

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

PRINTED: 03/11/2021  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495227</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>02/18/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>WESTPORT REHABILITATION AND NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7300 FOREST AVE</b> <b>RICHMOND, VA 23226</b>		
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E 000	Initial Comments	E 000			
F 000	<p>An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted on 2/16/21-2/18/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.</p> <p>INITIAL COMMENTS</p> <p>An unannounced abbreviated COVID-19 Focused Survey was conducted on 2/16/21-2/18/21. Five complaints [VA00050820 substantiated with deficiencies, VA00050772, VA00050646, VA00050668, and VA00050908 unsubstantiated with no deficiencies], were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirement(s).</p> <p>The census in this 225 certified bed facility was 190. Of the 190 current residents, 13 residents had tested positive for the COVID-19 virus with 96 COVID recovered residents. The survey sample consisted of 13 current resident reviews (Resident #1, Resident #5, Resident #6, Resident #7, Resident #8, Resident #9, Resident #10, Resident #12 and Resident #13) and four closed record review (Resident #2, Resident #3, Resident #4 and Resident #11).</p>	F 000			
F 655 SS=D	<p>Baseline Care Plan CFR(s): 483.21(a)(1)-(3)</p> <p>§483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident</p>	F 655		3/6/21	

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

TITLE

(X6) DATE

Electronically Signed

03/04/2021

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 655	<p>Continued From page 1</p> <p>that meet professional standards of quality care. The baseline care plan must-</p> <p>(i) Be developed within 48 hours of a resident's admission.</p> <p>(ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to-</p> <p>(A) Initial goals based on admission orders.</p> <p>(B) Physician orders.</p> <p>(C) Dietary orders.</p> <p>(D) Therapy services.</p> <p>(E) Social services.</p> <p>(F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission.</p> <p>(ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident.</p> <p>(ii) A summary of the resident's medications and dietary instructions.</p> <p>(iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility.</p> <p>(iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, facility document review, and in the course of a</p>	F 655	The filing of the plan of correction does not constitute an admission that the		

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F 655	<p>Continued From page 2</p> <p>complaint investigation, it was determined that the facility staff failed to develop a baseline care plan within 48 hours of admission for one of 13 residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>Resident #3 was admitted to the facility on 1/18/21 and discharged on 2/3/21. The resident had the diagnoses of but not limited to vertebrae fracture, left wrist fracture, quadriplegia, diabetes, COVID-19, sepsis, high blood pressure, chronic kidney disease, neuromuscular bladder dysfunction, and muscle atrophy. The most recent MDS (Minimum Data Set) was an admission/5-day assessment with an ARD (Assessment Reference Date) of 1/24/21. The resident was coded as being moderately impaired in ability to make daily life decisions. The resident was coded as requiring total care for bathing, hygiene, toileting, dressing, and transfers; and as requiring extensive assistance for bed mobility and dressing.</p> <p>A review of the clinical record failed to reveal a baseline care plan. The clinical record revealed a comprehensive care plan containing 10 care / problem areas. All of the care areas and associated interventions were dated on or after 1/25/21. This was not in the required timeframe of developing a baseline care plan within 48 hours of admission.</p> <p>On 2/17/21 at 3:11 PM in an email, ASM #2 (Administrative Staff Member) the Regional Director of Clinical Services who was sitting as interim DON (Director of Nursing) was asked about a baseline care plan for Resident #3 as one</p>	F 655	<p>alleged deficiencies did, in fact, exist. This plan of corrections is filed as evidence to comply with the requirements of participation and continue to provide high quality resident centered care.</p> <p>F655 Baseline Care Plan</p> <p>1) Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #3 has been discharged from facility.</p> <p>2) Address how the facility will identify other residents having the potential to be affected by the same deficient practice: All residents have the potential to be affected. Baseline care plan audit on all residents completed on 3/2/2021.</p> <p>3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <ul style="list-style-type: none"> <li>- Education provided to all licensed nursing professionals, MDS, and Social Workers on Baseline Care Plans initiation</li> <li>- Demonstration of Appropriate Baseline Care Plan Implementation</li> <li>- Review new admissions for Baseline Care Plan Implementation in Clinical Morning Meeting</li> </ul> <p>Initiated by Regional Director of Clinical</p>		

