

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

PRINTED: 03/05/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495109</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/14/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE LAURELS OF UNIVERSITY PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2420 PEMBERTON RD</b> <b>RICHMOND, VA 23233</b>		
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E 000	Initial Comments	E 000			
F 000	An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted onsite and remotely on 01/12/2021 through 01/14/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	F 000			
F 658 SS=D	INITIAL COMMENTS  An unannounced abbreviated COVID-19 Focused Survey was conducted onsite and remotely from 01/12/2021 through 01/14/2021. A complaint was investigated during the survey (VA00050075- Substantiated with deficiencies). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 145 certified bed facility was 103. Of the 103 current residents, 55 residents had tested positive for the COVID-19 virus. The survey sample consisted of two closed records reviews (Residents #1 and #2) and nine current resident reviews (Residents #3 through #11). Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on 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	F 658	Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with either the existence of or the scope and severity	2/26/21	

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

TITLE

(X6) DATE

Electronically Signed

01/28/2021

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 658	<p>Continued From page 1</p> <p>standards of practice for transcribing physician orders into the electronic clinical record for one of 11 residents in the survey sample, Resident #1. The facility staff failed to transcribe physician orders for wound treatment changes into the electronic health record (EHR), for Resident #1.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility with diagnoses included but were not limited to diabetes (2), peripheral vascular disease (3) and end stage renal disease (4). Resident #1's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 9/1/2020, coded Resident #1, as scoring a 13 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 13- being cognitively intact for making daily decisions. Section M documented Resident #1 having one or more unhealed pressure ulcers/injuries. Section M further documented Resident #1 having surgical wound(s) and moisture associated skin damage.</p> <p>Resident #1's record documented in part, "Nursing Comprehensive Evaluation 8/29/2020 ...Guest has a wound in left groin. Guest has right toes amputee. Guest has thick dark skin on left heel. Guest has very dry scaly skin on both lower legs ..."</p> <p>Resident #1's clinical record revealed the document, "Initial Wound Evaluation &amp; Management Summary" from [Name of ASM #3, wound physician] dated 9/4/2020 which documented in part, " ...Unstageable DTI (deep tissue injury) (5) of the left heel, Etiology (quality) pressure ...Unstageable DTI with intact skin ..." It further documented, " ...Additional wound detail,</p>	F 658	<p>of any of the cited deficiencies, or the conclusions set forth in the statement of deficiencies. This plan is prepared and/or executed to ensure continuing compliance with regulatory compliance.</p> <p>F658</p> <ol style="list-style-type: none"> <li>1. Resident #1 no longer resides at the facility. All other residents with wound care orders were reviewed to ensure the clinical record contained the current physician order for wound treatments.</li> <li>2. Residents with wounds have the potential to be affected.</li> <li>3. The DON or designee will educate all nursing staff on how to transcribe physician orders for wound treatment changes into the Electronic Health Record (EHR).</li> <li>4. The DON or designee will audit all resident's skin and corresponding orders to ensure that the appropriate wound care orders are active in the EHR.</li> <li>5. The DON or designee with audit 5 wounds and corresponding orders at random 5X a week for 1 week, 3 times a week for 2 weeks, weekly for 4 weeks and monthly for 3 months. Any variances will be corrected and additional education or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee monthly until resolved.</li> </ol>		

