scale, RN #1 stated, "Yes."</p> <p>An interview was conducted with LPN (licensed practical nurse) #3, the unit manager, on 4/24/19 at 3:01 p.m., regarding how staff know which medication to administer if a resident has an order for both as needed Tramadol and Hydrocodone. LPN #3 stated, "It depends on what the pain level is. If it's a lower pain level, I'd started with the Tramadol. I'd try non-pharmacological interventions first." LPN #3 stated, "Yes", the medications should have directions as to what to give for a specific pain level. When asked if the pain medication orders above should be clarified, LPN #3 stated, "Yes, Ma'am."</p> <p>The facility policy, "Policy for Pain Assessments" documented in part, "Procedure: 2. A numbered scale to describe pain will be used for the resident that can effectively articulate by verbal means; '0' being no pain and '10' being unbearable pain. In addition, the resident will be asked the intensity, location, onset, duration, variation and quality of pain level experienced. This will be documented on the MAR...4. Upon assessment of pain level an appropriate pain management program will be implemented. The care plan will be updated to reflect the pain</p>	F 697			

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NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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F 697	<p>Continued From page 74 management program."</p> <p>"Always clarify with the prescriber any medication order that is unclear or seems in appropriate." Fundamentals of Nursing 5th edition, Lippincott, Williams & Wilkins, page 553.</p> <p>ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were made aware of the above concern on 4/24/19 at 5:45 p.m.</p> <p>No further information was provided prior to exit.</p> <p>(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a601006.h tml</p> <p>(2) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a695011.ht ml</p> <p>2. The facility staff failed to implement non-pharmacological interventions prior to the administration of as needed pain medication to Resident #32</p> <p>Resident # 32 was admitted to the facility on 11/11/2017, and readmitted on 10/23/18 with diagnoses that included but were not limited to, pain, chronic obstructive pulmonary disease (1), cerebral infarction (2), heart failure (3) gastroesophageal reflux disease (4), and benign prostatic hyperplasia (5).</p> <p>Resident # 32's most recent MDS (minimum data set), a quarterly assessment with an ARD</p>	F 697			

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F 697	<p>Continued From page 75</p> <p>(assessment reference date) of 02/06/19, coded Resident # 32 as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Resident # 32 was coded as requiring extensive assistance of one staff member for activities of daily living. Section "J0600 Pain Intensity. Ask resident "Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine" coded Resident # 32 as "7 (seven)."</p> <p>The "Physician's Order Sheet" dated "APR (April) 2019" documented, "Tramadol (6) Tablet 50 MG (milligram). Give 1 (one) tablet via (by) G-tube (gastrostomy tube) [7] every 8 (eight) hours as needed for pain. Order Date: Active. Revision Date: 02/26/2019."</p> <p>The eMAR (electronic medication administration record) dated "Mar (March) 2019" documented the above order for Tramadol. Further review of the eMAR revealed Tramadol 50mg was administered on the following dates and times: 03/04/19 at 6:36 a.m., with a pain level of six, 03/09/19 at 6:56 a.m., with a pain level of six, 03/10/19 at 5:48 p.m., with a pain level of five, 03/11/19 at 5:05 p.m., with a pain level of four, 03/12/19 at 8:21 a.m., with a pain level of five, 03/13/19 at 8:39 p.m., with a pain level of seven, 03/14/19 at 6:46 p.m., with a pain level of six and at 4:53 p.m. with a pain level of five, 03/15/19 at 4:56 p.m., with a pain level of four and at 5:55 p.m. with a pain level of five, 03/16/19 at 5:26 a.m., with a pain level of five, 03/17/19 at 5:18 a.m., with a pain level of six and at 3:54 p.m. with a pain level of six, 03/18/19 at 12:26 a.m., with a pain level of six,</p>	F 697			

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F 697	<p>Continued From page 76</p> <p>03/19/19 at 8:45 p.m., with a pain level of six, 03/20/19 at 6:20 a.m., with a pain level of six, 03/21/19 at 6:14 a.m., with a pain level of five, and at 7:10 p.m. with a pain level of two, 03/22/19 at 6:09 a.m., with a pain level of three and at 9:35 p.m. with a pain level of five, 03/24/19 at 11:15 a.m., with a pain level of eight and at 9:32 p.m. with a pain level of four, 03/25/19 at 9:26 p.m., with a pain level of four, 03/28/19 at 6:21 a.m., with a pain level of four, 03/30/19 at 6:18 a.m., with a pain level of five, 03/31/19 at 9:00 p.m., with a pain level of five. Further review of the eMAR dated "Mar (March) 2019" failed to evidence documentation of non-pharmacological interventions prior to the administration of tramadol.</p> <p>The eMAR (electronic medication administration record) dated "Apr (April) 2019" documented the above physician's order for Tramadol. Review of the eMAR revealed Tramadol 50mg was administered on the following dates and times: 04/05/19 at 10:31 a.m., with a pain level of four, 04/08/19 at 4:59 a.m., with a pain level of seven and at 2:00 p.m. with a pain level of four, 04/09/19 at 9:29 a.m., with a pain level of seven and at 10:00 p.m. with a pain level of six, 04/10/19 at 10:24 a.m., with a pain level of four, 04/12/19 at 1:24 p.m., with a pain level of eight, 04/13/19 at 12:40 p.m., with a pain level of four and at 9:13 p.m. with a pain level of three, 04/14/19 at 8:56 p.m., with a pain level of three, 04/15/19 at 6:00 p.m., with a pain level of five, 04/17/19 at 9:20 p.m., with a pain level of three, 04/20/19 at 10:42 p.m., with a pain level of two. Further review of the eMAR dated "Apr (April) 2019" failed to evidence documentation of non-pharmacological interventions prior to the administration of tramadol.</p>	F 697			