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F 655	Continued From page 3 could not be identified on the clinical record.  On 2/17/21 at 3:20 PM in an email response to the above email, ASM #2 stated, "You are correct, I do not see that there was a baseline care plan initiated."  On 2/18/21 at 10:37 AM in an interview with LPN #4 (Licensed Practical Nurse), she stated that a baseline care plan was not done and that she did not know why one was not done. LPN #4 stated that the purpose of a care plan was to identify how to take care of the resident. She stated that the DON (director of nursing) usually initiated the baseline care plans but that the DON who was at the facility at the time the resident was admitted was no longer employed at the facility.  A review of the facility policy, "Care Plans - Baseline" documented, "1. To assure that the resident's immediate care needs are met and maintained, a baseline care plan will be developed within forty-eight (48) hours of the resident's admission...."  No further information was provided by the end of the survey.	F 655	Services initiated on March 3, 2021.  4) Indicate how the facility plans to monitor its performance to make sure that the solutions are sustained: RDOC and/or DON will complete audits k of new admission verifying Baseline care plans are initiated within 48 hours. Audits will be completed 3 x a week for 4 weeks and monthly for 2 months. Should deficits occur they will be forwarded to QAPI Monthly.  5) Include dates when the corrective action will be completed: Date of Compliance March 6, 2021		
F 842 SS=E	COMPLAINT DEFICIENCY 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	F 842		3/6/21	

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F 842	<p>Continued From page 4</p> <p>agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(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.</li> </ul> <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</p>	F 842			

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F 842	<p>Continued From page 5</p> <p>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> <p>Based on staff interview, clinical record review, facility document 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 two of 13 residents in the survey sample; Resident #3 and Resident #1.</p> <p>The findings include:</p> <p>1. Resident #3 was admitted to the facility on 1/18/21 and discharged on 2/3/21. The resident had the diagnoses of but not limited to vertebrae fracture, left wrist fracture, quadriplegia, diabetes, COVID-19, sepsis, high blood pressure, chronic kidney disease, neuromuscular bladder dysfunction, and muscle atrophy. The most recent MDS (Minimum Data Set) was an</p>	F 842	<p>F842 Resident Records: Identifiable Information</p> <p>1) Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: Resident #3 has been discharged from facility. Resident #1 remains admitted to facility.</p> <p>2) Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice: All Residents have the potential to be affected.</p> <p>3) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not</p>		

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F 842	<p>Continued From page 6</p> <p>admission/5-day assessment with an ARD (Assessment Reference Date) of 1/24/21. The resident was coded as being moderately impaired in ability to make daily life decisions. The resident was coded as requiring total assistance for bathing, hygiene, toileting, dressing, and transfers; and extensive assistance for bed mobility and dressing.</p> <p>In the course of a complaint investigation, the following documentation concerns were identified:</p> <p>The resident was in the facility for 17 days, with the first and last day being partial days, and 15 full days in between.</p> <p>A review of the ADL (Activities of Daily Living) records for January and February 2021 revealed a task for every 2 hour turning and repositioning. During the time the resident was in the facility, there were 192 opportunities for documenting turning and repositioning. There were 45 times where it was not documented. The dates that had some missing documentation were 1/20/21 (1 time), 1/23/21 (4 times), 1/25/21 (all 12 times), 1/26/21 (4 times), 1/27/21 (4 times), 1/28/21 (4 times), 1/30/21 (8 times), 1/31/21 (4 times), and 2/3/21 (4 times).</p> <p>A review of the ADL records for January and February 2021 revealed that of the 17 days the resident was in the facility, the resident was provided dressing assistance on 16 days. One day did not have any documentation indicating if the resident was or was not provided assistance with dressing. The date with missing documentation was 1/25/21.</p> <p>A review of the ADL records for January and</p>	F 842	<p>recur:</p> <ul style="list-style-type: none"> <li>- Education provided to all licensed nursing professionals, on accurate and complete and accurate documentation of ADL care, meals, physicians medication orders and treatment orders</li> <li>- Demonstration to charge nurses/supervisors on verification on PCC Dashboard to verify 100% documentation POC, eMAR and eTAR.</li> <li>- Review in morning clinical for accuracy and follow up.</li> </ul> <p>initiation by Regional Director of Clinical Services initiated on March 3, 2021.</p> <p>4) Indicate how the facility plans to monitor its performance to make sure that the solutions are sustained: RDOC and/or DON will complete audits for complete documentation of:</p> <ul style="list-style-type: none"> <li>- ADL care</li> <li>- meals</li> <li>- physician's medication, and treatment orders</li> </ul> <p>Audits will be completed 3 x a week for 4 weeks and monthly for 2 months. Should deficits occur they will be forwarded to QAPI Monthly.</p> <p>5) Include dates when the corrective action will be completed: Date of Compliance March 6, 2021</p>		

