



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHBY PONDS INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147</b>		
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F 656	<p>Continued From page 1</p> <p>under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, and facility document review, it was determined that facility staff failed to implement or develop a comprehensive care plan for three of 24 residents in the survey sample, Residents # 16, # 8 and # 12.</p> <p>1. The facility staff failed to implement Resident # 16's comprehensive care plan for the use of non-pharmacological interventions prior to the administration of the physician prescribed as needed pain medication, Tylenol [1].</p>	F 656	<p>Continued from page 1</p> <p>2. DON or designee will review care plans of current residents to ensure a comprehensive care plan has been developed.</p> <p>3. Staff Development Coordinator or designee will reeducate Licensed Nurses on Care plan/Service plan policy.</p> <p>4. ADON or designee will monitor five care plans weekly for twelve weeks to ensure the care plan is accurate. Findings will be reported to the QAPI committee for review and further action may be required.</p> <p>5. Compliance date of 5/6/21.</p> <p>(Intentionally left blank)</p>		

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F 656	<p>Continued From page 2</p> <p>2. The facility staff failed to develop a comprehensive care plan for the use of an incentive spirometer [1] for Resident # 8.</p> <p>3. The facility staff failed to develop a comprehensive care plan to address Resident #12's use of a sling and a surgical wound dressing present on readmission.</p> <p>The findings include:</p> <p>1. Resident # 16 was admitted to the facility with diagnoses that included but were not limited to: fracture of the femur [2], dementia [3] and pain. Resident # 16's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 02/09/2021, coded Resident # 16 as scoring a 01 [one] on the brief interview for mental status (BIMS) of a score of 0 - 15, 1 - being severely impaired of cognition for making daily decisions. Section "J0300, J0400 and J0600 Pain Assessment Interview" coded Resident # 16 as having occasional pain at a level of 5 [five] on a pain scale of zero to ten, with ten being the worse pain.</p> <p>The current physician's order for Resident # 16 dated "March 2021" documented, "Tylenol 325 MG [milligrams] tablet (2). TABLET Oral As Needed Every Four Hours Starting 02/09/2021. Order Date: 2/9/2021."</p> <p>Resident # 16's eMAR [electronic medication administration record] dated February 2021 documented the above physician's order for Tylenol. The eMAR failed to evidence documentation of pain assessment that included Resident # 16's pain level, location of pain and non-pharmacological interventions. Further</p>	F 656	(Intentionally left blank)		

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F 656	<p>Continued From page 3</p> <p>review of the eMAR revealed the administration of Tylenol on: 02/11/2021 at 8:33 a.m., 02/13/2021 at 9:11 a.m., 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., and on 02/23/2021 at 9:12 a.m.</p> <p>Resident # 16's eMAR [electronic medication administration record] dated March 2021 documented the above physician's order for Tylenol. The eMAR failed to evidence documentation of pain assessment that included Resident # 16's pain level, location of pain and non-pharmacological interventions. Further review of the eMAR revealed the administration of Tylenol on: 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m.</p> <p>The comprehensive care plan for Resident # 16 dated 02/09/2021 documented in part, "Goals: I will need assistance with monitoring effectiveness of pain management throughout the day. I will receive my pain medication as prescribed by physician. I will appear comfortable as evidenced by no facial grimacing, guarding, or groaning throughout the day." Under "Other Goals" it documented in part, "These are non-medical routine(s) or action(s) I take to alleviate pain: Distraction. Relaxation. Date Begun: 02/09/2021."</p> <p>Review of Resident # 16's progress notes dated 02/09/2021 through 03/24/2021 failed to evidence documentation of a pain assessment and the implementation of non-pharmacological interventions prior to the administration of as needed Tylenol on 02/11/2021 at 8:33 a.m., 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., 02/23/2021 at 9:12 a.m., 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m.</p>	F 656	(Intentionally left blank)		

