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FRIENDSHIP HEALTH AND REHAB CENTER - SOUTH	5647 STARKEY ROAD CAVE SPRING, VA 24018

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 12/02/19 through 12/05/19. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 12/03/19 through 12/05/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 110 at the time of the survey. The survey sample consisted of 22 current Resident reviews and 6 closed record reviews.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and clinical record review the facility staff failed to ensure that a resident who is unable to carry out activities of daily living receives the necessary services to maintain personal hygiene for one of 28 residents, Resident #41. The findings included: For Resident #41 the facility staff failed to ensure	F 677	**F 677** **Corrective Action(s):** Resident #41 immediately received assistance with their personal hygiene. The nursing staff assigned to resident #41 were educated regarding ADL care, as well as, documentation of said care. **Identification of Deficient Practices/Corrective Action(s):** Other residents throughout the facility may have been affected; therefore, the DON, ADON, and Unit Managers performed an audit of all other residents on the same day of the findings of resident #41. Any resident who was noted as needing additional care, received assistance as well. **Systemic Change(s):** The facility's policies and procedures were reviewed and no changes are needed at this time. The DON, or designee will continue to provide all staff with education surrounding how to properly assist with hygiene needs of residents, as well as, how to document the care provided. **Monitoring:** The DON will be responsible for monitoring compliance. To assist with compliance monitoring, the DON, or designee, will perform weekly bathing audits coinciding with the care plan calendar to insure compliance. These audits will be presented and discussed weekly to the interdisciplinary team. The DON will be responsible for implementing additional education, disciplinary action, and process changes to ensure compliance is maintained. The findings from these audits, along with the corrective action will be presented to the Quality Assurance Committee for review, analysis, and additional recommendations for changes in facility policy, procedure, practice, and length in which audits need to be continued.	12/13/19

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

Brandon Evans | Administrator | 12/13/19

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

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personal hygiene was maintained.

Resident #41's face sheet included diagnoses not limited to dysphagia, aphasia, cognitive communication deficit, anxiety, and dementia without behavioral disturbance.

Resident #41's most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 10/22/19 assigned the resident a BIMS (brief interview for mental status) score of 7 out of 15 in section C, cognitive patterns. Section E, behaviors, indicated the resident has no behaviors of rejecting care. Section G, functional status, coded the resident as needing extensive physical assistance of one person in the areas of personal hygiene and bathing.

Resident #41's comprehensive care plan was reviewed and contained a care plan for " ...has a self-care deficit in performing ADL's (activities of daily living) r/t (related to) Activity Intolerance, Deconditioning, Confusion, Dementia, Impaired balance, Limited Mobility". Interventions for this care plan include "PERSONAL HYGIENE/ORAL CARE: ...requires up to extensive assistance", and "BATHING: ...requires physical help in part of bathing of 2 staff. Check nail length and trim and clean on bath day and as necessary ..."

Surveyor observed Resident #41 on 12/03/19 at approximately 4:10 pm. Resident was alert and oriented to person only. Resident was resting in bed. Hair was dirty and disheveled. Surveyor observed resident again on 12/04/19 at approximately 10:30 am. Resident was seated in wheelchair in common area. Resident was dressed in street clothes and hair was combed but dirty. Surveyor, along with the unit manager,

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observed Resident #41 again on 12/05/19 at approximately 2:40 pm. Resident was resting in bed. Surveyor asked unit manager about resident's hair, and unit manager replied, "It's dirty". Surveyor observed, at this time that resident's fingernails were long and there was a brownish substance on resident's hand. Surveyor asked the unit manager if resident ever refused care, and unit manager stated, "Sometimes, it depends on --- dementia". Surveyor then asked unit manager if it should be documented if the resident refused care, and the unit manager stated "yes". Unit manager stated to surveyor that resident should get a shower today, since her shower days are Monday and Thursday.

Surveyor spoke with CNA #1 on 12/05/19 at approximately 9:50 am. Surveyor asked CNA #1 if Resident #41 ever refused care, and CNA #1 stated that resident does not really say no, and that you can get --- to do what you ask.

Surveyor reviewed Resident #41's ADL-bathing forms, located under the tasks section of the electronic clinical record. There were only two documented showers for the month of October and two documented showers for the month of November. The bathing forms indicate that the resident went from 10/01/19-10/23/19 only receiving 5 partial baths and 2 bed baths. The bathing forms indicate that the resident went from 11/07/19-11/28/10 only receiving 3 partial baths and 2 bed baths.

Surveyor reviewed Resident #41's progress notes, located under the progress notes section of the electronic clinical record. Surveyor could not locate any progress notes stating that the resident has been refusing care.

