

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

PRINTED: 03/07/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495418</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/07/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRINCESS ANNE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456</b>	
(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 000	INITIAL COMMENTS	F 000		
F 580 SS=D	<p>An unannounced Medicare/Medicaid abbreviated survey was conducted on 8/5/20 through 8/7/20. Three complaints were investigated during the course of survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care Requirements.</p> <p>The census in this 120 bed facility was 110 at the time of survey. The survey sample consisted of two current resident reviews (Resident #1 and #3) and one closed record review (Resident #2).</p> <p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§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-</p> <p>(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 §483.15(c)(1)(ii).</p> <p>(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)</p>	F 580		8/18/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**08/18/2020**

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 580	<p>Continued From page 1</p> <p>is available and provided upon request to the physician.</p> <p>(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</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(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 facility staff failed to notify the physician of a missed dose of medication (Lopressor 100 mg (milligrams)) for one of three sampled Residents, Resident #2.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 3/7/20 with diagnoses that included but were not limited to Paroxysmal Atrial fibrillation with RVR (Rapid Ventricular Response) (1), chronic kidney disease</p>	F 580	Past noncompliance: no plan of correction required.		

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F 580	<p>Continued From page 2</p> <p>stage three, and arteriosclerotic heart disease. Resident #2's most recent MDS (minimum data set) assessment was a discharge assessment with an ARD (assessment reference date) of 3/10/20. Resident #2 was coded as being able to make decisions that are "Consistent and reasonable" on the Staff Assessment for Mental Status exam. Resident #2 was discharged from the facility AMA (against medical advice) on 3/10/20.</p> <p>Review of Resident #2's hospital discharge summary dated 3/7/20 documented in part, the following: "...PMHx (Past Medical History) as noted below who is being admitted for atrial fibrillation with RVR...On arrival to the ED (Emergency Department) she is found to be in atrial fibrillation with rapid ventricular response...Coreg (2) changed to Lopressor 100 mg (milligrams) (3) BID (two times a day) for rate control. Cardiology following- cleared for discharge...Acute systolic CHF (Congestive heart failure)...coreg to Lopressor for HR (heart rate) control...Start taking these medications: Apixaban (4) (Eliquis 2.5 mg PO (by mouth) TABS...take 1 tab (tablet) by mouth twice a day to prevent blood clots in chronic atrial fibrillation...Lopressor 100 mg PO TABS Take 1 tab by mouth twice daily...Continue these medications which have changed...Lasix 40 mg (5) PO TABS...Take 1 tab by mouth Once a day."</p> <p>Review of Resident #2's March 2020 MAR (Medication Administration Record) revealed that Resident #2 received all doses of Eliquis and Lasix from 3/7/20 through 3/10/20.</p> <p>Further Review of Resident #2's March 2020 MAR revealed that Resident #2 did miss one</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>dose of her scheduled Lopressor on 3/8/20 at 9 a.m. The following was documented in a nursing note dated 3/8/20: "on order."</p> <p>Review of the facility's emergency STAT box revealed that Lopressor 100 mg was in the facility STAT box.</p> <p>Review of the physician's notes revealed that on 3/9/20; the physician had evaluated Resident #2. The following was documented in part, "Edema/Varicosities of Extremities: No edema or varicosities."</p> <p>There was no evidence in Resident #2's clinical record that she had any negative outcomes from the one missed dose of Lopressor.</p> <p>On 8/6/20 at 2:43 p.m., a telephone interview was conducted with LPN (Licensed Practical Nurse) #1, the nurse who worked on 3/8/20 and did not administer the 9 a.m. dose of Lopressor. When asked about the admission order process, LPN #1 stated for any new admissions she will put all medications in the computer system and fax the orders to pharmacy and the physician. When asked how long it takes for medications to arrive from pharmacy, LPN #1 stated, "usually comes in next day or next night." When asked the process if a resident was due for a medication and the medication was not on the medication cart, LPN #1 stated that she would "Pull the discharge paperwork and re-fax the orders back to pharmacy." When asked if she ever checks the facility STAT box for medications, LPN #1 stated that if the medication is available in the facility STAT box, that she would go ahead and administer the medication. When asked about Resident #2's missed Lopressor on 3/8/20, LPN</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>#1 stated that she didn't think Lopressor was in the facility STAT box. LPN #1 also stated that she did not recall checking the STAT box because she did not recall the patient. When asked if the physician was usually made aware of missed doses of medication, LPN #1 stated, "If the medication is not there yet; I just check off medication not available."</p> <p>On 8/6/20 at 3:42 p.m., a telephone interview was conducted with ASM (administrative staff member) #4, the Physician Assistant. When asked if facility staff usually make her or the physician aware of a missed medication, ASM #4 stated, "Usually they do." ASM #4 stated that she will give an order depending on the medication that is not available for administration. ASM #4 stated that she will also ask what is available in the STAT to substitute for the missed medication. When asked is he expected nursing staff to alert her or the physician for a missed dose of Lopressor 100 mg; ASM #4 stated that Lopressor was an important medication and that she would expect nursing staff to notify the herself or the physician for a missed dose. ASM #4 stated that she expected staff to pull Lopressor out of the facility STAT box. When asked if missing one dose of Lopressor 100 mg could be significant to the Resident's health, ASM #4 stated that with one missed dose of a beta blocker there is obvious concern that a resident could go into atrial fibrillation and also have blood pressure spikes. ASM #4 stated that she could not recall being made aware of Resident #2's missed dose of Lopressor.</p> <p>On 8/7/20 at 1:30 p.m., ASM (administrative staff member) #1, the Administrator and ASM #2 the DON (Director of Nursing) were made aware of</p>	F 580			