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F 656	<p>Continued From page 4</p> <p>Further review of the notes failed to evidence the implementation of non-pharmacological interventions prior to the administration of as needed Tylenol on 02/13/2021 at 9:11 a.m.</p> <p>On 03/23/20 at approximately 11:58 a.m., an interview was conducted with RN [registered nurse] # 1, regarding the purpose of a resident's comprehensive care plan. RN # 1 stated, "To identify resident's needs and for staff to follow to meet the needs of the resident." RN # 1 was then asked to review the eMAR and nurse's notes for the dates list above for the administration of Resident # 16's as needed Tylenol. RN # 1 agreed that there was no evidence of documentation of non-pharmacological strategies on 02/11/2021 at 8:33 a.m., 02/13/2021 at 9:11 a.m., 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., 02/23/2021 at 9:12 a.m., 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m. RN # 1 further stated that if it wasn't documented then they couldn't say that it was being done. When asked if Resident # 16's comprehensive care plan was being implemented for the use of non-pharmacological interventions if there was no documentation that they were being attempted, RN # 1 stated no.</p> <p>On 03/25/2021 at approximately 10:40 a.m., ASM # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Acetaminophen is used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats,</p>	F 656	(Intentionally left blank)		

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F 656	<p>Continued From page 5</p> <p>toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a>.</p> <p>[2] The thigh bone, or femur, is the large upper leg bone that connects the lower leg bones (knee joint) to the pelvic bone (hip joint). This information was obtained from the website: <a href="https://medlineplus.gov/ency/imagepages/8844.htm">https://medlineplus.gov/ency/imagepages/8844.htm</a>.</p> <p>[3] A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</p> <p>2. The facility staff failed to develop a comprehensive care plan for the use of an incentive spirometer [1] for Resident # 8.</p> <p>Resident # 8 was admitted to the facility with diagnoses that included but were not limited to: high blood pressure and Parkinson's disease [2]. Resident # 8's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 01/2102021, coded Resident # 8 as scoring a 10 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 10- being moderately impaired of cognition for making daily decisions.</p>	F 656	(Intentionally left blank)		

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F 656	<p>Continued From page 6</p> <p>On 03/23/2021 at approximately 11:29 a.m., an observation of Resident #8's room revealed an incentive spirometer on the resident's computer table uncovered.</p> <p>On 03/23/2021 at approximately 2:10 p.m., an observation of Resident #8's room revealed an incentive spirometer on the resident's computer table uncovered.</p> <p>On 03/24/2021 at approximately 9:08 a.m., an observation of Resident #8's room revealed an incentive spirometer on the resident's computer table uncovered.</p> <p>The POS [physician's order sheet] for Resident # 8 dated "February 2021" documented, "Incentive Spirometer. Notes: While awake. Order Date: 10/20/2020. Frequency: Three times Daily."</p> <p>The comprehensive care plan for Resident # 8 dated of 01/11/2021 failed to evidence the use of an incentive spirometer.</p> <p>On 03/23/2021 at approximately 11:29 a.m., an interview with Resident # 8. When asked about the incentive spirometer Resident # 8 stated that they used it every day.</p> <p>On 3/24/21 at 12:20 p.m., ASM [administrative staff member] # 2, director of nursing, provided a copy of a physician's order to discontinue the use of the incentive spirometer for Resident # 8. The "Physician's Telephone Order" dated 03/24/2021 for Resident # 8 documented, "D/C [discontinue] incentive spirometer." When asked what time the order was signed by the physician, ASM # 2 stated "Around 11:00 a.m."</p>	F 656	(Intentionally left blank)		

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F 656	Continued From page 7  On 03/25/2021 at approximately 10:40 a.m., ASM # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings.  No further information was provided prior to exit.  References: [1] A device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/00451.htm">https://medlineplus.gov/ency/patientinstructions/00451.htm</a> .  [2] A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a> .  3. The facility staff failed to develop a comprehensive care plan to address Resident #12's use of a sling and a surgical wound dressing present on readmission.  Resident #12 was admitted to the facility on 2/14/2021, and most recently readmitted on 3/2/21, with diagnoses including, but not limited to history of a fall with a shoulder dislocation and dementia without behaviors (1). On the most recent MDS (minimum data set), an admission assessment with an a)ARD (assessment reference date) of 2/21/21, Resident #12 was coded as moderately cognitively impaired for making daily decisions, having scored a nine out	F 656	(Intentionally left blank)		



