

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2020
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NAME OF PROVIDER OR SUPPLIER FREDERICKSBURG HEALTH AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 3900 PLANK ROAD FREDERICKSBURG, VA 22407
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E 000 Initial Comments

An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted 10/27/2020 through 10/20/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.

F 000 INITIAL COMMENTS

An unannounced abbreviated COVID-19 Focused Survey was conducted 10/27/2020 through 10/30/2020. Complaints were investigated during the survey. Corrections are required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s).

The census in this 177 certified bed facility was 77. Of the 77 current residents, six residents were currently positive for the COVID-19 virus. The survey sample consisted of sixteen current resident reviews (Residents #2 through #17), and one closed record review (Resident #1).

F 584 Safe/Clean/Comfortable/Homelike Environment
SS=D: CFR(s): 483.10(i)(1)-(7)

§483.10(i) Safe Environment.
The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.

The facility must provide-
§483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.

(i) This includes ensuring that the resident can receive care and services safely and that the

E 000

The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or is planning to take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or are to be corrected by the date or dates indicated.

F 000

F 584

F584
1) Resident #3 and #10s sink cleaned and walls in the bathroom, chest of drawers and area near head of bed repaired.
2) An audit of resident's sinks, bathroom walls, chest of drawers and head of bed was conducted to ensure they were free of chipped wood, chipped paint and clean.

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

TITLE

(X6) DATE

Lan Carol RN

Acing Administrator

11/16/20

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.

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

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F 584	<p>Continued From page 1</p> <p>physical layout of the facility maximizes resident independence and does not pose a safety risk.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, and facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to maintain a clean, comfortable, homelike environment for two of 17 residents in the survey sample, Residents #3 and #10. The facility staff failed to clean Resident #10's sink, and failed to maintain both the walls in the bathroom and the chest of drawers without chipped paint and wood. The facility staff failed to maintain a chip-free wall in</p>	F 584	<p>3) The DON/designee will re-educate staff on housekeeping protocols, how to notify maintenance of areas in residents room that need repair including sinks and furniture. Re-education regarding TELS for communication to maintenance team for team members and how to communicate housekeeping needs to staff. The Housekeeping manager educated housekeeping team on protocol on how to clean room including sinks.</p> <p>4) Department managers will assess resident's rooms for cleanliness and need of repair during care keeper rounds 5 x a week. Results of audits will be reviewed in the monthly QAPI meeting. Any noted trends will be addressed immediately.</p> <p>5) Compliance Date: 11/19/20</p>

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F 584	Continued From page 2 Resident #10's room in the area near the head of his bed. The findings include 1. Resident #3 was admitted to the facility on 2/6/19 with diagnoses including heart failure, history of a stroke, and depression. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 7/28/2020, he was coded as being severely cognitively impaired for making daily decisions having scored three out of 15 on the BIMS (brief interview for mental status). On 10/27/2020 at 11:39 a m., Resident #3 was observed walking out of his room with the assistance of a walker. Observation was made of Resident #3's bathroom area. The bathroom contained a toilet and a sink. The sink contained a grayish-yellow, sludge-like substance extending from the interior edge of the sink all the way down to the drain. The wall under and to the left of the sink, had several gashes in it. Observation of Resident #3's bedroom furniture revealed a chest of drawers which had multiple areas of chipped away wood. A review of Resident #3's comprehensive care plan dated 2/11/19 and updated 9/16/2020 revealed, in part: "I am a planned long term admission due to my disease process." On 10/27/2020 at 2:40 p.m., ASM (administrative staff member) #1, the interim administrator, and LPN (licensed practical nurse) #3, a unit manager, accompanied the surveyor to Resident #3's room. The bathroom sink still contained the grayish-yellow, sludge-like substance, and the	F 584			

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F 584	<p>Continued From page 3</p> <p>bathroom walls and chest of drawers had not been repaired</p> <p>On 10/28/2020 at 1:04 p.m., CNA (certified nurse assistant) #3 was interviewed. When asked what she would do if she discovered a dirty sink in a resident's bathroom, CNA #3 stated she would try to take care of it herself. If time did not allow this, she stated she would contact a housekeeper. CNA #3 stated if she saw anything that did not make a resident feel as though the facility was as home-like as possible, she would try to make changes to achieve that goal.</p> <p>On 10/28/2020 at 1:14 p.m., RN (registered nurse) #1 was interviewed. RN #1 stated floor nurses do not usually go in resident's bathrooms, and would not be the most likely staff member to notice if a bathroom needed cleaning. She stated if she saw scrapes on a wall or a piece of furniture that had chips on it, she would call maintenance and ask them to repair the defects.</p> <p>On 10/29/2020 at 1:45 p.m., OSM (other staff member) #7, the director of housekeeping, was interviewed. OSM #7 stated all bathrooms are cleaned daily. She stated a bathroom cleaning included the toilet, floor, trash, spot cleaning the walls, and sinks. When asked if staff would be available to return to a room if asked by a CNA or nurse who had discovered a dirty sink, OSM #7 stated they would.</p> <p>On 10/29/2020 at 1:51 p.m., OSM (other staff member) #6, the plant operations supervisor, was interviewed. When asked how often rounds are conducted in the rooms, he stated management staff conducts rounds each morning. OSM #6 stated each manager is assigned a certain set of</p>	F 584		