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F 580	Continued From page 5 the above concerns. ASM #1 was able to present evidence that the facility re-educated staff on March 12, 2020 regarding admission orders, obtaining medications from pharmacy, checking the STAT box for medications and notifying the physician regarding missed medications. ASM #1 was able to present signature sheets of licensed staff documenting that they received the education. ASM #1 was also able to present audits conducted on 3/12/20.  The following education was documented: "What do you do when you don't have a medication for a patient?" 1. Go to the Super STAT box and retrieve medication. 2. Assess and make sure the times are appropriate, if not, change time of medication administration. In another words if it a new patient, see if you can push the time out further. If this is not an option move to steps #3 and 4. 3. If it's not in the STAT box, call pharmacy and order it STAT (if able to, not all meds can be STATED) 4. Call the MD to notify MD if not available and get new orders from the practitioner and document. If the practitioner give you some sort of replacement med then administer that medication. If he states no new orders, then document. Do not ever just not follow up on a missing medication. This is a delay in care. Never document Medication not available, Ever! Never borrow medications Ever! If you run out of house stock meds, you still cannot document "Med not available" These meds are also available in the Super STAT box. If they have all been used, then you would order from pharmacy at this time STAT and document."	F 580			

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F 580	<p>Continued From page 6</p> <p>No further information was presented prior to exit.</p> <p><b>COMPLAINT DEFICIENCY PAST NON-COMPLIANCE.</b></p> <p>(1) Paroxysmal Atrial fibrillation- is the most common types of arrhythmia's, which are irregular heart rhythms. Atrial fibrillation causes your heart to beat much faster than normal. Also, your heart ' s upper and lower chambers do not work together as they should. When this happens, the lower chambers do not fill completely or pump enough blood to your lungs and body. This can make you feel tired or dizzy, or you may notice heart palpitations or chest pain. Blood also pools in your heart, which increases your risk of forming clots and can leads to strokes or other complications. Atrial fibrillation can also occur without any signs or symptoms. Untreated fibrillation can lead to serious and even life-threatening complications. (Rapid Ventricular Response) - Atrial fibrillation (AF) with rapid ventricular response is a common tachyarrhythmia requiring hospitalization." This information was obtained from the National Institutes of Health. <a href="https://www.nhlbi.nih.gov/health-topics/atrial-fibrillation">https://www.nhlbi.nih.gov/health-topics/atrial-fibrillation</a>.</p> <p>(2) Coreg is an adrenergic blocker indicated for the chronic therapy of heart failure with reduced ejection fraction, hypertension, and left ventricular dysfunction following myocardial infarction (MI) in clinically stable patients. This information was obtained from the National Institutes of Health. <a href="https://www.ncbi.nlm.nih.gov/books/NBK534868/">https://www.ncbi.nlm.nih.gov/books/NBK534868/</a>.</p> <p>(3) Lopressor is a "beta blocker, also used to lower blood pressure, are prescribed to AFib</p>	F 580			