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F 656	<p>Continued From page 8 of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of one or two staff members for bed mobility, transferring from bed to chair, dressing, toileting, and personal hygiene. She was coded as being totally dependent on the assistance of two staff members for bathing. She was coded as being unsteady, requiring staff assistance, for moving from a sitting to standing position, walking, getting on and off the toilet, and transferring from surface to surface.</p> <p>On the following dates and times, Resident #12 was observed in her room, sitting in her wheelchair, wearing a sling on her right arm: 3/23/21 at 12:23 p.m. and 3/24/21 at 11:45 a.m.</p> <p>A review of Resident #12's clinical record revealed no evidence of an order for the sling.</p> <p>Further review of Resident #12's clinical record revealed a hospital discharge summary dated 3/1/21. The discharge summary described the resident's stay, including a diagnosis of a broken right shoulder and surgery to repair the break. The summary included, in part: "Postoperatively the patient was made non-weight bearing Right Upper Extremity."</p> <p>A review of Resident #12's comprehensive care plan dated 3/2/21 revealed no information regarding the resident's surgical wound or the resident's non-weight bearing status for her right arm.</p> <p>On 3/24/21 at 3:25 p.m., RN (registered nurse) #1, the clinical manager, was interviewed, regarding how the staff know the care to provide a resident who has a surgical wound and is</p>	F 656	(Intentionally left blank)		

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F 656	<p>Continued From page 9</p> <p>non-weight bearing for the right arm with a sling. RN #1 stated the staff can look at the documents in the resident's hard chart on the unit, on the care plan, and in the electronic medical record (EMR). RN #1 stated the facility maintains a "hard chart" which contains hospital discharge summaries, information from consulting physicians, and other information or direction from outside providers. When asked if information related to a resident's non-weight bearing status and surgical wound should be included in the care plan, RN #1 stated, "Yes. The care plan tells us basically how to take care of a resident." When asked to review the comprehensive care plan for Resident #12 for information related to her non-weight bearing status of the right arm and surgical wound, RN #1 did so. After her review, RN #1 stated she did not see any such information. RN #1 stated the admitting nurse is responsible for making sure this kind of information is added to the resident's care plan.</p> <p>On 3/24/21 at 4:11 p.m., OSM (other staff member) #2, an occupational therapy assistant, was interviewed regarding how the facility staff knows a resident's non-weight bearing status of an arm. OSM #2 stated the information should originally come from the discharging hospital or consultant specialist. OSM #2 stated the facility staff needs to know which arm is affected, needs to know how to correctly position the arm in the sling to maintain the non-weight bearing status. OSM #2 stated the staff needs to know how long each day or night the resident needs to wear the sling, and they need to assess the resident's skin behind the neck. When asked if this information should be included in the comprehensive care plan, OSM #2 stated, "Yes. Absolutely."</p>	F 656	(Intentionally left blank)		

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F 656	<p>Continued From page 10</p> <p>On 3/24/21 at 4:25 p.m., LPN (licensed practical nurse) #1 was interviewed. When asked if information about a resident's non-weight bearing status, sling, and surgical wound should be included in the care plan, LPN #1 stated it should. She stated the process is for the admitting nurse to review the discharge orders from the hospital, and transcribe those orders to the resident's EMR (electronic medical record) and care plan. LPN #1 stated the nurse then passes on that information to CNAs (certified nursing assistants) and other nurses who care for the resident in the shift-to-shift report.</p> <p>On 3/24/21 at 5:40 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing were informed of these concerns.</p> <p>On 3/25/21 at 4:00 p.m., ASM #2 stated the facility staff could not locate any additional information related to Resident #12's care plan.</p> <p>On 3/26/21 at 10:08 a.m., RN #3 was interviewed about the care planning process. She stated once the resident is admitted or readmitted, the admitting nurse begins the care plan process. RN #3 stated once she completes her assessment, she shares triggered items for the care plan with clinical managers. She stated any updates for care plans are written in the documents contained in the care plan binders in each resident's room. When asked specifically about Resident #12's care plan for the non-weight bearing status, the sling, and the surgical wound, RN #3 stated she relies on therapy heavily for these care plan goals. RN #3 stated, "Ideally, therapy goals would also be included in the comprehensive plan of</p>	F 656	(Intentionally left blank)		