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F 584

rooms, rounds on these rooms, and makes report on the findings during the standup meeting each morning. He stated the management team also makes rounds during the day, but cannot "be everywhere all the time." OSM #6 stated, "The management and clinical staff are our eyes and ears." He stated staff may report any needed repairs at any time by verbal report to him, or by the computer software system used by the facility to track needed repairs. When asked if the facility has the ability to repair chipped chests of drawers, OSM #6 stated, "Yes we do."

On 10/29/2020 at 4:36 p.m., ASM #1 and LPN #3 were informed of these concerns.

On 10/20/2020 at 11:25 a.m., just prior to exit, ASM #1 informed the surveyor that the facility's only documented "policy information" related to room cleaning could be found on the environmental services staff's education forms.

A review of the facility policy, "Maintenance Request Policy," revealed, in part: "Facility maintenance requests: All facility requests for maintenance, regardless of complaint/request type, building or affected area, must be submitted to the Maintenance Director via TELS work order, by entering information in the maintenance log book stored at the nurses station or after hours/emergencies by calling the Maintenance Director or On-Call maintenance employee. The request will be reviewed and a determination will be made as to the scope of work, priority, required trade(s), and whether or not the request requires an immediate response. The request must include:

- a) A contact person.
- b) A description of the problem

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c) An exact location "

F 584

A review of a document "Housekeeping In-Service," undated, revealed, in part: "7-Step Daily WAshroom Cleaning...Clean and Sanitize Sink and Tub The sink includes the sink, fixtures, pipes under the sink, mirror and light above the mirror "

2. Resident #10 was admitted to the facility on 12/7/2019 with diagnoses that included but were not limited to: dementia, diabetes, and a history of COVID -19. The most recent MDS assessment, a Medicare five day assessment, with an ARD of 9/29/2020, coded the resident as scoring a "3" on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions.

On 10/27/2020 at 11:24 a.m., Resident #10 was observed lying in his bed on his right side. The resident's eyes were closed. To the right of the head of Resident #10's bed, there were several areas of paint chipping and peeling. His overbed table contained multiple chipped areas around the edge.

On 10/27/2020 at 2:40 p.m., ASM (administrative staff member) #1, the interim administrator, and LPN (licensed practical nurse) #3, a unit manager, accompanied the surveyor to Resident #10's room to observe the concern identified. The chipped wall and overbed table remained unchanged.

A review of Resident #10's comprehensive care plan dated 12/9/19 and updated 9/15/2020 revealed, in part: "LTC (long term care) is

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F 584 Continued From page 6 F 584

required to adequately provide for my own needs."

On 10/28/2020 at 1:04 p.m., CNA (certified nurse assistant) #3 was interviewed. She stated if she saw anything that did not make a resident feel as though the facility was as home-like as possible, she would try to make changes to achieve that goal

On 10/28/2020 at 1:14 p.m., RN (registered nurse) #1 was interviewed. She stated if she saw scrapes on a wall or a piece of furniture that had chips on it, she would call maintenance and ask them to repair the defects.

On 10/29/2020 at 1:51 p.m., OSM (other staff member) #6, the plant operations supervisor, was interviewed. When asked how often rounds are conducted in the rooms, he stated management staff conducts rounds each morning. OSM #6 stated each manager is assigned a certain set of rooms, rounds on these rooms, and makes report on the findings during the stand-up meeting each morning. He stated the management team also makes rounds during the day, but cannot "be everywhere all the time." OSM #6 stated, "The management and clinical staff are our eyes and ears." He stated staff may report any needed repairs at any time by verbal report to him, or by the computer software system used by the facility to track needed repairs. When asked if the facility has the ability to repair the concern areas identified above, OSM #6 stated, "Yes we do." OSM #6 stated, "Yes we do."

On 10/29/2020 at 4:36 p.m., ASM #1 and LPN #3 were informed of these concerns.