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F 697	<p>Continued From page 77</p> <p>Review of the nurse's progress notes and the eMAR notes for Resident # 32 dated 03/04/19 through 04/20/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of tramadol on the following dates:</p> <ul style="list-style-type: none"> - 03/04/19, - 03/09/19 through 03/22/19, - 03/24/19, - 03/25/19, - 03/28/19, - 03/30/19, - 03/31/19, - 04/05/19, - 04/08/19 through 04/10/19, - 04/12/19 through 04/15/19, - 04/17/19 and on 04/20/19. <p>The comprehensive care plan for Resident # 32 dated 10/23/18 documented, "Focus. Resident has potential for pain. Date initiated: 10/23/18." Under "Interventions/Tasks" it documented, "Attempt non-pharmacological interventions such as back rubs, distraction and hot/cold compresses for complaints of pain. Document attempted interventions. Date Initiated: 10/25/2018."</p> <p>On 04/24/19 at 8:50 a.m., an interview was conducted with Resident # 32. When asked about receiving as needed pain medication, Resident #32 stated, "I get Tramadol 50 mg." When asked where he has pain when he receives the Tramadol, Resident # 32 stated, "In my abdomen." When asked if the staff ask him about his pain level and location of the pain, Resident # 32 stated, "Yes, they ask from one to ten and I tell them the pain is always in the same</p>	F 697			

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F 697	<p>Continued From page 78</p> <p>place." When asked if they try alleviate the pain by other approaches before giving him his pain medication, Resident # 32 stated "No They just give me the medication."</p> <p>On 04/24/19 at 10:43 a.m., an interview was conducted with RN (registered nurse) # 1. When asked to describe the procedure for administering as needed (prn) pain medication RN # 1 stated, "I ask where the pain is, location, what it is like, the severity from one to ten, ten being most severe and how long they have had it. I look in the MAR (medication administration record) for orders for prn pain medication, if they have it I pull it, then do a note as to why I gave the medication, go back and reassess the resident after about an hour to an hour and a half and document if it was effective or not. If not effective would call the nurse practitioner." When asked if other approaches are attempted before administering an as needed pain medication, RN # 1 stated, "I will talk about readjusting their position or try other approaches." When asked where the approaches attempted are documented RN # 1 stated, "In the eMAR note and the nurse's notes."</p> <p>On 04/24/19 at 1:19 p.m., an interview was conducted with LPN (licensed practical nurse) # 1. When asked to describe the procedure for administering prn pain medication, LPN # 1 stated, "Ask what pain level on a scale of zero to ten, with ten being the worst pain, where the pain is, the type of pain, and try a different approach, non-pharmacological, like reposition and distraction. If is not working, check the orders to determine what is prescribed then administer it, chart on it in the electronic record, and reassess the resident in about half an hour to 45 minutes. The process is followed every time a prn (as</p>	F 697			

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F 697	<p>Continued From page 79</p> <p>needed) pain medication is administered unless the resident refuses." After reviewing the March and April 2019 eMAR, the physician's order sheet, the nurse's notes and eMAR notes, LPN # 1 asked about the documentation of the non-pharmacological interventions. LPN # 1 stated, "I don't see it, if it isn't documented I can't say it was done."</p> <p>The facility's policy "Policy For Pain Assessments" documented, "4. Upon assessment of pain level an appropriate pain management program will be implemented. The care plan will be updated to reflect the pain management program."</p> <p>On 04/24/19 at approximately 5:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html.</p> <p>(2) A stroke. When blood flow to a part of the brain stops. A stroke is sometimes called a "brain attack." If blood flow is cut off for longer than a few seconds, the brain cannot get nutrients and oxygen. Brain cells can die, causing lasting damage. This information was obtained from the website: https://medlineplus.gov/ency/article/000726.htm.</p> <p>(3) A condition in which the heart is no longer able</p>	F 697			

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F 697	Continued From page 80 to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm . (4) Stomach contents to leak back, or reflux, into the esophagus and irritate it. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/gerd.html . (5) An enlarged prostate. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html . (6) Tramadol is used to relieve moderate to moderately severe pain. Tramadol extended-release tablets and capsules are only used by people who are expected to need medication to relieve pain around-the-clock. Tramadol is in a class of medications called opiate (narcotic) analgesics. It works by changing the way the brain and nervous system respond to pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695011.html . (7) Gastrostomy feeding tube insertion is the placement of a feeding tube through the skin and the stomach wall. It goes directly into the stomach. This information was obtained from the website: https://medlineplus.gov/ency/article/002937.htm .	F 697			
F 730 SS=E	Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7)	F 730			