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F 656	Continued From page 11 care. Ideally, that's how that would work." RN #3 stated, however, Resident #12's care plan did not contain these items.  A review of the facility policy, "Care/Service Plans," revealed, in part: "Each guest/resident will have an individualized Care/Service plan developed. Care/Service Plans will include guest/resident preferences, strengths, routines, personal and cultural preferences and choices as well as clinical needs...A comprehensive person centered care plan will be developed by the Interdisciplinary Team and be completed within 72 hours of admission and will include measurable objectives, preferences, goals...resident's discharge plan and will address the resident's medical, nursing, mental and psychosocial needs as identified from the resident's comprehensive assessment."  No further information was provided prior to exit.  (1) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website <a href="https://medlineplus.gov/ency/article/000746.htm">https://medlineplus.gov/ency/article/000746.htm</a> .	F 656	(Intentionally left blank)		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)  §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to--	F 657	1. Care plan for resident #6's was reviewed to ensure the revision was made to reflect a urinary tract infection.  2. DON or designee will review care plan of current resident to ensure care plan revisions have been made.  3. Staff Development Coordinator or		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2021</b>
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F 657	<p>Continued From page 12</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to review and revise the comprehensive care plan for one of 24 residents in the survey sample, Resident #6.</p> <p>The facility failed to update Resident #6's comprehensive care plan to address a UTI (urinary tract infection) and treatment with an antibiotic.</p> <p>The findings include:</p> <p>Resident #6 was admitted to the facility on 6/7/19, and was most recently readmitted on 12/11/20, with diagnoses including, but not limited to ESRD (End Stage Renal Disease) (1), diabetes (2), and</p>	F 657	<p>Continued from Page 12</p> <p>designee will educate Licensed Nurses on Care Plan/Service Plan policy.</p> <p>4. ADON or designee will monitor five care plans weekly for twelve weeks to ensure they accurately reflect the plan of care. Findings will be reported to the QAPI committee for review and further action may be required.</p> <p>5. Compliance date of 5/06/21.</p> <p>(Intentionally left blank)</p>		

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

PRINTED: 03/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

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F 657	<p>Continued From page 13</p> <p>dementia (3). On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 12/18/20, Resident #6 was coded as being severely cognitively impaired for making daily decisions, having scored seven out of 15 on the BIMS (brief interview for mental status).</p> <p>A review of Resident #6's clinical record revealed the following order, dated 3/16/21: "Cefuroxime (4) 250 mg (milligrams) po (by mouth) BID (twice a day) X 7 days (for seven days) for UTI (5)."</p> <p>Further review of Resident #6's clinical record revealed a physician's progress note dated 3/16/21, which documented, in part: "Reason for visit: Urinary burning/UTI...Antibiotic as ordered."</p> <p>On 3/24/21 at 3:25 p.m., RN (registered nurse) #1, the clinical manager, was interviewed regarding the purpose of a resident's comprehensive care plan. RN #1 stated, "It tells us what the resident needs." When asked if a care plan should include new infections and antibiotics prescribed for a resident, RN #1 stated it should. RN #1 was asked to review the comprehensive care plan for Resident #12 for information related to her UTI and antibiotic for treatment. After her review, RN #1 stated she did not see any such information. She stated the nurse who receives the order from the provider is responsible for making sure this kind of information is added to the resident's care plan.</p> <p>On 3/24/21 at 4:25 p.m., LPN (licensed practical nurse) #1 was interviewed. When asked if information about a resident's UTI and antibiotic for treatment should be included in the comprehensive care plan, LPN #1 stated it</p>	F 657	(Intentionally left blank)		