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F 677	Continued From page 3 The concern of facility staff not ensuring personal hygiene was maintained for Resident #41 was discussed during a meeting with the administrative staff (administrator, director of nursing, assistant director of nursing) during a meeting on 12/05/19 at approximately 4:50 pm . No further information was provided prior to exit.	F 677	F 761 **Corrective Action(s):** The facility immediately discarded the chemistrips, as well as, the Levaquin located in resident #2's room upon discovery. **Identification of Deficient Practices/Corrective Action(s):** Other areas/resident rooms throughout the facility may have been affected; therefore, the DON, ADON, and Unit Managers performed an audit of all other residents and medication rooms on the same day of the findings presented in this report. There were no other issues areas of deficiencies identified. **Systemic Change(s):** The facility's policies and procedures were reviewed and no changes are needed at this time. The DON, or designee will provide staff with education surrounding monitoring for expired items and proper medication storage. **Monitoring:** The DON will be responsible for monitoring compliance. To assist with compliance monitoring, the DON, or designee, will a perform weekly medication room audit for each medication room and resident rooms weekly coinciding with the care plan calendar to insure compliance. These audits will be presented and discussed weekly to the interdisciplinary team. The DON will be responsible for implementing additional education, disciplinary action, and process changes to ensure compliance is maintained. The findings from these audits, along with the corrective action will be presented to the Quality Assurance Committee for review, analysis, and additional recommendations for changes in facility policy, procedure, practice, and length in which audits need to be continued.	12/13/19
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced	F 761		

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by:
Based on observation, staff interview, and facility document review, the facility staff failed to store expired biological's in 2 of 4 medication rooms (unit 1 and unit 2) and failed to properly store an unused IV antibiotic for 1 of 28 Residents, Resident #94. .

The findings included:

1. The medication storage rooms on unit 1 and unit 2 included 3 bottles of expired chemstrips (urine test strips). These bottles had expired on 08/31/19.

On 12/03/19 at approximately 3:28 p.m., the surveyor checked the medication storage room on unit 1 with RN (registered nurse) #1. This medication room included 1 bottle of expired chemstrips. RN #1 reviewed the label with the surveyor, verbalized the strips were out of date, and stated they would toss the expired bottle.

On 12/03/19 at 3:41 p.m., the surveyor and RN #1 checked the medication storage room on unit 2. This medication storage room included 2 bottles of expired chemstrips. RN #1 reviewed the chemstrip labels with the surveyor, verbalized both bottles were out of date, and stated they would toss them.

During an end of the day meeting on 12/04/19 beginning at approximately 4:46 p.m., the administrator, DON (director of nursing), and director of health care operations were notified of the expired chemstrips.

On 12/05/19, the facility provided the surveyor with a copy of their policy/procedure titled,

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"EXPIRED MEDS." This policy/procedure read in part, "...Expired items are pulled off shelves and removed from the inventory..."

No further information regarding this issue was provided to the survey team prior to the exit conference.

2. For Resident #94, the facility staff failed to properly store the unused IV antibiotic medication Levaquin. This medication was observed to be on the Residents bedside table. This medication had been discontinued on 11/20/19.

The Residents clinical record was reviewed on 12/04/19.

Resident #94's clinical record included the diagnoses of history of urinary tract infections and cognitive communication deficit.

Section C (cognitive patterns) of Resident #94's admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 10/13/19 included a BIMS (brief interview mental status) summary score of 10 out of a possible 15 points.

On 12/04/19 at 3:34 p.m., while speaking with Resident #94 the surveyor observed an unopened silver packet labeled levofloxacin (Levaquin) injection in 5% dextrose on the Residents bedside table. Beside of the Residents bed the surveyor observed an IV pole. There were 2 bottles of IV fluids hanging on this IV pole.

On 12/04/19 at 3:39 p.m., the surveyor approached the nurse's station and spoke with LPN (licensed practical nurse) #1 and LPN #2.

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Both of these nurses verbalized to the surveyor that the Resident was not currently on IV antibiotics. LPN #2 verbalized to the surveyor that the Resident was never started on IV antibiotics and was placed on oral antibiotics. LPN's #1 and #2 reviewed the EHR (electronic health record) and stated the order for the IV Levaquin had been written on 11/20/19 and discontinued the same day.

The surveyor notified LPN #1 and LPN #2 that Resident #94 had an unopened packet of IV Levaquin on their bedside table. LPN #2 accompanied the surveyor to Resident #94's room and after visualizing the Levaquin stated they would get rid of the medication.

On 12/04/19 at 4:04 p.m., the DON (director of nursing) was notified of that Resident #94 had IV Levaquin on their over the bedside table and that this medication had never been used for this Resident.

During an end of the day meeting on 12/04/19 beginning at approximately 4:46 p.m., the administrator, DON (director of nursing), and director of health care operations was made aware of the above findings.

On 12/05/19 at 2:50 p.m., the DON provided the surveyor with a copy of policy/procedure titled, "Medication and Treatment Administration." This policy/procedure read in part, "...Medications...as well as...IV medications are not to be left in a resident's room or unattended anywhere except in the locked medication cart/treatment cart or medication room..."

No further information regarding this issue was

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F 761	Continued From page 7 provided to the survey team prior to the exit conference.	F 761		