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F 730	<p>Continued From page 81</p> <p>§483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and employee record review it was determined that the facility staff failed to ensure that five of 5 CNA records reviewed received the required 12 hours of annual training's, to include the required training's for Abuse and Dementia Care.</p> <p>The findings include:</p> <p>On 4/25/19, a review was conducted of the annual training's of five CNA's (Certified Nursing Assistants). This review revealed the following missing data:</p> <ol style="list-style-type: none"> 1. CNA #2 had no evidence of 12 hours of annual training, and no evidence of annual dementia care training. 2. CNA #8 had no evidence of 12 hours of annual training, and no evidence of annual dementia care training. 3. CNA #9 had no evidence of 12 hours of annual training, and no evidence of annual abuse training, and no evidence of annual dementia care training. 4. CNA #10 had no evidence of 12 hours of annual training, and no evidence of annual abuse training. 5. CNA #11 had no evidence of 12 hours of annual training, and no evidence of annual abuse training. 	F 730	<p>F-730</p> <ol style="list-style-type: none"> 1: In this case upon being informed by the surveyor of the lack of documented Nurse aide in-service hours a process was put in place to track all in-service hours for all certified nurse aides. 2: Current residents have potential to be affected by this practice. 3: Staff education nurse will be educated on state and federal laws in regards to Nurse Aide performance review 12hrs/yr. of in-service training. 4: The director of nursing or designee will audit Nurse Aide education files monthly, report discrepancies to the director of nursing in order for them to be addressed per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion date: May 28, 2019 		

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F 730	<p>Continued From page 82</p> <p>On 4/25/19 11:29 AM, in an interview with ASM #2 (Administrative Staff Member, the Director of Nursing), ASM #2 stated, "I can verify annual competencies; other than that, not all staff attended the abuse in-service. All in-services are scheduled for 1 hour each. Our educator started in December and the last one didn't leave good records."</p> <p>ASM #2 continued addressing each of the above-identified staff education records as follows: ASM #2 stated, "For (CNA #2), she did not have the dementia care training, and I can verify a total of 5 hours annual training. For (CNA #8), she did not have the dementia care training and I can verify a total of 6 hours annual training. For (CNA #9), she did not have the annual abuse or dementia care training and I can verify a total of 4 hours of annual training. For (CNA #10), she did not have the annual abuse training and I can verify a total of 6 hours of annual training. For (CNA #11) she did not have the annual abuse training and I can verify a total of 6 hours of annual training."</p> <p>ASM #2 further stated, "12 hours of in-services required a year. We have hours but I cannot verify that they have had all the hours, due to the previous educator's lack of records. The annual competencies are 4 hours. The dementia, abuse, infection control are all 1 hour long in-services. The other training's I am not able to verify how long they were."</p> <p>At this time, a policy was requested for the required annual training's of staff. None was</p>			F 730			

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F 730	Continued From page 83 provided by the end of survey.	F 730			
F 755 SS=D	<p>On 4/25/19 at 2:34 PM, in a meeting with ASM #1 and ASM #2, they were made aware of the concerns. No further information was provided.</p> <p>Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs</p>	F 755	<p>F- 755</p> <p>1: In this case upon notification by the surveyor a nursing supervisor verified that the medication was available for administration to Resident #81.</p> <p>2: Current residents receiving medication have the potential to be affected by this practice.</p> <p>3: Licensed nursing staff will be in-serviced on obtaining medications from pharmacy, and refill procedures.</p> <p>4: The director of nursing or designee will audit medication administration records and progress notes weekly, address discrepancies immediately, and notify the director of nursing to address discrepancies per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion date: May 28, 2019</p>		

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F 755	<p>Continued From page 84</p> <p>is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to ensure medications were available for one of 47 residents in the survey sample, Resident #81.</p> <p>The facility staff failed to ensure the physician prescribed medication Crestor Tablet 10 MG (Rosuvastatin calcium) (1) was available for administration to Resident #81 as ordered.</p> <p>The findings include:</p> <p>Resident #81 was admitted to the facility on 05/02/18 with a most recent readmission on 05/24/18. Resident #81's diagnoses included but were not limited to hyperlipidemia (2), hypertension (2), and heart failure (3). Resident #81's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/02/18, coded the resident as scoring a 15 on the brief interview for mental status (BIMS) of score of 0-15, 15 being cognitively intact for daily decision-making.</p> <p>Review of Resident #81's clinical record revealed physician's orders dated 05/03/18, which documented, "Crestor Tablet 10 MG (Rosuvastatin calcium) give one tablet by mouth at bedtime related hyperlipidemia."</p> <p>Review of Resident #81's January 2019 MAR (medication administration record) documented the above physician's order for Crestor. A review of the MAR revealed on 01/04/19, 01/07/19 and 01/08/19, RN (Registered nurse) #3 documented</p>	F 755			

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F 755	<p>Continued From page 85</p> <p>the code "9= other/ See Nurse Notes" indicating that the Crestor was not administered to Resident #81. Nurses' progress notes signed by RN #3 on 01/04/19, 01/07/19 and 01/08/19 documented, "Waiting for med (medication) from pharmacy."</p> <p>The comprehensive care plan retrieved on 04/25/19 from resident #81's electronic clinical record failed to evidence a care plan to address the administration of the Crestor medications.</p> <p>The diagnosis of hyperlipidemia was documented on the residents face sheet, under "Diagnosis" on the Physician's order summary report, and also documented on MDS section I "Active Diagnosis" but no specific care plan to address the medication was noted.</p> <p>On 04/25/19 at 10:36 a.m., an interview was conducted with LPN #5. LPN #5 was asked about the process staff follows when a resident's scheduled medication is not available in the medication cart for administration as ordered. LPN #5 stated, "We checked the stat box (Immediate emergency box), and the back-up order from the pharmacy box to see if they can get it in reasonable time, If they don't have it we call the Physician or the Nurse practitioner to ask if we should hold the medication or if we should get a substitute medication." When asked where they document the conversation with the physician, LPN #5 stated, "In the resident's clinical record." When asked to review the list of the stat box contents and asked if the Crestor was listed, LPN #5 stated, "No, Crestor was not on the list." When asked if the medication should be available for the resident as ordered, RN #5 stated, "Yes."</p>	F 755			