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F 658	<p>Continued From page 2</p> <p>d/c (discontinue) skin prep (6). Start Betadine. Dressing Treatment Plan, Primary Dressing(s), Betadine apply once daily for 30 days: betadine moistened gauze. Secondary Dressing(s), Gauze roll non sterile (kerlix) apply once daily for 30 days: Tape (cloth) apply once daily for 30 days ..."</p> <p>Further review of Resident #1's clinical record failed to reveal any physician's order for the above left heel pressure injury until 9/11/20. -A physician's order with an order date of 9/11/2020 documented, "Santyl Ointment (7) 250 Unit/GM (unit per gram) (collagenase), Apply to left heel topically every day shift for wound, Cleanse left heel with NS (normal saline), apply Santyl and coverage with a dry dressing."</p> <p>- A physician's order with an order date of 9/18/2020 documented, "Wound Care: Left Heel- clean with NS- apply Flagyl (8) 250 mg (milligram) crushed- apply ¼ Dakin's (9) moistened gauze QD (every day) and PRN (as needed) - cover with dry dressing every day shift for wound."</p> <p>Review of Resident #1's August 2020 MAR (medication administration record) and August 2020 TAR (treatment administration record) failed to reveal evidence of a physician ordered treatment for skin prep, or the application of skin prep to the left heel wound.</p> <p>Review of Resident #1's September 2020 TAR (treatment administration record) documented Resident #1 receiving the prescribed treatment to the left heel as documented above per the physician order starting on 9/12/2020. The TAR failed to document the application of skin prep to Resident #1's left heel wound from 9/1 thorough 9/11/20.</p>	F 658			

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F 658	Continued From page 3  Resident #1's baseline care plan dated 8/29/2020 documented in part, "[Name of Resident #1] has actual impairment to skin integrity r/t (related to) right foot [sic] surgical wound. 9/11/20- area to left heel and left groin. Date Initiated: 08/29/2020, Revision on: 09/14/2020." Under "Interventions", it documented in part, "Santyl Ointment 250 Unit/GM (Collagenase) Apply to left heel topically. Date Initiated: 09/14/2020 ... Wound Care: Left Heel- clean w NS- apply Flagyl 250 mg crushed- apply ¼ Dakin's moistened gauze QD (every day) and PRN- cover with dry dressing every day shift for wound. Date Initiated: 09/21/2020."  On 1/13/20 at approximately 3:45 p.m., a telephone interview was conducted with ASM #3, wound physician. ASM #3 stated that they saw Resident #1 to assess their wounds weekly. ASM #3 stated that they saw Resident #1 for the first time on 9/4/20 and changed their treatment from the skin prep to Betadine. ASM #3 stated that Resident #1's wound was worsened due to their poor circulation and history of peripheral vascular disease. ASM #3 stated that Resident #1 also was non-compliant with wearing the pressure relieving boots that they had recommended for them to wear. ASM #3 stated that on 9/26/20 when they assessed the wound they could not see the depth of the wound due to the necrotic (non-viable) tissue and debridement (removal of the necrotic tissue) was too painful for the resident. ASM #3 stated that they ordered antibiotics and probiotics for Resident #1 due to the concern for osteomyelitis (10). ASM #3 stated that they consulted with the surgeon who performed the surgery on Resident #1's right foot each week to update them on the status of the wounds and Resident #1's daughter almost every	F 658			

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F 658	<p>Continued From page 4</p> <p>week. ASM #3 stated that Resident #1's daughter was made aware of the condition of Resident #1's wounds and wanted them to follow the plan of care put in place while looping in the surgeon.</p> <p>On 1/13/20 at approximately 4:10 p.m., a telephone interview was conducted with LPN #3, unit manager. LPN #3 stated that they worked with Resident #1. LPN #3 stated that Resident #1's daughter was very involved with their care. LPN #3 stated that Resident #1 was followed by the wound physician weekly. LPN #3 stated that they rounded with ASM #3, wound physician when they came to the facility. LPN #3 stated that wound care orders came directly from the wound physician and that they entered the wound physician's orders into the electronic medical records from the wound physician.</p> <p>On 1/13/20 at approximately 4:15 p.m., a telephone interview was conducted with LPN #2. LPN #2 stated that they worked with Resident #1. LPN #2 stated that Resident #1's left heel wound was first observed on admission. When asked about documentation of the ordered treatment to Resident #1's left heel prior to 9/12/20, LPN #2 stated that they were unable to find an order or documentation of treatment in the record and would have to look further.</p> <p>On 1/14/21 at 8:30 a.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern. ASM #2 was asked to provide any documentation of Resident #1 receiving treatment to the left heel prior to 9/12/20.</p> <p>On 1/12/21 at approximately 1:00 p.m., a request</p>	F 658			