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F 584	Continued From page 7 No further information was provided prior to exit	F 584		
	<p>REFERENCES</p> <p>(1) "Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARSCoV-2 (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19." This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments</p>			
F 658	<p>COMPLAINT DEFICIENCY</p> <p>Services Provided Meet Professional Standards SS=D, CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to follow professional standards for clarifying an physician order and documenting administration of medications for one of 17 residents in the survey sample, Resident #2. The facility staff failed to clarify the route of administration for a multivitamin and Sinemet (1) for Resident #2, who had a PEG (percutaneous epigastric) tube</p>	F 658	<p>F658</p> <ol style="list-style-type: none"> 1) Resident #2 Medication orders were clarified for route. 2) An audit was completed for residents with G-tubes to ensure correct route of administration. 3) The DON/designee will re-educate team members regarding NPO Status and Correct route of administration. 4) Nursing Management team will audit medication orders for residents with g-tubes 3 x a week for 8 weeks. Audit will ensure that resident's care plan is being followed and that resident orders are written using the correct route. Results will be reviewed in the QAPI in the monthly meeting. Any noted trends will be addressed and re-education provided as needed. 5) Compliance Date: 11/19/20 	

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(2)

F 658

The findings include:

Resident #2 was admitted to the facility on 11/1/19, and most recently readmitted on 4/7/2020 with diagnoses including dementia and Parkinson's disease (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 9/22/2020, she was coded as being severely cognitively impaired for making daily decisions. Resident #2 was coded as being rarely/never understood, and as rarely/never understanding for communication. She was coded as having a PEG tube, and as being unable to swallow.

On 10/27/2020 at 11:58 a.m., Resident #2 was observed lying on her back in bed. Her eyes were open, and she stared blankly in front of her. The head of her bed was elevated approximately 40 degrees. Equipment for administering tube feeding was observed beside her bed, no tube feed was running at the time of the observation.

A review of Resident #2's physician orders revealed the following:
- "NPO (nothing by mouth)," ordered 4/20/2020
- "Multivitamin Adult Tablet (Multiple Vitamins-Minerals) Give 1 tablet by mouth one time a day," ordered 6/1/2020
- "Carbidopa-Levodopa Tablet 25-100 MG Give 1 tablet by mouth three times a day," ordered 4/7/2020

A review of the MARs (medication administration records) for October 2020 for Resident #2 revealed that each and every time the medication was due, it was signed off by the administering

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F 658	<p>Continued From page 9</p> <p>nurse as being given by mouth, as ordered.</p> <p>A review of Resident #2's comprehensive care plan dated 11/1/19 and updated 10/7/2020 revealed, in part: "I receive tube feedings for total nutritional needs. I am at risk for inadequate food and beverage intake due to dysphagia (difficulty swallowing), Parkinson's . . .NPO "</p> <p>On 10/28/2020 at 1:14 p m , RN (registered nurse) #1 was interviewed. When asked if she had ever taken care of Resident #2, she stated she had. When asked if she had ever administered any medication by mouth to Resident #2, RN #1 stated, "No. She has a feeding tube. All her meds (medications) go through that." RN #1 was asked how staff knows by which route to administer a resident's medications. RN #1 stated the route of administration is in the physician's order. When asked what she would do if she received a new order, or if she saw an existing order, for a medication to be administered by mouth to a resident who had a PEG tube, RN #1 stated, I would clarify it. When asked if the administering nurse should sign off as having given a medication by mouth to a resident to whom the nurse had administered the medication by PEG tube, RN #1 stated, "No, never. You should make sure the order matches the resident in every way. You shouldn't sign something you didn't do."</p> <p>On 10/28/2020 at 1:32 p.m., LPN (licensed practical nurse) #2, a unit manager was interviewed. LPN #2 was asked how the staff know the correct route for administering ordered medications to a resident. LPN #2 stated that information is in the MAR. When asked what a floor nurse should do if there is a discrepancy</p>	F 658		

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between an order route and the resident's status, LPN #2 stated, "The nurse should clarify. The order should be changed to reflect the [resident's] status " When asked if a nurse should sign off on having administered a medication by mouth when the nurse actually administered the medication by PEG tube, LPN #2 stated, "No Never."

On 10/29/2020 at 4:36 p.m., ASM (administrative staff member) #1, the interim administrator, and LPN #2 were informed of these findings. ASM #1 stated that the facility uses its policies and Lippincott as its nursing standard. Facility policies and/or portions of the facility's nursing standard were requested.