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F 755	<p>Continued From page 86</p> <p>On 04/25/19 ASM (administrative staff member) #2, director of nursing was asked if the facility has a policy regarding medication shortage or unavailable medication. No documentation regarding medication shortage or unavailable medication was provided.</p> <p>No further information was provided prior to exit.</p> <p>On 04/25/19 at 14:05 p.m., ASM (administrative staff member) #1 administrator, and ASM #2, the director of nursing were made aware of the findings.</p> <p>References:</p> <p>1. Crestor (rosuvastatin calcium) is a statin drug, that works by slowing the production of cholesterol by the body, used to lower cholesterol and fats (triglycerides) in the blood and is used to reduce the chances of developing problems like heart disease and strokes that can be caused, in part, by high cholesterol levels. This information was obtained from the website: https://www.rxlist.com/crestor-side-effects-drug-center.htm</p> <p>2. Cholesterol is a fat (also called a lipid) that your body needs to work properly. Too much bad cholesterol can increase your chance of getting heart disease, stroke, and other problems. The medical term for high blood cholesterol is lipid disorder, hyperlipidemia, or hypercholesterolemia. This information was obtained from the website: https://medlineplus.gov/ency/article/000403.htm</p> <p>3. High blood pressure. This information was obtained from the website:</p>	F 755			

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F 755	Continued From page 87 https://www.nlm.nih.gov/medlineplus/highbloodpressure.html	F 755			
F 758 SS=D	<p>4. A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm.</p> <p>Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p>	F 758	<p>F-758</p> <p>1: In this case after notification by the surveyor of the psychotropic medication order, all psychotropic medication orders for current residents were reviewed. No further discrepancies were noted. Cited Resident #114 has since discharged from facility on 4/26/19.</p> <p>2: Current residents admitted with psychotropic medication orders have potential to be affected by this practice.</p> <p>3: Licensed nursing staff to include the Nurse Practitioner will be in-serviced on policy and state and federal regulation in regard to psychotropic medication use.</p> <p>4: The director of nursing or designee will audit psychotropic medication orders, and behavior charting weekly, any discrepancies will be addressed immediately and the director of nursing will be notified to address per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly.</p> <p>5: Completion date: May 28, 2019</p>		

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F 758	<p>Continued From page 88</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility document review, it was determined the facility staff failed to ensure one of 47 residents in the survey sample, was free of unnecessary psychotropic medications; Resident #114.</p> <p>Resident #114 was administered Seroquel (1), an antipsychotic medication without adequate indications and diagnosis for the administration of the medication.</p> <p>The findings include:</p>	F 758			

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F 758	<p>Continued From page 89</p> <p>Resident #114 was admitted to the facility on 3/6/19 with the diagnoses of but not limited to left femur fracture (2), anxiety, osteoporosis (3), high blood pressure, dementia with behavioral disturbance, and right femur fracture. The most recent MDS (Minimum Data Set), a 14-day Medicare assessment, with an ARD (Assessment reference date) of 3/6/19, coded the resident as scoring a 3 on the BIMS (Brief Interview for Mental Status) score, indicating the Resident has severe cognitive impairment for daily decision making. The resident was coded as requiring limited assistance for eating; extensive assistance for hygiene, toileting, dressing, and transfers; total care for bathing; and as occasionally incontinent of bladder and bowel.</p> <p>A review of the clinical record revealed a (name of hospital) extended care transfer report that was dated 3/25/19, which documented in part the following: "Discharge Medication List Start taking these medications: Quetiapine 25 mg tablet commonly known as Seroquel, indications of use: behavioral disorders associated with dementia ...dose: 12.5 mg [milligram] ...instructions: take 0.5 tablets (12.5 mg total) by mouth 2 (two) times daily for 10 days ... AM and PM were checked ..."</p> <p>A review of the clinical record revealed a physician order listing report dated 3/19/19, which did not evidence an order for Seroquel.</p> <p>Further review of the clinical record revealed a physician order listing report dated, 3/1/19 to 3/31/19, that documented in part the following; "...Admitted to (facility name) under the services of (physician name) ...3/27/19 Antipsychotic medication - monitor for dry mouth, constipation, blurred vision, disorientation/confusion,</p>	F 758			

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F 758	<p>Continued From page 90</p> <p>...lethargy, drooling, ...every shift for house protocol ...Psych [psychiatric] consult and treat as needed ... 3/26/19 Seroquel tablet 25 mg (Quetiapine Fumarate) give 12.5 mg by mouth two times a day related to UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE ..."</p> <p>Review of the clinical record revealed a nurse practitioner note dated 3/29/19 at 8:32 AM, which documented in part, "Reason for visit - skilled visit, recently readmitted back to facility after fall and fractured right hipPMHx (past medical history) of Dementia ...Psych: alert, cooperative, pleasantly confused ...Medications: reviewed ...Assessment/Plan: ...dementia - supportive care, continue to monitor ..."</p> <p>Review of the clinical record revealed a nurse practitioner note dated 4/15/19, at 9:55 AM, which documented in part; "Reason for visit - skilled visit, recently readmitted back to facility after fall and fractured right hipI spoke with daughter (name of), reviewed meds [medications] and we decided to discontinue some ... PMHx of Dementia ... Psych: alert, cooperative, pleasantly confused ...Medications: reviewed ... dementia - supportive care, continue to monitor ...increased confusion - urinalysis ordered and negative, she continues to be confused today. Could be dementia related."</p> <p>On 4/25/19 at approximately 12:30 PM, the facility provided a list of the resident's orders which included the order status of "Active," "Completed," and "Discontinued" orders. An order for "Seroquel 25 mg, give 12.5 mg by mouth two times a day related to unspecified dementia with behavioral disturbance" was</p>	F 758			