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F 658	<p>Continued From page 5</p> <p>was made to ASM #1, the administrator for the facility policy on wound care.</p> <p>The facility policy "Skin Management" dated "Revised: 10/2019" documented in part, "Policy, It is the policy that the facility should identify and implement interventions to prevent development of clinically unavoidable pressure injuries ...4. Guests/residents admitted with any skin impairment will have: Appropriate interventions implemented to promote healing, a physician's order for treatment, and Wound location, measurements and characteristics documented ..."</p> <p>On 1/14/21 at 2:28 p.m., ASM #1 stated the facility used Lippincott as their standard of practice.</p> <p>According to "Fundamentals of Nursing- Lippincott, Williams and Wilkins 2007 page 169, "After you receive a written medication order, transcribe it onto a working document approved by your health care facility...read the order carefully, concentrate on copying it correctly, check it when you're finished."</p> <p>According to Fundamentals of Nursing, Lippincott Williams and Wilkins Philadelphia 2007 page 53. "Accurate documentation shows the care that you (nurses) provide meets the patient's needs and expressed wishes. It proves you are following the accepted standards of nursing care mandated by the law, your profession, and your health care facility..." and on page 93, "The medical record is the main source of information and communication among nurses, doctors, physical therapists, social workers, and caregivers. Everyone's notes and documentation is important</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>because together they represent a complete picture of the patient's care."</p> <p>On 1/14/21 at 3:30 p.m., during the exit conference with the facility, ASM #6, the regional clinical coordinator stated that Resident #1 had skin prep initiated on admission by staff to the left heel, which was continued through 9/11/20, which was not documented. ASM #6 stated that staff did not transcribe the order for the Betadine on 9/5/2020 and that they understood that this was a concern. ASM #6 stated that the facility staff continued treating the area with the skin prep until 9/11/20 when the wound physician saw Resident #1 again. ASM #6 stated that nursing staff know if there was no treatment ordered for an area observed, they follow a treatment reference sheet to do something for the wound until the wound doctor came to see it. ASM #6 stated that they would send the document for review. ASM #6 stated that staff did not transcribe the order for the Betadine on 9/5/2020 and they continued treating the area with the skin prep.</p> <p>On 1/14/21 at 3:54 p.m., ASM #1 provided via email the document "Pressure Ulcer (Injury) Protocols Quick Reference." The email documented, "Attached is the pressure ulcer treatment reference we discussed (side 1 and side 2). These are kept in the narcotic books on each unit for each cart."</p> <p>The facility document "Pressure Ulcer (Injury) Protocols Quick Reference" dated "02/17" documented in part, " ...Deep Tissue Injury-Watch for possible rapid evolution of DTI to full thickness wound. Apply skin prep to affected area to reduce the effect of friction, reapply daily and PRN (as needed) ..." The facility document</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>"Pressure Ulcer Identification and Treatment Protocols" dated "06/11" documented in part, "Deep Tissue Injury ...Treatments Option: Apply Skin Prep. Note: Some physicians may opt to paint with Betadine."</p> <p>No further information was presented by the facility regarding transcription of physician orders into the medical record.</p> <p>Complaint Deficiency</p> <p>References:</p> <p>1. Pressure ulcer A pressure sore is an area of the skin that breaks down when something keeps rubbing or pressing against the skin. Pressure sores are grouped by the severity of symptoms. Stage I is the mildest stage. Stage IV is the worst. Stage I: A reddened, painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer is forming. The skin may be warm or cool, firm or soft. Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater. Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This information was obtained from the website:<a href="https://medlineplus.gov/ency/patientinstructions/000740.htm">https://medlineplus.gov/ency/patientinstructions/000740.htm</a>.</p> <p>2. Diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a>.</p> <p>3. Peripheral vascular disease The vascular system is the body's network of blood vessels. It includes the arteries, veins and capillaries that carry blood to and from the heart. Arteries can become thick and stiff, a problem called atherosclerosis. Blood clots can clog vessels and block blood flow to the heart or brain. Weakened blood vessels can burst, causing bleeding inside the body.) This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/vasculardisases.html">https://www.nlm.nih.gov/medlineplus/vasculardisases.html</a>.</p> <p>4. End-stage kidney disease The last stage of chronic kidney disease. This is when your kidneys can no longer support your body's needs. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000500.htm">https://medlineplus.gov/ency/article/000500.htm</a>.</p> <p>5. deep tissue injury (DTI) Pressure sores that develop in the tissue deep below the skin. This is called a deep tissue injury. The area may be dark purple or maroon. There may be a blood-filled blister under the skin. This type of skin injury can quickly become a stage III or IV pressure sore. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000740.htm">https://medlineplus.gov/ency/patientinstructions/000740.htm</a></p> <p>6. skin prep "SKIN-PREP is a liquid film-forming dressing that, upon application to intact skin, forms a protective film to help reduce friction during removal of</p>	F 658			

