STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495303	A. BUILDING ______ B. WING ______	C 10/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE CONVALESCENT CNTR WE	**2960 CHELSEA ROAD** **WEST POINT, VA 23181**

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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 10-29-2020. The facility was in substantial compliance with 42 CFR Part 483.73 emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The census in this 60 certified bed facility was 53 at the time of the survey.	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control Survey and Medicare/Medicaid abbreviated survey was conducted onsite 10-29-2020. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, for the implementation of The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. However, corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. The survey sample consisted of 3 residents. The census in this 60 certified bed facility was 53 at the time of the survey.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain	F 755		11/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 11/19/2020

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 755	Continued From page 1 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. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review, facility documentation and in the course of an investigation, the facility staff failed to provide timely administration of medications as ordered by physician for 1 Resident in a survey sample of 3 Residents. The findings included:	F 755	1. Resident #1 medications and prescriptions were reviewed 10/29/2020 by the DON and all were available for administration. The resident did not have a negative effect noted from the medications not administered. 2. All current residents who use their own pharmacy will have their MAR	

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F 755 Continued From page 2

For Resident #1 the facility failed to obtain script and reorder scheduled narcotic pain medication, causing the Resident to miss 2 doses of Lyrica (medication used for neuropathic pain), and 2 doses of Oxycontin 60 mg. (a narcotic pain medicine).

Resident #1 is a 67-year-old man admitted to the facility on 2/3/13 with diagnoses of but not limited to diabetes, skin infection, neurogenic bladder, chronic pain syndrome, CHF, sleep apnea, hypertension, poly neuropathy, paraplegia, Spina Bifida, and chronic pain syndrome.

Resident #1's most recent MDS (minimum data set) with an ARD (assessment reference date) of 8/18/20 coded the Resident is having a BIMS (Brief interview of mental status) of 15, Indicating no cognitive impairment. It coded the Resident for bed mobility, transfers, dressing, toilet use, and personal hygiene resident is coded as #3 - extensive assistance involving 2 or more staff members. Resident is unable to walk he uses and electric wheelchair for mobility and is transferred with a mechanical lift.

On 10/29/20 during clinical record review it was discovered that on 6/22/20 and the morning of 6/23/20 the Resident did not receive his routine scheduled pain medications.
The physicians orders read:
"Lyrica 200 mg (milligrams) capsule oral two times per day." [Lyrica is an anticonvulsant used to treat neuropathic pain]."
"Oxycontin 60 mg extended release 1 tablet every 12 hrs" [Oxycontin is an narcotic pain medication that is gradually released in the bloodstream over a 12 hour period.]

F 755

compared to available pain medications. Discrepancies will be immediately called to the pharmacy and provider will be notified 10/29/2020.

3. Clinical educator/designee will provide education to nursing staff on process for obtaining narcotic prescriptions, managing meds not available and use of in house stat box by 11/23/2020.

4. The DON/designee will review 6 MARS per week for 4 weeks then 3 MARS per week for 8 weeks to monitor for residents who use own pharmacy for meds not available and action taken by the nurse. The results of the observation audits will be reported monthly at the QAPI meeting by the DON for evaluation of compliance and ongoing monitoring for continuous improvement analysis after the implementation.

5. The corrective action will be completed by 11/30/2020.

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A review of the MAR (medication administration record) the Lyrica and the Oxycontin were scheduled to be given at 8:00 AM and 9:00 PM daily. A review of the progress notes read:

"6/22/20 at 6:42 PM - MD notified of needed Scripts and current medications on hand. Scripts for scheduled Lyrica 200 mg and Dilaudid 2 mg PRN confirmed received at [local pharmacy name redacted]. Dilaudid currently not being filled due to 127 tablets currently on hand, and per pharmacy technician, Lyrica will not be available for pick up until tomorrow afternoon. Script for OxyContin 60 mg ER every 12 hours still needed and to be sent by MD to [pharmacy name redacted]. Spoke with MD, RP and management regarding medications not on hand scheduled to be administered tonight and tomorrow morning. One time two day script requested to be sent to [Facility pharmacy] for scheduled OxyContin and Lyrica and told medications can be picked up at [local pharmacy name redacted] facility to cover cost. Oncoming nurse made aware."

"6/23/20 11:31 AM spoke with [pharmacy name redacted] this morning and scripts for two days supply of Lyrica and OxyContin not received. Both medications not administered this morning and last night per MAR d/t being unavailable in facility STAT Box. RN supervisor and MD notified medications have to be ordered and will be available at 2 PM this afternoon per [name redacted] ADON made aware and will pick up medications when ready.
Resident verbalized general pain to BLE [bilateral lower extremities] PSR [pain scale rating] 5/10 non-pharmacological interventions performed, and scheduled analgesic patches applied,

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F 755	Continued From page 4	F 755		

Dilaudid PRN also administered per request see MAR."

On 10/29/20 at approximately 2:00 PM an interview was conducted with LPN A who stated "If we are out of a Resident's medications we call the pharmacy to get a refill on the next run. If we need a new prescription we notify the MD and they send it directly to the pharmacy. We usually can get it pretty quick, but we also usually reorder medicine before they run out."

On 10/29/20 approximately 3:30 PM an interview was conducted with the DON and the Administrator. When asked about Resident #1 running out of scheduled pain medications she stated "We usually have the scripts ready about a week to ten days ahead of time. We have to give the pharmacy that much time to fill them, this resident does not use the facility pharmacy, they use a local pharmacy because of the cost."

"As you see in the nurses note we attempted to get the physician to order a two day supply with our pharmacy at our expense just to cover until the medications arrived from the local pharmacy. The pharmacy we use said they did not receive the script, therefore they could not send the medications."

The DON stated "I guess we could have asked the doctor to write a one time order for the 3 Oxycontin that we did have in the Stat Box that would have been something at least [30 mgs instead of his usual 60 mg. dose]. She also stated " We did not just leave him in pain he has Fentanyl 100 mcg/hr Patch [narcotic pain medication patch delivers 100 micrograms per hour transdermally] and we gave him his PRN

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F 755	Continued From page 5 Dilaudid [narcotic pain medication] as well." A review of the MAR revealed that Resident #1 received PRN (as needed) Dilaudid as follows: On 6/22/20 at 11:35 AM pain was 6/10, PRN Dilaudid was given and rechecked at 12:39 and pain scale was 3/10. On 6/23/20 at 10:35 AM pain 5/10, PRN Dilaudid was given and rechecked at 11:35 pain scale was 3/10. On 6/23 /20 at 8:00 PM pain scale was 6/10, Dilaudid was given and rechecked at 9:10 PM states "relieved". On 10/29/20 during the end of day meeting the Administrator was made aware of the concerns involving medication administration and no further information as provided.	F 755		