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F 842	<p>Continued From page 7</p> <p>February 2021 for Personal Hygiene, revealed it was documented on 16 of the 17 days that hygiene assistance was provided. The day that there was no documentation for the provision of personal hygiene was 1/25/21.</p> <p>A review of the ADL records for January and February 2021 for Eating, revealed the resident should have received 48 meals. It was documented that the resident received eating assistance for 39 meals and refused 2 meals. There was missing documentation for 7 meals. The dates with the missing documentation were 1/25/21 (all 3 meals), 1/27/21 (1 meal), 1/30/21 (1 meal), and 2/3/21 (2 meals).</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21, which was rewritten on 1/25/21 for a "LEFT WRIST: Semi-soft splint - check placement &amp; (and) finger circulation every shift." A review of the TAR (Treatment Administration Record) for January and February 2021 revealed that there were 47 opportunities to document the placement of the splint. There were 6 opportunities that were not documented. Those dates were as follows, with 1 of 3 opportunities missed on each date: 1/21/21, 1/22/21, 1/25/21, 1/26/21, 2/1/21, and 2/3/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21 for "Foley catheter....due to Neurogenic bladder every shift provide Foley catheter care." A review of the January and February 2021 TARs revealed that there were 47 opportunities to document that Foley catheter care had been done. There were 4 opportunities that were not documented. These dates were as follows with 1 of 3 opportunities</p>	F 842			



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F 842	<p>Continued From page 8</p> <p>missed on each date: 1/21/21, 1/25/21, 2/2/21, and 2/3/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21 for "Foley catheter....due to Neurogenic bladder every shift Document urinary Output." A review of the TAR for January and February 2021 revealed 48 opportunities to document urinary output. There were 9 times the documentation was not completed. Those dates were as follows with 1 of 3 opportunities missed on each date: 1/21/21, 1/23/21, 1/26/21, 1/28/21, 1/29/21, 1/31/21, 2/1/21, 2/2/21, and 2/3/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21, to start on 1/18/21 for "Apply SKIN PREP (1) to bilateral heels daily every shift." There were 48 opportunities to document this care. There was no documentation for 3 opportunities. Those dates were 1/20/21, 1/22/21, and 1/25/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21, to start on 1/19/21 (order discontinued on 2/1/21), for "LEFT INNER ANKLE: Apply SKIN PREP followed by foam dressing every day shift." There were 14 opportunities to document this care. Four dates the care was not documented. They were 1/20/21, 1/22/21, 1/25/21, and 2/1/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21, to start on 1/19/21 (order discontinued on 1/28/21), for LEFT OUTER ANKLE: Apply SKIN PREP followed by foam dressing every day shift." There were 10 opportunities to document this care. The care was not documented as completed for 4</p>	F 842			