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F 658	Continued From page 9 tapes and films." This information was obtained from the website: <a href="http://www.smith-nephew.com/professional/products/advanced-wound-management/skin-prep/#">http://www.smith-nephew.com/professional/products/advanced-wound-management/skin-prep/#</a>  7. Santyl According to Lexi-Comp's Drug Reference Handbooks: Drug Information Handbook for Nursing: 8th Edition 2007 pg. 301 "Santyl Enzyme topical debridement. Use- Promotes debridement of necrotic tissue in dermal ulcers..."  8. Flagyl Metronidazole capsules and tablets are used to treat infections of the reproductive system, gastrointestinal (GI) tract, skin, heart, bone, joint, lung, blood, nervous system, and other areas of the body. Metronidazole capsules and tablets are also used to treat sexually transmitted diseases (STDs). Metronidazole extended-release (long-acting) tablets are used to treat bacterial vaginosis (an infection caused by too much of certain types of harmful bacteria in the vagina) in women. Metronidazole is in a class of medications called nitroimidazole antimicrobials. It works by stopping the growth of bacteria. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a689011.html">https://medlineplus.gov/druginfo/meds/a689011.html</a>  9. Dakin's Solution Dakins Full Strength Solution is an antibiotic that fights bacteria. Dakins Full Strength Solution is used to treat or prevent infections caused by cuts or abrasions, skin ulcers, pressure ulcers, diabetic foot ulcers, or surgery. This information was obtained from the website: <a href="https://www.drugs.com/mtm/dakins-full-strength-solution.html">https://www.drugs.com/mtm/dakins-full-strength-solution.html</a>	F 658			

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F 658	Continued From page 10  10. Osteomyelitis According to Mosby's medical dictionary. Sixth Edition, (2002), St. Louis, MO: Mosby, Inc., page 1245, osteomyelitis is "local or generalized infection of bone and bone marrow. It is usually caused by bacteria introduced by trauma or surgery, by direct extension from a nearby infection, or by the bloodstream."	F 658			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842		2/26/21	

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F 842	<p>Continued From page 11</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	F 842			