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

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F 657	<p>Continued From page 14</p> <p>should. LPN #1 stated the nurse who receives the order should update the care plan. She stated the nurse then passes on that information to CNAs (certified nursing assistants) and other nurses who care for the resident in the shift-to-shift report.</p> <p>On 3/24/21 at 5:40 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing were informed of these concerns.</p> <p>A review of the facility policy, "Care/Service Plans," revealed, in part: "Each guest/resident will have an individualized Care/Service plan developed. Care/Service Plans will include guest/resident preferences, strengths, routines, personal and cultural preferences and choices as well as clinical needs...A comprehensive person centered care plan will be developed by the Interdisciplinary Team and be completed within 72 hours of admission and will include measurable objectives, preferences, goals...resident's discharge plan and will address the resident's medical, nursing, mental and psychosocial needs as identified from the resident's comprehensive assessment...Care plans will be reviewed, revised if applicable, on an ongoing basis by the interdisciplinary team with any change in condition, and after each assessment."</p> <p>No further information was provided prior to exit.</p> <p>(1) "End-stage kidney disease (ESKD) is the last stage of long-term (chronic) kidney disease. This is when your kidneys can no longer support your body's needs. End-stage kidney disease is also called end-stage renal disease (ESRD)." This</p>	F 657	(Intentionally left blank)		

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F 657	Continued From page 15 information is taken from the website <a href="https://medlineplus.gov/ency/article/000500.htm">https://medlineplus.gov/ency/article/000500.htm</a> .  (2) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website <a href="https://medlineplus.gov/diabetes.html">https://medlineplus.gov/diabetes.html</a> .  (3) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website <a href="https://medlineplus.gov/ency/article/000746.htm">https://medlineplus.gov/ency/article/000746.htm</a> .  (4) "Cefuroxime is used to treat certain infections caused by bacteria, such as bronchitis (infection of the airway tubes leading to the lungs); gonorrhea (a sexually transmitted disease); Lyme disease (an infection that may develop after a person is bitten by a tick); and infections of the skin, ears, sinuses, throat, tonsils, and urinary tract. Cefuroxime is in a class of medications called cephalosporin antibiotics. It works by stopping the growth of bacteria." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a601206.html">https://medlineplus.gov/druginfo/meds/a601206.html</a> .  (5) "Urinary tract infection (UTI) is a collective term that describes any infection involving any part of the urinary tract, namely the kidneys, ureters, bladder and urethra. The urinary tract can be divided into the upper (kidneys and ureters) and lower tract (bladder and urethra)." This information is taken from the website <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5027397/#:~:text=Urinary%20tract%20infection%20(UTI)%20is%20a%20collective%20term%20that">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5027397/#:~:text=Urinary%20tract%20infection%20(UTI)%20is%20a%20collective%20term%20that</a>	F 657	(Intentionally left blank)		



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F 657	Continued From page 16	F 657			
F 658 SS=D	<p>%20describes,tract%20(bladder%20and%20uret hra).</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the the facility staff failed to follow professional standards of practice for transcribing physician orders into the clinical record for one of 24 residents in the survey sample, Resident #12. The facility staff failed to transcribe and Resident #12's hospital physician's orders for non-weight bearing status of her right arm, sling and surgical wound at the time of her readmission.</p> <p>The findings include:</p> <p>Resident #12 was admitted to the facility on 2/14/2021, and most recently readmitted on 3/2/21, with diagnoses including, but not limited to history of a fall with a shoulder dislocation and dementia without behaviors (1). On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 2/21/21, Resident #12 was coded as moderately cognitively impaired for making daily decisions, having scored a nine out of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of</p>	F 658	<ol style="list-style-type: none"> <li>1. Physician orders were written on 3/24/21 for Sling and to discontinue dressing changes. Physician order was written on 4/2/21 for weight bearing status.</li> <li>2. DON or designee will review hospital admission orders written between 3/15/21-3/31/21 to ensure complete and accurate transcription.</li> <li>3. Staff Development Coordinator or designee will educate Licensed Nurses to Physician Order Policy.</li> <li>4. ADON or designee will monitor admission orders five days per week for four weeks then weekly for eight weeks to ensure complete and accurate transcription. Findings will be reported to the QAPI committee for review and further action may be required.</li> <li>5. Compliance date of 5/06/21.</li> </ol>		