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F 758	<p>Continued From page 91</p> <p>identified on this document. This document did not identify the initial date of the order, however, it identified the order as being a currently "Active" order at the time the document was printed on 4/25/19 at 12:07:36 (12:07 PM and 36 seconds); and it also documented that the order was last revised on 4/7/19, and it contained a column entitled "Supply Reorder" and a "Y" for yes was printed in this column for the Seroquel.</p> <p>On 4/25/19 at 12:16 PM, an interview was conducted with LPN (Licensed Practical Nurse) #6. When asked what Seroquel is and what it is used for, LPN #6 stated, "It is a sedative medication for patients with anxiety, to keep them calm." Resident #114's order for Seroquel was read to LPN #6, she was then asked about the reason Resident #114 was prescribed Seroquel. LPN #6 stated, "She (Resident #114) came from the hospital with it. Her family stated when she was readmitted that she was on it because of getting antsy in the evening, sundowners (4). When she was here, she would become that way. I believe her orders were different when she was admitted. The family stated they had tried other medications and it did not work as well. Seroquel with her other medications would work better for her per the family." When asked if Resident #114 exhibited any behaviors indicating the need for the administration of Seroquel and if so, what were the behaviors, LPN #6 stated, "She would get very agitated in the evening around 4:30 PM. Usually, every other day wanting to get up. She would start pushing the staff members out of the way to get up from her wheelchair. But, would not hit them, just push. We tried to redirect her with puzzles and folding laundry." When LPN #6 was asked where documentation of the resident behaviors are located in the chart, LPN #6 stated,</p>	F 758			

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F 758	<p>Continued From page 92</p> <p>"The nurses would document them in the progress notes."</p> <p>On 4/25/19 at 12:26 PM, an interview was conducted with ASM (Administrative Staff Member) #3 (Nurse Practitioner). When asked what Seroquel is and what it is used for, ASM #3 stated, "Usually, the hospital will send them over if they have dementia with behaviors. I don't prescribe it. (Name of Psychiatry Specialist) does the psychiatric part of it." When ASM #3 was asked if (name of Psychiatry Specialist) is consulted for residents when needed, ASM #3 stated, "Yes. He gets a referral." When asked why Resident #114 is receiving Seroquel, ASM #3 stated, "As far as I know we are talking about Resident #114, she came from the hospital with it. She has a high fall risk. Her daughter was a previous employee and we know the daughter well. Her mother fell at home and they had sitters at home and apparently when she fell at home she came here from the hospital with Seroquel." When ASM #3 was asked to review the physician's orders for when Seroquel was ordered and for the psychiatric consult notes, ASM #3 stated, "I was not able to locate a note from (name of Psychiatry Specialist). The only way I would be able to find it is to ask LPN #13." When asked if Resident #114 exhibited any behaviors for the administration of Seroquel and if so what those behaviors were, ASM #3 stated, "I don't even know who started the Seroquel. I did not order it. I don't know any other reason. Usually it is for psychosis with behaviors. The only thing I saw was she was trying to get up on her own and that is not a behavior. The resident was not on it before she went to the hospital, and why, she was on it when she came back when she is confused, and pleasantly confused is not a</p>	F 758			

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F 758	<p>Continued From page 93</p> <p>behavior for Seroquel. I don't know of any behaviors with her."</p> <p>On 4/25/19 at 12:44 PM, an interview was conducted with LPN #13. When asked if she made rounds with (name of Psychiatry Specialist), LPN #13 stated, "Yes." When asked if (name of Psychiatry Specialist) was consulted for Resident #114, LPN #13 stated, "The reason that (name of Psychiatry Specialist) did not see her is because of the family request he not see her because she is seeing a psychiatrist from the outside and did not want her medication touched."</p> <p>A review of the facility's policy "Policy for Psychiatric Consults" with an effective date of 9/1/11 that documented in part, "Purpose: To ensure that any resident receiving a psychotropic medication, exhibits behaviors or having signs or symptoms of depression are being managed by a psychiatrist ...Procedure: 1. Any resident admitted to the facility receiving a psychotropic medication will be seen by the psychiatrist within two weeks ...4. Designated person will arrange consult with psychiatrist and track follow-up visits as needed ...5. Management of psychotropic medications will be tracked for gradual dose reduction and reviewed at quarterly QA (quality assurance) meetings."</p> <p>On 4/25/19 at 2:52 PM, ASM #1 (Administrator) and ASM #2 (Director of Nursing) were made aware of the findings. No further information was provided by the end of the survey.</p> <p>(1) "Quetiapine (Seroquel) tablets and extended-release (long-acting) tablets are used to treat the symptoms of schizophrenia (a mental</p>	F 758			