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F 842	<p>Continued From page 12</p> <p>Based on 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 maintain a complete and accurate clinical record for one of 11 residents in the survey sample, Resident #1. The facility staff failed to document a physician order for and the application of skin prep to Resident #1's left heel wound in the clinical record.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility with diagnoses included but were not limited to diabetes (2), peripheral vascular disease (3) and end stage renal disease (4). Resident #1's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 9/1/2020, coded Resident #1, as scoring a 13 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 13- being cognitively intact for making daily decisions. Section M documented Resident #1 having one or more unhealed pressure ulcers/injuries. Section M further documented Resident #1 having surgical wound(s) and moisture associated skin damage.</p> <p>Resident #1's record documented in part, "Nursing Comprehensive Evaluation 8/29/2020 ...Guest has a wound in left groin. Guest has right toes amputee. Guest has thick dark skin on left heel. Guest has very dry scaly skin on both lower legs ..."</p> <p>Resident #1's clinical record revealed the document, "Initial Wound Evaluation &amp; Management Summary" from [Name of ASM #3, wound physician] dated 9/4/2020 which documented in part, " ...Unstageable DTI (deep</p>	F 842	<ol style="list-style-type: none"> <li>1. Resident #1 no longer resides at the facility. All other residents with wound care orders were reviewed to ensure the clinical record contained the current physician orders for wound care treatments.</li> <li>2. Residents with wounds have the potential to be affected.</li> <li>3. The DON or designee will educate all licensed nursing staff on how to transcribe physician orders for wound treatment changes into the Electronic Health Record (EHR).</li> <li>4. The DON or designee will audit all skin and corresponding orders to ensure the appropriate wound care orders are active in the EHR.</li> <li>5. The DON or designee will monitor 5 wounds and corresponding orders at random 5X a week for 1 week, 3 times a week for 2 weeks, weekly for 4 weeks and monthly for 3 months. Any variances will be corrected and additional education or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee monthly until resolved.</li> </ol>		

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F 842	<p>Continued From page 13</p> <p>tissue injury) (5) of the left heel, Etiology (quality) pressure ...Unstageable DTI with intact skin ..." It further documented, " ...Additional wound detail, d/c (discontinue) skin prep (6). Start Betadine. Dressing Treatment Plan, Primary Dressing(s), Betadine apply once daily for 30 days: betadine moistened gauze. Secondary Dressing(s), Gauze roll non sterile (kerlix) apply once daily for 30 days: Tape (cloth) apply once daily for 30 days ..."</p> <p>Further review of Resident #1's clinical record failed to reveal any physician's order for the above left heel pressure injury until 9/11/20. -A physician's order with an order date of 9/11/2020 documented, "Santyl Ointment (7) 250 Unit/GM (unit per gram) (collagenase), Apply to left heel topically every day shift for wound, Cleanse left heel with NS (normal saline), apply Santyl and coverage with a dry dressing."</p> <p>- A physician's order with an order date of 9/18/2020 documented, "Wound Care: Left Heel- clean with NS- apply Flagyl (8) 250 mg (milligram) crushed- apply ¼ Dakin's (9) moistened gauze QD (every day) and PRN (as needed) - cover with dry dressing every day shift for wound."</p> <p>Review of Resident #1's August 2020 MAR (medication administration record) and August 2020 TAR (treatment administration record) failed to evidence documentation of a physician ordered treatment for skin prep to Resident #1's left heel pressure injury, or documentation that skin prep was applied to the wound.</p> <p>Review of Resident #1's September 2020 TAR (treatment administration record) documented Resident #1 as receiving the prescribed treatment to the left heel as documented above per the</p>	F 842			

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F 842	<p>Continued From page 14</p> <p>physician orders starting on 9/12/2020. The TAR failed to document the application of skin prep to Resident #1's left heel wound from 9/1 thorough 9/11/20.</p> <p>Resident #1's baseline care plan dated 8/29/2020 documented in part, "[Name of Resident #1] has actual impairment to skin integrity r/t (related to) right foot [sic] surgical wound. 9/11/20- area to left heel and left groin. Date Initiated: 08/29/2020, Revision on: 09/14/2020." Under "Interventions", it documented in part, "Santyl Ointment 250 Unit/GM (Collagenase) Apply to left heel topically. Date Initiated: 09/14/2020 ...Wound Care: Left Heel- clean w NS- apply Flagyl 250 mg crushed-apply ¼ Dakin's moistened gauze QD (every day) and PRN- cover with dry dressing every day shift for wound. Date Initiated: 09/21/2020."</p> <p>On 1/13/20 at approximately 3:45 p.m., a telephone interview was conducted with ASM #3, wound physician. ASM #3 stated that they saw Resident #1 to assess their wounds weekly. ASM #3 stated that they saw Resident #1 for the first time on 9/4/20 and changed their treatment from the skin prep to Betadine. ASM #3 stated that Resident #1's wound was worsened due to their poor circulation and history of peripheral vascular disease.</p> <p>On 1/13/20 at approximately 4:10 p.m., a telephone interview was conducted with LPN #3, unit manager. LPN #3 stated that they worked with Resident #1. LPN #3 stated that Resident #1's daughter was very involved with their care. LPN #3 stated that Resident #1 was followed by the wound physician weekly. LPN #3 stated that they rounded with ASM #3, wound physician when they came to the facility. LPN #3 stated</p>	F 842			