A review of information taken from Lippincott's Nursing Procedures, Eighth edition, and provided to the surveyor by the facility staff, revealed in part: "Review the practitioner's order to make sure that the prescribed dose, rate, and route of administration are appropriate for the patient's age, condition, and access device (if applicable)... Make sure there's a defined method for reviewing and updating any preprinted order sheets or standing orders. Routinely review this process to look for points of failure that could contribute to a medication error...If any questions arise about a prescribed medication, collaborate with the prescriber or pharmacist."

No further information was provided prior to exit.

According to Basic Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) "A medication order is required for you to administer any medication to a patient. Once you receive and process a medication, place the physician's or health care provider's

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F 658	Continued From page 11 complete order on the appropriate medication form, the MAR. The MAR includes the patient's name, room, and bed number, as well as the names, dosages, frequencies, and routes of administration for each medication. When transcribing orders, ensure the names of medications, dosages, routes, and times are legible. The nurse checks all orders for accuracy and thoroughness. When orders are transcribed, the same information needs to be checked again by the nurse. It is essential that you verify the accuracy of every medication you give to the patient with the patient's orders. To ensure safe medication administration, be aware of the six rights of medication administration: 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation. . . . Use the MAR to prepare and administer medications. When preparing medications in bottles or containers, compare the label of the medication container with the medication administration order three times: (1) before removing the container from the drawer or shelf, (2) as you remove the amount of medication ordered from the container, and (3) before returning the container to storage. . . . After you administer medications, indicate which medications you gave on your patient's MAR per agency policy to show that you gave the medications as ordered. Inaccurate documentation of medications, such as failing to document giving a medication or documenting an incorrect dose, leads to errors in subsequent decisions about your patient's care. There are many nursing actions you take to ensure the right documentation. Make sure that the information on your patient's MAR corresponds exactly with the prescriber's order and with the label on the medication's container. Record the	F 658		

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F 658	<p>Continued From page 12</p> <p>administration of each medication as soon as you give the medication. Never document that you have given a medication until you have actually given it."</p> <p>REFERENCES</p> <p>(1) "The combination of levodopa and carbidopa (Sinemet) is used to treat the symptoms of Parkinson's disease and Parkinson's-like symptoms that may develop after encephalitis (swelling of the brain) or injury to the nervous system caused by carbon monoxide poisoning or manganese poisoning. Parkinson's symptoms, including tremors (shaking), stiffness, and slowness of movement, are caused by a lack of dopamine, a natural substance usually found in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a601068.html.</p> <p>(2) "A PEG (percutaneous endoscopic gastrostomy) feeding tube insertion is the placement of a feeding tube through the skin and the stomach wall. It goes directly into the stomach. PEG feeding tube insertion is done in part using a procedure called endoscopy. Feeding tubes are needed when you are unable to eat or drink. This may be due to stroke or other brain injury, problems with the esophagus, surgery of the head and neck, or other conditions." This information is taken from the website https://medlineplus.gov/ency/patientinstructions/000900.htm.</p> <p>(3) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain</p>	F 658		

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F 658	Continued From page 13 chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in families." This information is taken from the website https://medlineplus.gov/parkinsonsdisease.html	F 658	
F 677 SS=D	<p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§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:</p> <p>Based on observation, staff interview, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff did not provide ADL (activities of daily living) bathing assistance care for three of 17 sampled residents, (Resident #8, #11, and #6) who were coded as requiring extensive to total assistance from staff for bathing.</p> <ol style="list-style-type: none"> Resident #8, who is coded as requiring extensive assistance from staff for bathing was not provided a bath or shower by facility staff from 10/17 through 10/24/2020. Resident #11, who is coded as being dependent on staff for bathing was not provided a bath or shower by facility staff on multiple occasions between 10/1/2020 and 10/26/2020. Resident #6 who is coded as requiring extensive assistance from staff for bathing, was not provided a bath or shower by facility staff on 	F 677	<p>F677</p> <ol style="list-style-type: none"> Resident #8, #11 and # 6 are receiving ADL bathing assistance. Current residents have the potential to be affected. The DON/designee will re-educate team members regarding documentation of showers, shower schedule and how to give a shower. Nursing Administration will review shower documentation 3 x a week for 8 weeks for accuracy to ensure that the residents are receiving regular showers and it is being documented. Results of the audits will be reviewed in the monthly QAPI meeting. Any noted trends will be addressed immediately and re-education provided as needed. Compliance Date: 11/19/20

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multiple occasions between 9/4/2020 and 9/22/2020; and between 10/2/2020 and 10/20/2020.

The findings include:

1. Resident #8, who is coded as requiring extensive assistance from staff for bathing was not provided a bath or shower by facility staff from 10/17 through 10/24/2020.