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F 842	<p>Continued From page 9</p> <p>opportunities. Those dates were 1/20/21, 1/22/21, 1/25/21, and 1/28/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21 to start on 1/19/21 (order discontinued on 1/28/21) for LEFT POST (posterior) LOWER CALF: cleanse with normal saline, apply MEDIHONEY (2) and cover with a bordered gauze daily every day shift." There were 10 opportunities to document this care. The care was not documented as completed on 1/20/21, 1/22/21, 1/25/21, and 1/28/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/28/21 to start on 1/29/21 (order discontinued on 2/1/21) for "LEFT POST LOWER leg: cleanse with normal saline, apply XEROFORM (3) and cover with a bordered gauze daily every day shift." There were 4 opportunities to document this care. The care was not documented as completed on 2/1/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/28/21 to start on 1/29/21 (order discontinued on 2/1/21) for "LEFT MEDIAL LOWER LEG: cleanse with saline and apply XEROFORM cover with bordered gauze daily every day shift." There were 4 opportunities to document this care. There were 2 opportunities that were not documented. These dates were 1/31/21 and 2/1/21.</p> <p>A review of the clinical record revealed a physician's order dated 2/1/21 for "LEFT MEDIAL ANKLE: cleanse area with saline XEROFORM, gauze &amp; secure with roll gauze daily every day shift." This treatment was to start on 2/2/21 and there were 2 opportunities before discharge to</p>	F 842			

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

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FORM APPROVED  
OMB NO. 0938-0391

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F 842	<p>Continued From page 10</p> <p>document this treatment. The treatment was no documented on 2/2/21 as being completed.</p> <p>A review of the clinical record revealed a physician's order dated 2/2/21 for "LEFT ANTERIOR LOWER LEG: cleanse with saline and apply XEROFORM cover with gauze &amp; secure with roll gauze daily every day shift." This treatment was started on 2/2/21. There were 2 opportunities before discharge to document this treatment. There was no documentation that the treatment was completed on 2/3/21.</p> <p>A review of the clinical record revealed a physician's order dated 1/18/21 to start on 1/19/21 (order discontinued on 2/1/21) for SACRAL AREA: cleanse area with normal saline, apply SANTYL (4) ointment cover with moistened saline gauze and cover with bordered gauze daily every day shift. "There were 14 opportunities to document this care. The care was not documented as completed for 4 opportunities. These dates were 1/20/21, 1/22/21, 1/25/21, and 2/1/21.</p> <p>A review of the clinical record revealed a physician's order dated 2/1/21 to start on 2/1/21 for SACRAL AREA: cleanse area with DAKINS (5) SOLN (solution), apply &amp; pack area with DAKIN'S moistened gauze and cover with bordered gauze twice a day every day and evening shift." There were 4 opportunities to document this care. The care was not documented as completed for 1 opportunity on 2/2/21.</p> <p>A review of the clinical record revealed a physician's order dated 2/1/21 to start on 2/2/21 for "RIGHT ISCHIUM: cleanse with saline cove</p>	F 842			

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F 842	<p>Continued From page 11 with MEDIHONEY and secure with bordered gauze daily every day shift." There were 2 opportunities prior to discharge to document this care. The care was not documented as completed on 2/3/21.</p> <p>On 2/18/21 in an interview with LPN #4 (Licensed Practical Nurse), the unit manager, she stated that she could not verify if the above care and treatments were done or not. She stated that "It was probably not documented." She stated she was not aware of any instance where care or treatment was not provided.</p> <p>On 2/18/21 at 3:25 PM in an interview with CNA (Certified Nursing Assistant) #3, he stated that the resident did not appear neglected whenever he fed the resident (his only care for the resident was feeding). He stated that the resident "Was very particular. I don't think he would allow mistreatment. If you did not do things the way he wanted, he would tell you right then and there." He stated that all care should be completed and documented every shift.</p> <p>A review of the facility policy, "Charting and Documentation" revealed, "All services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record...."</p> <p>On 2/18/21 at 2:50 PM, ASM #2 (Administrative Staff Member), the Regional Director of Clinical Services, sitting in as interim DON (Director of Nursing) was made aware of the concerns for documentation. No further information was</p>	F 842			