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F 842	<p>Continued From page 15</p> <p>that wound care orders came directly from the wound physician and that they entered the wound physician's orders into the electronic medical records from the wound physician.</p> <p>On 1/13/20 at approximately 4:15 p.m., a telephone interview was conducted with LPN #2. LPN #2 stated that they worked with Resident #1. LPN #2 stated that Resident #1's left heel wound was first observed on admission. When asked about documentation of the ordered treatment to Resident #1's left heel prior to 9/12/20, LPN #2 stated that they were unable to find an order or documentation of treatment in the record and would have to look further.</p> <p>On 1/14/21 at 8:30 a.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the director of nursing) were made aware of the above concern. ASM #2 was asked to provide any documentation of Resident #1 receiving treatment to the left heel prior to 9/12/20.</p> <p>On 1/12/21 at approximately 1:00 p.m., a request was made to ASM #1, the administrator for the facility policy on wound care.</p> <p>On 1/14/21 at 2:28 p.m., ASM #1 stated the facility used Lippincott as their standard of practice.</p> <p>According to Fundamentals of Nursing, Lippincott Williams and Wilkins Philadelphia 2007 page 53. "Accurate documentation shows the care that you (nurses) provide meets the patient's needs and expressed wishes. It proves you are following the accepted standards of nursing care mandated by the law, your profession, and your health care facility..." and on page 93, "The medical record is</p>	F 842			

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F 842	<p>Continued From page 16</p> <p>the main source of information and communication among nurses, doctors, physical therapists, social workers, and caregivers. Everyone's notes and documentation is important because together they represent a complete picture of the patient's care."</p> <p>On 1/14/21 at 3:30 p.m., during the exit conference with the facility, ASM #6, the regional clinical coordinator stated that Resident #1 had skin prep initiated on admission by staff to the left heel, which was continued through 9/11/20, which was not documented. ASM #6 stated that nursing staff know if there was no treatment ordered for an area observed, they follow a treatment reference sheet to do something for the wound until the wound doctor came to see it. ASM #6 stated that they would send the document for review. ASM #6 stated that staff did not transcribe the order for the Betadine on 9/5/2020 and they continued treating the area with the skin prep.</p> <p>On 1/14/21 at 3:54 p.m., ASM #1 provided via email the document "Pressure Ulcer (Injury) Protocols Quick Reference." The email documented, "Attached is the pressure ulcer treatment reference we discussed (side 1 and side 2). These are kept in the narcotic books on each unit for each cart."</p> <p>The facility document "Pressure Ulcer (Injury) Protocols Quick Reference" dated "02/17" documented in part, " ...Deep Tissue Injury-Watch for possible rapid evolution of DTI to full thickness wound. Apply skin prep to affected area to reduce the effect of friction, reapply daily and PRN (as needed) ..." The facility document "Pressure Ulcer Identification and Treatment</p>	F 842			