Resident #8 was admitted to the facility 3/13/2020 with a recent readmission on 9/18/2020 with diagnoses, that included but were not limited to: heart failure, high blood pressure, diabetes, and a history of COVID-19 (1). The most recent MDS (Minimum Data Set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 10/2/2020 coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating he was capable of making daily cognitive decisions. The resident was coded as requiring supervision for most of his activities of daily living including personal hygiene. The resident was coded as requiring extensive assistance of the staff for his bathing needs.

On 10/27/2020 at 11:11 a.m., Resident #8 was observed sitting up in a wheelchair in his room. He was looking at a newspaper, and had both feet propped up on his bed. When asked if he remembered whether or not he had recently received baths or showers, he stated he could not say for sure either way.

A review of Resident #8's ADL records revealed the following entries on 10/17/2020, 10/21/2020,

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and 10/24/2020 for bathing: "N/A, N/A, N/A " A review of the key for the ADL sheets provided no information on what "N/A" meant.

A review of Resident #8's clinical record revealed no further information regarding whether or not the resident received a bath on the above referenced dates

A review of Resident #8's comprehensive care plan dated 3/14/2020 and updated 10/8/2020 revealed, in part: "Assist with ADLS care as needed."

On 10/28/2020 at 1:04 p.m., CNA (certified nursing assistant) #3 was interviewed about bathing/showering documentation. CNA #3 stated, "We use the kiosks [for the electronic medical record]." She stated she enters a code that corresponds to how much help a resident needs, and about what kind of bath the resident receives. When asked what "N/A" means in the bathing record, CNA #3 stated, "I'm really not sure." She stated she did not understand why someone would enter that code if they had actually given a resident a bath. She stated there is a code that can also be entered if a resident refuses a bath, but "N/A" is not that code. When asked if she could say that a resident actually received a bath or shower on a day when "N/A" had been documented, CNA #3 stated, "No, I could not say that."

On 10/28/2020 at 1:14 p.m., RN (registered nurse) was interviewed. RN #1 was asked how she makes certain residents receive baths or showers. RN #1 stated she relies on the CNAs to give the care, and to document the care. She stated if a CNA is not able to give a resident a

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bath, she expects the CNA to report this to her. She stated if a resident does receive a bath, it should be documented in the ADL record.

On 10/28/2020 at 1:32 p.m , LPN (licensed practical nurse) #1, a unit manager, was interviewed. She stated residents should be bathed at least twice a week, and the bath should be documented by the CNA on the ADL record part of the electronic medical record.

The staff members who made the "N/A" entries for the above-referenced dates were unavailable for interview during the survey

On 10/29/2020 at 4:36 p.m , ASM (administrative staff member) #1, the interim administrator, and LPN (licensed practical nurse) #2, a unit manager, were informed of this finding. ASM #1 stated she did not know what "N/A" on the bathing record, and that most of the staff members who used that coding were agency staff. She stated she would investigate further and provide more information.

On 10/20/2020 at 8:35 a.m., ASM #1 stated that she had spoken with some residents. She stated all residents with whom she spoke reported they had been receiving baths or showers. ASM #1 stated, "We have gotten back on track [since the facility COVID-19 outbreak]. ASM #1 stated, "In some cases, I think it may be just a documentation issue, but I can't prove that. It's only a sliver of times. But I promise, we are going to fix this." At this time, any facility policies regarding resident bathing/documentation were requested from ASM #1. No policies were provided prior to exit.

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F 677	<p>Continued From page 17</p> <p>No further information was provided prior to exit</p> <p>REFERENCES</p> <p>(1) "Coronaviruses are a large family of viruses found in many different species of animals, including camels, cattle, and bats. The new strain of coronavirus identified as the cause of the outbreak of respiratory illness in people first detected in Wuhan, China, has been named SARSCoV-2. (Formerly, it was referred to as 2019-nCoV.) The disease caused by SARS-CoV-2 has been named COVID-19." This information was obtained from the website: https://www.nccih.nih.gov/health/in-the-news-coronavirus-and-alternative-treatments</p> <p>2. Resident #11, who is coded as being dependent on staff for bathing was not provided a bath or shower by facility staff on multiple occasions between 10/1/2020 and 10/26/2020.</p> <p>Resident #11 was admitted to the facility on 3/17/2017 with diagnoses that included but were not limited to: Huntington Disease (1), bipolar disease (2), and schizophrenia (3). The most recent MDS assessment, a quarterly assessment, with an ARD of 8/23/2020, coded the resident as scoring a "3" on the BIMS score, indicating they were severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance to being totally dependent upon the staff for all of her activities of daily living, including personal hygiene and bathing in which they were dependent upon the staff.</p> <p>On 10/27/2020 at 11:20 a.m., Resident #11 was</p>	F 677	

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observed lying supine in bed. She was dressed in her nightgown. Her oral mucosa appeared dry, and her lips were dry and cracked. A mouth swab and bottle of mouthwash were observed on her overbed table.