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F 580	Continued From page 7 patients to reduce heart rate. They reduce the number of chaotic electrical signals from the heart's upper chambers (the atria) that can travel into the lower ventricles where the signals trigger contraction of the muscular part of the heart. When using beta blockers, heart rate often goes down dramatically, for example, from 140 to 90 beats per minute." This information was obtained from <a href="https://scopeblog.stanford.edu/2018/10/18/understanding-afib-slowng-down-the-dancing-heart/">https://scopeblog.stanford.edu/2018/10/18/understanding-afib-slowng-down-the-dancing-heart/</a> .  (4) Apixaban (Eliquis)- is a blood thinner used to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. This information was obtained from The National Institutes of Health. <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e9481622-7cc6-418a-acb6-c5450daae9b0">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e9481622-7cc6-418a-acb6-c5450daae9b0</a>  (5) Lasix is a diuretic indicated in adults and pediatric patients for the treatment of edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome. This information was obtained from The National Institutes of Health. <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2c9b4d8f-0770-482d-a9e6-9c616a440b1a">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2c9b4d8f-0770-482d-a9e6-9c616a440b1a</a> .	F 580			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:	F 760		8/18/20	



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F 760	<p>Continued From page 8</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined that facility staff failed to ensure one of three sampled residents was free from a significant medication error, Resident #2.</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on 3/7/20 with diagnoses that included but were not limited to Paroxysmal Atrial fibrillation with RVR (Rapid Ventricular Response) (1), chronic kidney disease stage three, and arteriosclerotic heart disease. Resident #2's most recent MDS (minimum data set) assessment was a discharge assessment with an ARD (assessment reference date) of 3/10/20. Resident #2 was coded as being able to make decisions that are "Consistent and reasonable" on the Staff Assessment for Mental Status exam.</p> <p>Review of Resident #2's hospital discharge summary dated 3/7/20 documented in part, the following: "...PMHx (Past Medical History) as noted below who is being admitted for atrial fibrillation with RVR...On arrival to the ED (Emergency Department) she is found to be in atrial fibrillation with rapid ventricular response...Coreg (2) changed to Lopressor 100 mg (milligrams) (3) BID (two times a day) for rate control. Cardiology following- cleared for discharge...Acute systolic CHF (Congestive heart failure)...coreg to Lopressor for HR (heart rate) control...Start taking these medications: Apixaban (4) (Eliquis 2.5 mg PO (by mouth) TABS...take 1 tab (tablet) by mouth twice a day to prevent blood clots in chronic atrial fibrillation...Lopressor 100 mg PO TABS Take 1 tab by mouth twice daily...Continue these medications which have</p>	F 760	Past noncompliance: no plan of correction required.		