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F 842	<p>Continued From page 17</p> <p>Protocols" dated "06/11" documented in part, "Deep Tissue Injury ...Treatments Option: Apply Skin Prep. Note: Some physicians may opt to paint with Betadine."</p> <p>No further information was provided by completion of the survey.</p> <p>Complaint Deficiency</p> <p>References:</p> <p>1. Pressure ulcer A pressure sore is an area of the skin that breaks down when something keeps rubbing or pressing against the skin. Pressure sores are grouped by the severity of symptoms. Stage I is the mildest stage. Stage IV is the worst. Stage I: A reddened, painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer is forming. The skin may be warm or cool, firm or soft. Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater. Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This information was obtained from the website:<a href="https://medlineplus.gov/ency/patientinstructions/000740.htm">https://medlineplus.gov/ency/patientinstructions/000740.htm</a>.</p> <p>2. Diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website:<a href="https://www.nlm.nih.gov/medlineplus/ency/article/">https://www.nlm.nih.gov/medlineplus/ency/article/</a></p>	F 842			

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F 842	Continued From page 18 001214.htm.  3. Peripheral vascular disease The vascular system is the body's network of blood vessels. It includes the arteries, veins and capillaries that carry blood to and from the heart. Arteries can become thick and stiff, a problem called atherosclerosis. Blood clots can clog vessels and block blood flow to the heart or brain. Weakened blood vessels can burst, causing bleeding inside the body.) This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/vasculardisases.html">https://www.nlm.nih.gov/medlineplus/vasculardisases.html</a> .  4. End-stage kidney disease The last stage of chronic kidney disease. This is when your kidneys can no longer support your body's needs. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000500.htm">https://medlineplus.gov/ency/article/000500.htm</a> .  5. deep tissue injury (DTI) Pressure sores that develop in the tissue deep below the skin. This is called a deep tissue injury. The area may be dark purple or maroon. There may be a blood-filled blister under the skin. This type of skin injury can quickly become a stage III or IV pressure sore. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000740.htm">https://medlineplus.gov/ency/patientinstructions/000740.htm</a>  6. Skin prep "SKIN-PREP is a liquid film-forming dressing that, upon application to intact skin, forms a protective film to help reduce friction during removal of tapes and films." This information was obtained from the website:	F 842			

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F 842	<p>Continued From page 19</p> <p><a href="http://www.smith-nephew.com/professional/products/advanced-wound-management/skin-prep/#">http://www.smith-nephew.com/professional/products/advanced-wound-management/skin-prep/#</a></p> <p>7. Santyl According to Lexi-Comp's Drug Reference Handbooks: Drug Information Handbook for Nursing: 8th Edition 2007 pg. 301 "Santyl Enzyme topical debridement. Use- Promotes debridement of necrotic tissue in dermal ulcers..."</p> <p>8. Flagyl Metronidazole capsules and tablets are used to treat infections of the reproductive system, gastrointestinal (GI) tract, skin, heart, bone, joint, lung, blood, nervous system, and other areas of the body. Metronidazole capsules and tablets are also used to treat sexually transmitted diseases (STDs). Metronidazole extended-release (long-acting) tablets are used to treat bacterial vaginosis (an infection caused by too much of certain types of harmful bacteria in the vagina) in women. Metronidazole is in a class of medications called nitroimidazole antimicrobials. It works by stopping the growth of bacteria. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a689011.html">https://medlineplus.gov/druginfo/meds/a689011.html</a></p> <p>9. Dakin's Solution Dakins Full Strength Solution is an antibiotic that fights bacteria. Dakins Full Strength Solution is used to treat or prevent infections caused by cuts or abrasions, skin ulcers, pressure ulcers, diabetic foot ulcers, or surgery. This information was obtained from the website: <a href="https://www.drugs.com/mtm/dakins-full-strength-solution.html">https://www.drugs.com/mtm/dakins-full-strength-solution.html</a></p> <p>10. Osteomyelitis</p>	F 842			

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F 842	Continued From page 20 According to Mosby's medical dictionary. Sixth Edition, (2002), St. Louis, MO: Mosby, Inc., page 1245, osteomyelitis is "local or generalized infection of bone and bone marrow. It is usually caused by bacteria introduced by trauma or surgery, by direct extension from a nearby infection, or by the bloodstream."	F 842		