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F 658	<p>Continued From page 17</p> <p>one or two staff members for med mobility, transferring from bed to chair, dressing, toileting, and personal hygiene. She was coded as being totally dependent on the assistance of two staff members for bathing. Resident #12 was coded as being unsteady, requiring staff assistance, for moving from a sitting to standing position, walking, getting on and off the toilet, and transferring from surface to surface.</p> <p>On the following dates and times, Resident #12 was observed in her room, sitting in her wheelchair, wearing a sling on her right arm: 3/23/21 at 12:23 p.m. and 3/24/21 at 11:45 a.m.</p> <p>A review of Resident #12's clinical record revealed no evidence of an order for the sling or for weight bearing status for her right arm.</p> <p>Further review of Resident #12's clinical record revealed a hospital discharge summary dated 3/1/21. The discharge summary described the resident's stay, including a diagnosis of a broken right shoulder and surgery to repair the break. The summary included, in part: "Postoperatively the patient was made non-weight bearing Right Upper Extremity."</p> <p>A review of Resident #12's comprehensive care plan dated 3/2/21 revealed no information regarding the resident's surgical wound or the resident's non-weight bearing status for her right arm.</p> <p>On 03/23/2021 during the entrance conference a request was made to ASM [administrative staff member] # 1, director of continuing care and ASM # 2, director of nursing, for the standard of nursing that the facility follows. At 12:41 p.m. a</p>	F 658	(Intentionally left blank)		

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

PRINTED: 03/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

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F 658	<p>Continued From page 18</p> <p>copy of the front page of the "Lippincott Manual of Nursing Practice" was provided by email to the survey team.</p> <p>On 3/24/21 at 3:25 p.m., RN (registered nurse) #1, the clinical manager, was interviewed, regarding how staff know the care to provide for a resident who has a surgical wound and is non-weight bearing with a sling. RN #1 stated the staff can look at the documents in the resident's hard chart on the unit, on the care plan, and in the electronic medical record (EMR). She stated the facility maintains a "hard chart" which contains hospital discharge summaries, information from consulting physicians, and other information or direction from outside providers. RN #1 stated the admitting nurse is responsible for transcribing orders for the resident's care from the hospital discharge summary to the EMR. After reviewing Resident #12's orders, RN #1 stated she did not see orders for non-weight bearing status, sling, or care of the surgical wound. She stated these orders should have been transcribed from the hospital discharge summary to the EMR (electronic medical record) when the resident was admitted to the facility.</p> <p>On 3/24/21 at 4:11 p.m., OSM (other staff member) #2, an occupational therapy assistant, was interviewed regarding how facility staff know the care required for a resident with non-weight bearing status to the right arm. OSM #2 stated the information should originally come from the discharging hospital or consultant specialist. She stated the facility staff needs to know which arm is affected, needs to know how to correctly position the arm in the sling to maintain the non-weight bearing status, needs to know how long each day or night the resident needs to wear</p>	F 658	(Intentionally left blank)		