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F 760	<p>Continued From page 9</p> <p>changed...Lasix 40 mg (5) PO TABS...Take 1 tab by mouth Once a day."</p> <p>Review of Resident #2's March 2020 MAR (Medication Administration Record) revealed that Resident #2 received all doses of Eliquis and Lasix from 3/7/20 through 3/10/20.</p> <p>Further Review of Resident #2's March 2020 MAR revealed that Resident #2 did miss one dose of her scheduled Lopressor on 3/8/20 at 9 a.m. The following was documented in a nursing note dated 3/8/20: "on order."</p> <p>Review of the facility's emergency STAT box revealed that Lopressor 100 mg was in the facility STAT box.</p> <p>Review of the physician's notes revealed that on 3/9/20; the physician had evaluated Resident #2. The following was documented in part, "Edema/Varicosities of Extremities: No edema or varicosities."</p> <p>On 8/6/20 at 2:43 p.m., a telephone interview was conducted with LPN (Licensed Practical Nurse) #1, the nurse who worked on 3/8/20 and did not administer the 9 a.m. dose of Lopressor. When asked the admission order process, LPN #1 stated for any new admissions she will put all medications in the computer system and fax the orders to pharmacy and the physician. When asked how long it takes for medications to arrive from pharmacy, LPN #1 stated, "usually comes in next day or next night." When asked the process if a resident was due for a medication and the medication was not on the medication cart, LPN #1 stated that she would "Pull the discharge paperwork and re-fax the orders back to</p>	F 760			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495418</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/07/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRINCESS ANNE HEALTH &amp; REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1948 LANDSTOWN CENTRE WAY VIRGINIA BEACH, VA 23456</b>		
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F 760	<p>Continued From page 10</p> <p>pharmacy." When asked if she ever checks the facility STAT box for medications, LPN #1 stated that if the medication is available in the facility STAT box, that she would go ahead and administer the medication. When asked about Resident #2's missed Lopressor on 3/8/20, LPN #1 stated that she didn't think Lopressor was in the facility STAT box. LPN #1 also stated that she did not recall checking the STAT box because she did not recall the patient. When asked if the physician was usually made aware of missed doses of medication, LPN #1 stated, "If the medication is not there yet; I just check off medication not available."</p> <p>On 8/6/20 at 3:42 p.m., a telephone interview was conducted with ASM (administrative staff member) #4, the Physician Assistant. When asked if facility staff usually make her or the physician aware of a missed medication, ASM #4 stated, "Usually they do." ASM #4 stated that she will give an order depending on the medication that is not available for administration. ASM #4 stated that she will also ask what is available in the STAT to substitute for the missed medication. When asked is he expected nursing staff to alert her or the physician for a missed dose of Lopressor 100 mg; ASM #4 stated that Lopressor was an important medication and that she would expect nursing staff to notify the herself or the physician for a missed dose. ASM #4 stated that she expected staff to pull Lopressor out of the facility STAT box. When asked if missing one dose of Lopressor 100 mg could be significant to the Resident's health, ASM #4 stated that with one missed dose of a beta blocker there is obvious concern that a resident could go into atrial fibrillation and also have blood pressure spikes. ASM #4 stated that she could not recall</p>	F 760			

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F 760	<p>Continued From page 11</p> <p>being made aware of Resident #2's missed dose of Lopressor.</p> <p>On 8/7/20 at 9:43 a.m., an interview was conducted with OSM (other staff member) #4 the pharmacist. When asked if missing one dose of Lopressor at 100 mg for a resident with a diagnosis of Atrial fibrillation could have a significant effect on the resident; OSM #4 stated that missing one dose of Lopressor would have a significant effect due to it being a beta blocker. OSM #4 stated that missing one dose would also increase the patient's blood pressure. OSM #4 also stated that if a resident was newly diagnosed with Atrial fibrillation; one dose may not matter because the resident's atrial fibrillation is not under control anyway. However, for someone with a past medical history of atrial fibrillation; missing one dose could have a significant effect on a resident.</p> <p>On 8/7/20 at 1:30 p.m., ASM (administrative staff member) #1, the Administrator and ASM #2 the DON (Director of Nursing) were made aware of the above concerns. ASM #1 was able to present evidence that the facility re-educated staff on March 12, 2020 regarding admission orders, obtaining medications from pharmacy, checking the STAT box for medications and notifying the physician regarding missed medications. ASM #1 was able to present signature sheets of licensed staff documenting that they received the education. ASM #1 was also able to present audits conducted on 3/12/20.</p> <p>The following education was documented: "What do you do when you don't have a medication for a patient?"</p> <ol style="list-style-type: none"> <li>1. Go to the Super STAT box and retrieve</li> </ol>	F 760			