Review of Resident #11's comprehensive care plan revealed that she frequently refuses to get dressed and out of bed, and that she also frequently refuses oral care. Her care plan also documented that Resident #11 frequently preferred to remain in her nightgown throughout the day.

A review of Resident #11's ADL records revealed the following entries on 10/1/2020, 10/5/2020, 10/12/2020, 10/22/2020, and 10/26/2020: "N/A, N/A, N/A." A review of the key for the ADL sheets provided no information on what "N/A" meant.

A review of Resident #11's clinical record revealed no further information regarding whether or not the resident received a bath on the above referenced dates.

A review of Resident #11's comprehensive care plan dated 12/2/16 and updated 8/27//2020 revealed, in part: "Provide assist with shower/bathing 2x (two times) per week and prn (as needed)."

On 10/28/2020 at 1:04 p.m., CNA (certified nursing assistant) #3 was interviewed about bathing/showering documentation. CNA #3 stated, "We use the kiosks [for the electronic medical record]." She stated she enters a code that corresponds to how much help a resident needs, and about what kind of bath the resident receives. When asked what "N/A" means in the

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F 677	Continued From page 19 bathing record, CNA #3 stated, "I'm really not sure " She stated she did not understand why someone would enter that code if they had actually given a resident a bath. She stated there is a code that can also be entered if a resident refuses a bath, but "N/A" is not that code. When asked if she could say that a resident actually received a bath or shower on a day when "N/A" had been documented, CNA #3 stated, "No, I could not say that." On 10/28/2020 at 1:14 p.m., RN (registered nurse) was interviewed. When she was asked how she makes certain residents receive baths or showers, she stated she relies on the CNAs to give the care, and to document the care. She stated if a CNA is not able to give a resident a bath, she expects the CNA to report this to her. She stated if a resident does receive a bath, it should be documented in the ADL record. On 10/28/2020 at 1:32 p.m., LPN (licensed practical nurse) #1, a unit manager, was interviewed. She stated residents should be bathed at least twice a week, and the bath should be documented by the CNA on the ADL record part of the electronic medical record. The staff members who made the "N/A" entries for the above-referenced dates were unavailable for interview during the survey. On 10/29/2020 at 4:36 p.m., ASM (administrative staff member) #1, the interim administrator, and LPN (licensed practical nurse) #2, a unit manager, were informed of this finding. ASM #1 stated she did not know what "N/A" on the bathing record, and that most of the staff members who used that coding were agency	F 677		

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F 677	<p>Continued From page 20</p> <p>staff. She stated she would investigate further and return with more information.</p> <p>On 10/20/2020 at 8:35 a m., ASM #1 stated that she had spoken with some residents. She stated all residents with whom she spoke reported they had been receiving baths or showers. ASM #1 stated, "We have gotten back on track [since the facility COVID-19 outbreak]. ASM #1 stated, "In some cases, I think it may be just a documentation issue, but I can't prove that. It's only a sliver of times. But I promise, we are going to fix this." At this time, any facility policies regarding resident bathing/documentation were requested from ASM #1. No policies were provided prior to exit.</p> <p>No further information was provided prior to exit.</p> <p>REFERENCES</p> <p>(1) "Huntington disease is a progressive brain disorder that causes uncontrolled movements, emotional problems, and loss of thinking ability (cognition)." This information is taken from the website https://medlineplus.gov/genetics/condition/huntington-disease/</p> <p>(2) "Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks." This information is taken from the website https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml.</p> <p>(3) "Schizophrenia is a serious brain illness. People who have it may hear voices that aren't</p>	F 677		

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F 677	<p>Continued From page 21</p> <p>there. They may think other people are trying to hurt them. Sometimes they don't make sense when they talk. The disorder makes it hard for them to keep a job or take care of themselves." This information is taken from the website https://medlineplus.gov/schizophrenia.html</p> <p>3. Resident #6 who is coded as requiring extensive assistance from staff for bathing, was not provided a bath or shower by facility staff on multiple occasions between 9/4/2020 and 9/22/2020; and between 10/2/2020 and 10/20/2020.</p> <p>Resident #6 was admitted to the facility on 4/8/2020 with diagnoses that included but were not limited to: dementia, history of a stroke, including partial paralysis on the left side, and a history of COVID-19. The most recent MDS assessment, a Medicare five day assessment, with an ARD of 9/8/2020, coded the resident as scoring a "4" on the BIMS score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance for most of his activities of daily living including personal hygiene and bathing.</p> <p>On 10/27/2020 at 11:45 a.m., Resident #6 was observed sitting up in a wheelchair in his room. He was clean and dressed. An occupational therapist was observed to be working with Resident #6 on exercises to strengthen his upper body.</p> <p>A review of Resident #6's ADL records revealed the following entries on 9/4, 9/11, 9/15, 9/18, 9/22 NA/NA; 10/2 and 10/20 for bathing: "N/A, N/A,</p>	F 677		