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F 758	<p>Continued From page 94</p> <p>illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Quetiapine tablets and extended-release tablets are also used alone or with other medications to treat episodes of mania (frenzied, abnormally excited or irritated mood) or depression in patients with bipolar disorder (manic depressive disorder; a disease that causes episodes of depression, episodes of mania, and other abnormal moods). In addition, quetiapine tablets and extended-release tablets are used with other medications to prevent episodes of mania or depression in patients with bipolar disorder. Quetiapine extended-release tablets are also used along with other medications to treat depression. Quetiapine tablets may be used as part of a treatment program to treat bipolar disorder and schizophrenia in children and teenagers. Quetiapine is in a class of medications called atypical antipsychotics. It works by changing the activity of certain natural substances in the brain." This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698019.html</p> <p>(2) You had a fracture (break) in the femur in your leg. It is also called the thighbone. You may have needed surgery to repair the bone. You may have had surgery called an open reduction internal fixation. In this surgery, your surgeon will make a cut to open your fracture. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000166.htm.</p> <p>(3) Osteoporosis: Makes your bones weak and more likely to break. This information was obtained from the website:</p>	F 758			

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F 758	Continued From page 95 https://www.nlm.nih.gov/medlineplus/osteoporosis.html (4) Sun downers: "Sundowning" is broadly used to describe a set of neuropsychiatric symptoms occurring in elderly patients with or without dementia at the time of sunset, at evening, or at night. These behaviors represent a wide variety of symptoms such as confusion, disorientation, anxiety, agitation, aggression, pacing, wandering, resistance to redirect, screaming, yelling and so forth. This information was obtained from the website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3246134/			F 758			
F 759 SS=E	Free of Medication Error Rts 5 Prnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to ensure that two of five residents in the medication administration observation (Residents #75 and #47) were free of a medication error rate of five percent or less. There were 3 errors out of 25 opportunities and the medication error rate was 12%. 1. The facility staff failed to obtain Resident #75's blood pressure prior to administering a blood pressure medication. The determination as to			F 759	F-759 1: Upon notification of the medication administration observation by the surveyor the nurses were reminded of proper medication administration procedure, the location of the do not crush medication list, and policy for obtaining ordered vital signs prior to administering medication. 2: Current residents receiving medications have potential to be affected by this practice. 3: Licensed nursing staff will be in-serviced on policy and procedure for medication administration with an emphasis on non-crushable medications and acquiring vital signs prior to administering medication. 4: The director of nursing or designee will observe medication passes with 3 licensed nursing staff weekly. Immediate education will be given for any discrepancies, and reported to the director of nursing to be addressed per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion date: May 28, 2019		

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F 759	<p>Continued From page 96</p> <p>administer or hold the medication was dependent on the resident's blood pressure, per the physician's order.</p> <p>2. The facility staff failed to prepare Resident #47's medications appropriately during medication administration observation by crushing iron enteric-coated tablet and isosorbide mononitrate extended release tablet.</p> <p>The findings include:</p> <p>1. The facility staff failed to obtain Resident #75's blood pressure prior to administering a blood pressure medication. The determination as to administer or hold the medication was dependent on the resident's blood pressure, per the physician's order.</p> <p>Resident #75 was admitted to the facility on 4/12/17. Resident #75's diagnoses included but were not limited to heart failure, history of heart attack and pain. Resident #75's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 3/14/19, coded the resident as being cognitively intact.</p> <p>Review of Resident #75's clinical record revealed a physician's order dated 4/14/19 that documented, "Metoprolol Tartrate (1) Tablet 50 MG (milligrams). Give 1 tablet by mouth two times a day for (sic) hold for bp (blood pressure) < (less than) 110/70." Resident #75's comprehensive care plan dated 2/19/19 failed to document information regarding obtaining the resident's blood pressure prior to the administration of blood pressure medication.</p>	F 759			

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F 759	<p>Continued From page 97</p> <p>On 4/23/19 at 4:26 p.m., LPN (licensed practical nurse) #4 was observed preparing Resident #75's medications including a 50 mg tablet of metoprolol. LPN #4 carried the medications, a stethoscope and a blood pressure cuff into Resident #75's room. LPN #4 administered the metoprolol to Resident #75 without obtaining the resident's blood pressure.</p> <p>On 4/24/19 at 2:54 p.m., an interview was conducted with LPN #4. LPN #4 was asked what should be done if administering a blood pressure medication and the physician's order documents to hold the medication if the resident's blood pressure is less than 110/70. LPN #4 stated, "Identify the resident, let them know what you are about to do, take the blood pressure and I'll give you an example: if the blood pressure is 108/62 I would not administer that medication and I would make a note that it was not administered." When asked if the blood pressure should be obtained prior to administering the blood pressure medication, LPN #4 stated, "Yes." When asked why, LPN #4 stated, "Because you want to know before you administer the medication if the blood pressure is adequate enough to give it." LPN #4 was made aware of the above observation on 4/23/19. LPN #4 confirmed she administered metoprolol to Resident #75 without obtaining the resident's blood pressure. LPN #4 stated she realized this and then checked the resident's blood pressure maybe a minute after this surveyor left.</p> <p>On 4/24/19 at 4:59 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p>			F 759			

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F 759	<p>Continued From page 98</p> <p>The facility/pharmacy policy titled, "6.0 General Dose Preparation and Medication Administration" documented, "4. Prior to administration of medication, facility staff should take all measures required by facility policy and applicable law, including but not limited to the following: 4.1 Facility staff should...4.1.5 if necessary, obtain vital signs..."</p> <p>No further information was presented prior to exit.</p> <p>(1) Metoprolol Tartrate is used to treat high blood pressure. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682864.html</p> <p>2. The facility staff failed to prepare Resident #47's medications appropriately during medication administration observation by crushing iron enteric-coated tablet and isosorbide mononitrate extended release tablet.</p> <p>Resident #47 was admitted to the facility on 5/15/17. Resident #47's diagnoses included but were not limited to: dementia, high blood pressure and heart failure. Resident #47's most recent MDS (minimal data set), a quarterly assessment with an ARD (assessment reference date) of 2/21/19, coded the resident's cognition as moderately impaired.</p> <p>Review of Resident #47's clinical record revealed a physician's order dated 4/22/19 for isosorbide mononitrate release (1) tablet 60 mg (milligram) - one tablet by mouth one time a day and iron enteric-coated tablet 325 mg - give one tablet by mouth two times a day.</p>	F 759			