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F 760	<p>Continued From page 12 medication.</p> <p>2. Assess and make sure the times are appropriate, if not, change time of medication administration. In another words if it a new patient, see if you can push the time out further. If this is not an option move to steps #3 and 4.</p> <p>3. If it's not in the STAT box, call pharmacy and order it STAT (if able to, not all meds can be STATED)</p> <p>4. Call the MD to notify MD if not available and get new orders from the practitioner and document. If the practitioner give you some sort of replacement med then administer that medication. If he states no new orders, then document. Do not ever just not follow up on a missing medication. This is a delay in care. Never document Medication not available, Ever! Never borrow medications Ever! If you run out of house stock meds, you still cannot document "Med not available" These meds are also available in the Super STAT box. If they have all been used, then you would order from pharmacy at this time STAT and document."</p> <p>No further information was presented prior to exit.</p> <p>COMPLAINT DEFICIENCY PAST NON-COMPLIANCE.</p> <p>(1) Paroxysmal Atrial fibrillation- is the most common types of arrhythmia's, which are irregular heart rhythms. Atrial fibrillation causes your heart to beat much faster than normal. Also, your heart ' s upper and lower chambers do not work together as they should. When this happens, the lower chambers do not fill completely or pump enough blood to your lungs and body. This can make you feel tired or dizzy, or you may notice heart palpitations or chest pain.</p>	F 760		

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F 760	<p>Continued From page 13</p> <p>Blood also pools in your heart, which increases your risk of forming clots and can leads to strokes or other complications. Atrial fibrillation can also occur without any signs or symptoms. Untreated fibrillation can lead to serious and even life-threatening complications. (Rapid Ventricular Response) - Atrial fibrillation (AF) with rapid ventricular response is a common tachyarrhythmia requiring hospitalization." This information was obtained from the National Institutes of Health. <a href="https://www.nhlbi.nih.gov/health-topics/atrial-fibrillation">https://www.nhlbi.nih.gov/health-topics/atrial-fibrillation</a>.</p> <p>(2) Coreg is an adrenergic blocker indicated for the chronic therapy of heart failure with reduced ejection fraction, hypertension, and left ventricular dysfunction following myocardial infarction (MI) in clinically stable patients. This information was obtained from the National Institutes of Health. <a href="https://www.ncbi.nlm.nih.gov/books/NBK534868/">https://www.ncbi.nlm.nih.gov/books/NBK534868/</a>.</p> <p>(3) Lopressor is a "beta blocker, also used to lower blood pressure, are prescribed to AFib patients to reduce heart rate. They reduce the number of chaotic electrical signals from the heart's upper chambers (the atria) that can travel into the lower ventricles where the signals trigger contraction of the muscular part of the heart. When using beta blockers, heart rate often goes down dramatically, for example, from 140 to 90 beats per minute." This information was obtained from <a href="https://scopeblog.stanford.edu/2018/10/18/undersanding-afib-slowng-down-the-dancing-heart/">https://scopeblog.stanford.edu/2018/10/18/undersanding-afib-slowng-down-the-dancing-heart/</a>.</p> <p>(4) Apixaban (Eliquis)- is a blood thinner used to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. This</p>	F 760			

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F 760	Continued From page 14 information was obtained from The National Institutes of Health. <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e9481622-7cc6-418a-acb6-c5450daae9b0">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e9481622-7cc6-418a-acb6-c5450daae9b0</a>  (5) Lasix is a diuretic indicated in adults and pediatric patients for the treatment of edema associated with congestive heart failure, cirrhosis of the liver, and renal disease, including the nephrotic syndrome. This information was obtained from The National Institutes of Health. <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2c9b4d8f-0770-482d-a9e6-9c616a440b1a">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2c9b4d8f-0770-482d-a9e6-9c616a440b1a</a>	F 760			