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F 842	Continued From page 12 provided by the end of the survey.  References:  (1) Skin Prep: Skin-Prep is a liquid film-forming dressing that forms a protective film to help reduce friction during removal of tapes and films. Skin-Prep can also be used to prepare skin attachment sites for drainage tubes, external catheters, surrounding ostomy sites and adhesive dressings. Helps tape and film adhesion. Skin Prep wipes are fast and easy to use, only one coat is required, so less product is used per application. Removes easily using skin cleanser or soap and water, so unsanitary residue isn't left in or around the wound area. Skin Prep applies easily, even on awkward areas and moves naturally with patients' skin and won't crack or peel. Best of all, the Skin Prep wipes allow your skin to "breathe" so tapes and films adhere better. The wipes may increase intervals between dressing changes. The Protective Dressing helps to increase the adhesion of tapes and wafers. The Skin Prep also protects fragile skin and reduces adhesive removal trauma. Information obtained from <a href="http://www.allegromedical.com">www.allegromedical.com</a>  (2) Medihoney: MEDIHONEY® Gel Wound & Burn Dressing contains 100% active Leptospermum honey in a hydrocolloidal suspension. Supports the removal of necrotic tissue and aids in wound healing. Thicker consistency than MEDIHONEY® paste provides more stability. Information obtained from <a href="https://www.woundsource.com/product/medihoney-gel-wound-burn-dressing">https://www.woundsource.com/product/medihoney-gel-wound-burn-dressing</a>	F 842			

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F 842	Continued From page 13  (3) Xeroform: Xeroform Petrolatum Dressings is an impregnated dressing. Intended Uses: For use on open wounds, cancer resections, burns, donor sites and surgical incisions. Claimed Features: Contains 3% Bismuth Tribromophenate to provide bacteriostatic properties and help to reduce risk of infection and deodorize the wound. Primary dressing for wounds with light or no exudate. Helps maintain a moist wound healing environment to assist in autolytic debridement. Information obtained from <a href="https://woundreference.com/app/product?id=xerof orm-petrolatum-dressings-3-bismuth-tribr_1">https://woundreference.com/app/product?id=xerof orm-petrolatum-dressings-3-bismuth-tribr_1</a>  (4) Santyl: SANTYL® Ointment is an FDA-approved active enzymatic debrider. It actively and selectively removes necrotic tissue without harming granulation tissue. Continuously and actively removes necrotic tissue to help prevent the reaccumulation of debris that may prolong the healing process Effectively debrides to allow granulation to proceed and epithelialization to occur Selectively attacks and cleaves collagen Frees the wound of necrotic tissue and cellular debris Doesn't harm granulation tissue  Information obtained from <a href="http://www.santyl.com/hcp/mechanismofaction">http://www.santyl.com/hcp/mechanismofaction</a>  (5) Dakins Solution: Dakin solution, also called Dakin fluid or Carrel-Dakin fluid, is a dilute sodium hypochlorite (NaClO) solution that is commonly known as bleach. The mixture of sodium peroxide (NaO) and hydrochloric acid	F 842			

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F 842	<p>Continued From page 14</p> <p>(HCl) produces sodium hypochlorite. The main active agent in the Dakin solution is created when the chlorine in the solution reacts with water in the environment to form hypochlorous acid (HClO). This hypochlorous acid produces the potent antibacterial effect in tissues. In fact, neutrophils of the human immune system produce small amounts of hypochlorous acid inside phagosomes, which are used to digest bacteria and viruses. Unlike stronger germicidal solutions that contain carbolic acid or iodine, Dakin does not damage living cells or lose potency in the presence of blood serum. It has a solvent action on dead cells that hastens the separation of dead tissue from living tissue.</p> <p>Information obtained from <a href="https://www.ncbi.nlm.nih.gov/books/NBK507916/">https://www.ncbi.nlm.nih.gov/books/NBK507916/</a></p> <p>2. The facility staff failed to ensure a complete and accurate record for Resident #1. The staff failed to document weekly skin checks on 1/5 and 1/12/21 and failed to document ordered daily treatments to the areas behind Resident #1's right and left ears were completed seven days in January 2021.</p> <p>Resident #1 was admitted to the facility on 2/19/18 with diagnosis that included but were not limited to: anoxic brain injury (irreversible injury to the brain due to lack of oxygen) (1), persistent vegetative state (awake without being aware) (2) and diabetes mellitus (inability of insulin to function normally in the body) (3).</p> <p>The most recent MDS (minimum data set) assessment, an annual, with an ARD (assessment reference date) of 12/3/20, did not code the resident on the BIMS (brief interview for</p>	F 842			