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F 759	<p>Continued From page 99</p> <p>Resident #47's April 2019 MAR (medication administration record) documented the above physician's order and scheduled both medication administration at 9:00 a.m. Resident #47's comprehensive care plan initiated on 1/5/18 documented, "Give medications as ordered. Monitor for side effects and effectiveness."</p> <p>On 4/24/19 at 8:50 a.m., during the medication administration observation, LPN (licensed practical nurse) #8 was observed preparing medications for Resident #47. LPN #8 crushed Resident #47's iron enteric-coated tablet and isosorbide mononitrate extended release tablet and mixed the crushed medication with applesauce.</p> <p>On 4/24/19 at 2:30 p.m., an interview was conducted with LPN #8. LPN #8 was made aware this surveyor observed her crush Resident #47's iron enteric-coated tablet and an isosorbide mononitrate extended release tablet. LPN # stated, "We are told to crush everything if the resident is unable to swallow their medication."</p> <p>On 4/24/19 at 4:00 p.m., an interview was conducted with OSM (other staff member) #4 (the pharmacy consultant). OSM #4 was asked what the outcome would be if Resident #47 received crushed iron enteric-coated tablet and crushed isosorbide mononitrate extended release tablet. OSM #4 stated, "The medication would not absorb correctly and could possibly cause an upset stomach but no significant effects."</p> <p>On 4/24/19 at 5:30 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the</p>	F 759			

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F 759	<p>Continued From page 100 above findings.</p> <p>The facility document titled, "Oral Dosage Forms That Should Not Be Crushed" documented, "Summary of Drug Formulations That Preclude Crushing:</p> <p>Enteric-Coated - Designed to pass through the stomach intact with drug being released in the intestines to:</p> <p>(1) Prevent destruction of drug by stomach acids. (2) Prevent stomach irritation. (3) Delay onset of action.</p> <p>Extended-release - Designed to release drug over an extended period of time. Such products include:</p> <p>(1) Multi-layered tablets that release drug as layer is dissolved. (2) Mixed-release pellets that dissolve at different time intervals. (3) Special matrixes that are themselves inert, but slowly release drug from the matrix." Further review of the facility document titled, "Oral Dosage Forms That Should Not Be Crushed" listed "Feosol and Isosorbide Mononitrate" as medications that should not be crushed.</p> <p>"ISOSORBIDE MONONITRATE- isosorbide mononitrate tablet, extended release: DOSAGE AND ADMINISTRATION: ... Isosorbide mononitrate extended-release tablets should not be chewed or crushed and should be swallowed together with a half-glassful of fluid." This information was obtained from the website:https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=0a1e317a-7b05-4d30-9bbc-1d4ccd56ba3c</p>	F 759			

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F 759	Continued From page 101 "FERROUS SULFATE ENTERIC COATED-ferrous sulfate tablet: Directions:... Do not chew or crush tablet. Tablets are enteric-coated to help protect your stomach." This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=0f126ed6-ca0a-429b-b898-189534ceb175 No further information was presented prior to exit. (1) Isosorbide mononitrate extended release tablet is a medication used for heart related chest pain, heart failure and esophageal spasms. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682348.html	F 759			
F 761 SS=E	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 §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	F 761	F-761 1: In this case when notified by the surveyor of the medication storage discrepancies all expired, mislabeled medications and improperly stored medications were removed and properly disposed of. 2: Current residents have the potential to be affected by this practice. 3: Licensed nursing staff will be in-serviced on policy for proper medication storage, labeling, and disposal. 4: The director of nursing or designee will audit medication storage areas weekly, any noted discrepancies will be corrected immediately and reported to the director of nursing to be addressed per policy. Audit findings will be discussed at the weekly risk management meeting. Any ongoing problems will be reported to the QA committee quarterly. 5: Completion date: May 28, 2019		

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F 761	<p>Continued From page 102</p> <p>locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility document review, it was determined that the facility staff failed to label and store medications according to professional standards in three of seven facility medication carts; (the wing one back hall medication cart, wing two front hall medication cart and wing four medication cart), and in one of four medication refrigerators (the wing 100 medication refrigerator).</p> <p>The facility staff failed to label medication in the wing one back hall medication cart and wing four-medication cart and failed to discard expired medication in the wing one back hall medication cart, wing one medication refrigerator and wing two front hall medication cart.</p> <p>The findings include:</p> <p>On 4/23/19 at 1:09 p.m., observation of the wing-one back hall, medication cart was conducted. The following was observed:</p> <ul style="list-style-type: none"> -One open vial of Lantus (1) with an open date of 3/6/19. A label on the vial documented "Discard After 28 Days." - One open vial of Levemir (2) with no label to include the resident's name. <p>On 4/23/19 at 1:11 p.m., an interview was</p>	F 761			