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N/A." A review of the key for the ADL sheets provided no information on what "N/A" meant

A review of Resident #6's clinical record revealed no further information regarding whether or not the resident received a bath on the above referenced dates

A review of Resident #6's comprehensive care plan dated 10/8/15 and updated 9/15/2020 revealed, in part: "Assist with ADLs as needed."

On 10/28/2020 at 1:04 p.m., CNA (certified nursing assistant) #3 was interviewed about bathing/showering documentation. CNA #3 stated, "We use the kiosks [for the electronic medical record]." She stated she enters a code that corresponds to how much help a resident needs, and about what kind of bath the resident receives. When asked what "N/A" means in the bathing record, CNA #3 stated, "I'm really not sure." She stated she did not understand why someone would enter that code if they had actually given a resident a bath. She stated there is a code that can also be entered if a resident refuses a bath, but "N/A" is not that code. When asked if she could say that a resident actually received a bath or shower on a day when "N/A" had been documented, CNA #3 stated, "No, I could not say that."

On 10/28/2020 at 1:14 p.m., RN (registered nurse) was interviewed. When she was asked how she makes certain residents receive baths or showers, she stated she relies on the CNAs to give the care, and to document the care. She stated if a CNA is not able to give a resident a bath, she expects the CNA to report this to her. She stated if a resident does receive a bath, it

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should be documented in the ADL record.

On 10/28/2020 at 1:32 p.m., LPN (licensed practical nurse) #1, a unit manager, was interviewed. She stated residents should be bathed at least twice a week, and the bath should be documented by the CNA on the ADL record part of the electronic medical record.

The staff members who made the "N/A" entries for the above-referenced dates were unavailable for interview during the survey.

On 10/29/2020 at 4:36 p.m., ASM (administrative staff member) #1, the interim administrator, and LPN (licensed practical nurse) #2, a unit manager, were informed of this finding. ASM #1 stated she did not know what "N/A" on the bathing record, and that most of the staff members who used that coding were agency staff. She stated she would investigate further and return with more information.

On 10/20/2020 at 8:35 a.m., ASM #1 stated that she had spoken with some residents. She stated all residents with whom she spoke reported they had been receiving baths or showers. ASM #1 stated, "We have gotten back on track [since the facility COVID-19 outbreak]. ASM #1 stated, "In some cases, I think it may be just a documentation issue, but I can't prove that. It's only a sliver of times. But I promise, we are going to fix this." At this time, any facility policies regarding resident bathing/documentation were requested from ASM #1. No policies were provided prior to exit.

No further information was provided prior to exit.

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COMPLAINT DEFICIENCY

F 761 Label/Store Drugs and Biologicals
SS=D CFR(s): 483.45(g)(h)(1)(2)

F 761 F761

§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 by:

Based on observation, staff interview, clinical record review, and facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to ensure medications were stored safely in locked compartments for two of 17 residents in the

- 1) Resident #8 and # 9 medications were immediately removed from their room and placed in secured medication cart.
- 2) An audit of resident's rooms and living areas conducted to ensure medications were not at bedside unsecured.
- 3) The DON/designee will re-educate team members on proper medication and or treatment storage.
- 4) Department managers will visually check resident rooms during care keeper rounds 5 x a to ensure that proper storage of medication has occurred. Results of care keeper rounds and room sweeps will be reviewed in monthly QAPI meeting. Any noted trends will be addressed immediately.
- 5) Compliance Date: 11/19/20

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survey sample, Residents #8 and #9 A jar of Eucerin cream, with Resident #8's pharmacy label attached to it, was observed on Resident #8's overbed table unsecured and a bottle of Flonase, with Resident #8's pharmacy label attached to it, was observed on Resident #9's (the roommate for Resident #8) bedside table unsecured on 10/27/2020.

The findings include:

Resident #8 was admitted to the facility 3/13/2020 with a recent readmission on 9/18/2020 with diagnoses, that included but were not limited to: heart failure, high blood pressure, diabetes, and a history of COVID-19 (1). The most recent MDS (Minimum Data Set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 10/2/2020 coded the resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating he was capable of making daily cognitive decisions.