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F 842	<p>Continued From page 15</p> <p>mental status) score, as the resident is in a persistent vegetative state. A review of the MDS Section G-functional status coded the resident as totally dependent for bed mobility, transfer, hygiene, bathing, dressing, eating and as walking/locomotion not occurring. A review of MDS Section H- bowel and bladder coded Resident #1 as having an ostomy for bowel and suprapubic catheter for bladder. Resident #1 was coded as receiving oxygen therapy while a resident at the facility.</p> <p>An observation was made on 2/16/21 at 11:44 AM of wound care to Resident #1. The wound care was provided as ordered to areas behind the right and left ears. Observation revealed the oxygen tubing was padded behind both ears.</p> <p>A physician's order dated 11/30/20, documented in part, "Weekly skin observations."</p> <p>A physician's order with revision date of 2/11/21, documented in part, "Right posterior ear lobe: cleanse with normal saline, apply nonstick pad daily and as needed. Left posterior ear lobe: cleanse with normal saline and apply hydrogel nonstick dressing daily and as needed."</p> <p>A review of the nursing progress note and weekly skin check dated 1/11/21, documented in part, "Resident continues with areas behind his ears. Treatment provided."</p> <p>A review of TAR (treatment administration record) for January 1-January 31, 2021, documented in part, "Cleanse both ears with normal saline, apply skin prep and dressing daily." The treatments to the wounds were documented as provided with the exception of 1/5/21, 1/11/21, 1/16/21, 1/19/21,</p>	F 842			



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F 842	<p>Continued From page 16</p> <p>1/20/21, 1/27/21 and 1/28/21." The physician ordered treatments to the pressure injuries behind Resident #1's right and left ears were not completed 7 out of 31 days in January 2021.</p> <p>A review of the TAR for January 1-January 31, 2020, documented in part, "Weekly skin observations, documented as complete on 1/19/21 and 1/26/21, but not completed 1/5/21 and 1/12/21.</p> <p>A review of the hospital emergency room record 1/30/21, documented in part, "Chronic right foot." No other wounds were documented in emergency room records.</p> <p>A review of the comprehensive care plan dated 12/12/20 and 1/7/21, documented in part, "FOCUS-At risk for skin integrity related to oxygen use via cannula. INTERVENTIONS-Treatment to bilateral ears as ordered. Wrap oxygen cannula. Wound care consult as needed. Ear protectors to oxygen tubing when oxygen is in use and treatment as ordered."</p> <p>An interview was conducted on 2/16/21 at 11:44 AM with LPN (licensed practical nurse) #1, the wound care nurse. When asked about the care ordered for Resident #1, LPN #1 stated, "We are to cleanse the wounds behind his ears daily with normal saline and apply skin prep and hydrogel dressing. We are to make sure the oxygen tubing is padded."</p> <p>On 2/18/21 in an interview with LPN #4 (Licensed Practical Nurse), the unit manager, she stated that she could not verify if the above care and treatments were done or not. She stated that "It</p>	F 842			

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F 842	<p>Continued From page 17</p> <p>was probably not documented." She stated she was not aware of any instance where care or treatment was not provided.</p> <p>According to the facility's policy, "Charting and Documentation" revised July 2017, documented in part, "The following information is to be documented in the resident medical record: treatments or services performed. Documentation in the medical record will be objective, complete and accurate."</p> <p>ASM #1, the administrator, ASM #2, the interim director of nursing / regional coordinator for clinical services, were made aware of the above concern on 2/18/20 at 3:40 PM.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 37. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 446. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 160.</p>	F 842			