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F 761	<p>Continued From page 103</p> <p>conducted with LPN (licensed practical nurse) #5. LPN #5 confirmed the open vial of Lantus should have been discarded 28 days after being opened. LPN #5 was shown the vial of Levemir with no label. LPN #5 confirmed the vial should have contained a label with the resident's name. When asked why, LPN #5 stated the vial was only for one particular resident's use so the vial should have contained a label with the resident's name.</p> <p>On 4/23/19 at 1:19 p.m., observation of the wing one-medication refrigerator was conducted. One open vial of PPD (purified protein derivative) solution (3) was observed with no labeled open date. The manufacturer's box that contained the vial did not have a labeled open date but documented, "Once entered, vial should be discarded after 30 days." On 4/23/19 at 1:22 p.m., an interview was conducted with LPN #5. LPN #5 was asked if there was a modified expiration date for opened PPD solution. LPN #5 stated PPD solution should be discarded 30 days after being opened. When asked how staff knows when to discard opened PPD solution if it's not labeled with an open date, LPN #5 stated the vial should be labeled with the date that it's opened. When LPN #5 was shown the vial of PPD solution, LPN #5 stated she would discard it.</p> <p>On 4/23/19 at 1:25 p.m., observation of the wing two front hall medication cart was conducted. One open Lantus solostar pen with a labeled open date of 3/4/19 was observed. At this time, an interview was conducted with LPN #6. LPN #6 confirmed Lantus solostar pens should be discarded 28 days after being opened. When LPN #6 was shown the Lantus solostar pen in the medication cart, LPN #6 confirmed the pen should not have been in the cart and should have</p>	F 761			

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F 761	<p>Continued From page 104 been discarded.</p> <p>On 4/23/19 at 1:36 p.m., observation of the wing 400 medication cart was conducted. One unlabeled medication cup containing ten white pills was observed. At this time, an interview was conducted with LPN #7. LPN #7 was shown the cup of pills. LPN #7 stated the pills were Tylenol. LPN #7 was asked how the pills should be stored. LPN #7 stated, "I don't know how that got like that. We have it down here." LPN #7 showed this surveyor a bottle of pills that contained a manufacturer's label documenting the name, strength and instructions for Tylenol. LPN #7 confirmed the pills should have been stored in the container.</p> <p>On 4/24/19 at 4:59 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The Lantus and Lantus solostar manufacturer's website documented, "The LANTUS vials you are using should be thrown away after 28 days, even if it still has insulin left in it." This information was obtained from the website: http://products.sanofi.us/lantus/lantus.html#section-16.2</p> <p>The PPD solution manufacturer's instructions documented, "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency..." This information was obtained from the manufacturer's instructions contained in the box containing the PPD solution.</p> <p>The facility/pharmacy policy titled, "5.3 Storage</p>	F 761			

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F 761	<p>Continued From page 105</p> <p>and Expiration Dating of Medications, Biologicals, Syringes and Needles" documented, "5. Once any medication or biological package is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dates for opened medications...6. Facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete, damaged or missing labels or cautionary instructions...10. Facility should ensure that medications and biologicals for each resident are stored in the containers in which they were originally received. Facility should ensure that no transfers between containers are performed by non-Pharmacy personnel. 11. Facility should ensure that medications and biologicals are stored at their appropriate temperatures according to the United States Pharmacopeia guidelines for temperature ranges..."</p> <p>No further information was presented prior to exit.</p> <p>(1) Lantus is insulin used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a600027.html</p> <p>(2) Levemir is insulin used to treat diabetes. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a606012.html</p> <p>(3) Aplisol PPD solution is used in the diagnosis of tuberculosis (a lung disease). This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=1e91a67c-1694-4523-9548-58f7a8871134</p>	F 761			

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F 812 F 812 SS=D	<p>Continued From page 106</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility document review, it was determined that the facility staff failed to store food in accordance with professional standards for food service safety.</p> <p>The facility staff failed to ensure the margarine in the refrigerator was not open to air.</p> <p>The findings included:</p> <p>Observation was made of the kitchen on 4/23/19 at 11:40 a.m. accompanied by other staff member (OSM) # 1, the dietary manager. Observation was made of the refrigerator. There was a cardboard</p>	F 812 F 812	<p>F-812</p> <p>1: The margarine was removed from the refrigerator and disposed of when reported by the surveyor.</p> <p>2: Margarine will be covered when opened per food storage policies and procedures so that product is not open to air.</p> <p>3: Dietary staff has been in-serviced on how to properly store food items in refrigerator. Margarine box is now being stored on a different shelf in the walk-in refrigerator so that the lid does not have to be cut off exposing the product to the air.</p> <p>4: Dietary Manager and/or Asst. Dietary Manager will monitor food storage in the refrigerator two times weekly for the next 90 days and document to assure there are no further concerns. If any issues are identified they will be brought to the attention of the Risk Management team during weekly meetings so that a plan of action can be developed.</p> <p>5: Completion Date: May 28, 2019</p>		

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495142	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/25/2019
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
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F 812	<p>Continued From page 107</p> <p>box containing seven sleeves of single serve pats of margarine. There was also loose pats of margarine in the box. The lid of the cardboard box had been cut off the box, thus exposing the margarine to air. When asked if the margarine was stored properly, OSM #1 stated, "No, it needs to be covered." OSM #1 removed the margarine from the refrigerator.</p> <p>The facility policy, "Refrigerated Storage Practice" documented in part, "1. All cooked food or other products removed from original containers must be enclosed in clean, sanitized, covered containers and identified.</p> <p>ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were made aware of the above concern on 4/24/19 at 5:45 p.m.</p> <p>No further information was provided prior to exit.</p>	F 812			

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