Resident #9 was admitted to the facility on 12/4/2019 with diagnoses that included but were not limited to: high blood pressure, dementia, and diabetes. The most recent MDS assessment, a Medicare five day assessment, with an ARD of 9/21/2020, coded the resident as scoring a "4" on the BIMS score, indicating she was severely impaired to make daily cognitive decisions.

On 10/27/2020 at 11:45 a.m , Resident #8 was observed sitting up in a wheelchair in his room. A jar of Eucerin cream, with Resident #8's pharmacy label attached to it, was observed on Resident #8's overbed table. When asked if he uses the Eucerin cream, Resident #8 stated,

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"Usually the staff puts it on my feet and legs if I need it. But sometimes I do." Resident #9, who was Resident #8's spouse and roommate, was also seated in a wheelchair on the other side of the room. A bottle of Flonase, with Resident #8's pharmacy label attached to it, was on Resident #9's bedside table. When asked if he ever used the nose spray by himself, Resident #8 stated he did not. When asked if Resident #9 ever used the nose spray, Resident #8 stated, "I'm not sure. She might."

A review of Resident #8's physician orders revealed the following two orders:
- "Fluticasone Propionate Suspension, 1 gram, Alternating nostrils one time a day." This order was dated 9/18/2020.
- "Eucerin Cream (Skin Protectants.) Apply to Lower extremities topically two times a day for Dry skin. The order was dated 10/08/2020.

A review of both Resident #8's and Resident #9's physician orders revealed no information regarding either resident being allowed to self-administer medication.

A review of Resident #8's comprehensive care plan dated 3/14/2020 and updated 10/8/2020 failed to reveal any information regarding Resident #8's having been assessed to safely self-administer medications.

A review of Resident #9's comprehensive care plan dated 12/5/19 and updated 9/11/2020 failed to reveal any information regarding Resident #9's having been assessed to safely self-administer medications.

On 10/28/2020 at 1:14 p.m., RN (registered

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nurse) #1 was interviewed. When asked what she would do if she discovered a resident's prescription medication unsecured in a resident's room, RN #1 stated she would remove it. She stated she was not aware of any facility residents who were assessed to safely self-administer medications. RN #1 stated that some residents order medication through the mail, unbeknownst to staff. She stated no residents should have any medications unsecured in their rooms.

On 10/28/2020 at 1:32 p.m., LPN (licensed practical nurse) #2, a unit manager, was interviewed regarding a resident's prescription medication unsecured in a resident's room. LPN #2 stated the staff member should remove it immediately. She stated the staff member should inform the resident's nurse, and the nurse should investigate what had happened, and how the resident had obtained physical possession of the medication.

On 10/29/2020 at 4:36 p.m., ASM (administrative staff member) #1, the interim administrator, and LPN #2 were informed of these findings. ASM #1 stated that the facility uses its policies and Lippincott as its nursing standard. Facility policies regarding medication storage were requested.

A review of information taken from Lippincott's Nursing Procedures, Eighth edition, and provided to the surveyor by the facility staff, failed to reveal any information related to safe storage of medication.

No further information was provided prior to exit.

According to Fundamentals of Nursing, 7th edition, 2009: Patricia A. Potter and Anne Griffin

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Perry: Mosby, Inc.; Page 703. "Make sure that all medications are in locked containers in a room (e.g., medication room) or are under constant surveillance."

REFERENCES

(1) Eucerin cream - "Uses - temporarily protects and helps relieve minor skin irritation and itching due to rashes, eczema." This information is taken from the website
<https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=9895f3c3-b00b-462c-ace0-696d688e2e04&type=display>

(2) "Nonprescription fluticasone nasal spray (Flonase Allergy) is used to relieve symptoms of rhinitis such as sneezing and a runny, stuffy, or itchy nose and itchy, watery eyes caused by hay fever or other allergies (caused by an allergy to pollen, mold, dust, or pets). Prescription fluticasone is also used to relieve symptoms of nonallergic rhinitis such as sneezing and runny or stuffy nose which are not caused by allergies. Prescription fluticasone nasal spray (Xhance) is used to treat nasal polyps (swelling of the lining of the nose). Fluticasone nasal spray should not be used to treat symptoms (e.g., sneezing, stuffy, runny, itchy nose) caused by the common cold. Fluticasone is in a class of medications called corticosteroids. It works by blocking the release of certain natural substances that cause allergy symptoms." This information is taken from the website
<https://medlineplus.gov/druginfo/meds/a695002.html>.

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