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F 658	<p>Continued From page 19</p> <p>the sling, and needs to assess the resident's skin behind the neck. When asked if this information should be included in the resident's orders, OSM #2 stated, "Yes. Absolutely."</p> <p>On 3/24/21 at 4:25 p.m., LPN (licensed practical nurse) #1 was interviewed. When asked if information about a resident's non-weight bearing status, sling, and surgical wound should be included in the physician's orders, LPN #1 stated it should. She stated the process is for the admitting nurse to review the discharge orders from the hospital, and transcribe those orders to the resident's EMR (electronic medical record) and care plan. LPN #1 stated the nurse then passes on that information to CNAs (certified nursing assistants) and other nurses who care for the resident in the shift-to-shift report.</p> <p>On 3/24/21 at 5:40 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing were informed of these concerns.</p> <p>On 3/25/21 at 4:00 p.m., ASM #2 stated the facility staff could not locate any additional information related to Resident #12's admission orders.</p> <p>A review of the facility policy, "Admission Orders from Discharge Summary," revealed, in part: "When a resident is admitted to the Continued Care-Skilled Nursing/Post-Acute from a hospital or another facility, the nurse may accept the discharge summary orders...When the signed physician discharge summary arrives with the resident, the licensed nurse will notify the medical provider...The nurse will review the orders with the medical provider prior to entering the orders</p>	F 658	(Intentionally left blank)		

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F 658	Continued From page 20 into the electronic order entry system."  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."  No further information was provided prior to exit.  (1) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website <a href="https://medlineplus.gov/ency/article/000746.htm">https://medlineplus.gov/ency/article/000746.htm</a> .	F 658	(Intentionally left blank)		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)  § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review, and facility document review, it was determined that facility staff failed to provided respiratory care, consistent with professional standards of practice and the plan of care for one of 24 residents in the survey	F 695	1. Physician orders were written on 3/24/21 to discontinue incentive spirometer for Resident #8.  2. DON or designee audited storage of incentive spirometers to ensure the device was stored in a sanitary manner.  3. Staff Development Coordinator or designee will educate Licensed Nurses on storage of incentive spirometers.  4. ADON or designee will monitor incentive spirometer storage five days per week for four weeks then weekly for eight weeks to ensure the device is stored in a sanitary manner. Findings will be		

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

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F 695	<p>Continued From page 21</p> <p>sample, Resident #8. The facility staff failed to store Resident #8's incentive spirometer in a sanitary manner when not in use.</p> <p>The findings include:</p> <p>Resident # 8 was admitted to the facility with diagnoses that included but were not limited to: high blood pressure and Parkinson's disease [2]. Resident # 8's most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 01/2102021, coded Resident # 8 as scoring a 10 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 10- being moderately impaired of cognition for making daily decisions.</p> <p>On 03/23/2021 at approximately 11:29 a.m., an observation of Resident #8's room revealed an incentive spirometer [1] on the resident's computer table uncovered.</p> <p>On 03/23/2021 at approximately 2:10 p.m., an observation of Resident #8's room revealed an incentive spirometer on the resident's computer table uncovered.</p> <p>On 03/24/2021 at approximately 9:08 a.m., an observation of Resident #8's room revealed an incentive spirometer on the resident's computer table uncovered.</p> <p>The POS [physician's order sheet] for Resident # 8 dated "February 2021" documented, "Incentive Spirometer. Notes: While awake. Order Date: 10/20/2020. Frequency: Three times Daily."</p> <p>The comprehensive care plan for Resident # 8 dated of 01/11/2021 failed to evidence the use of</p>	F 695	<p>Continued from Page 21</p> <p>reported to the QAPI committee for review and further action may be required.</p> <p>5. Compliance date of 5/06/21.</p> <p>(Intentionally left blank)</p>		

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F 695	<p>Continued From page 22 an incentive spirometer.</p> <p>On 03/23/2021 at approximately 11:29 a.m., an interview with Resident # 8. When asked about the incentive spirometer Resident # 8 stated that they used it every day.</p> <p>On 3/24/21 at 12:20 p.m., ASM [administrative staff member] # 2, director of nursing, provided this surveyor a copy of a physician's order to discontinue the use of the incentive spirometer for Resident # 8. The "Physician's Telephone Order" dated 03/24/2021 for Resident # 8 documented, "D/C [discontinue] incentive spirometer." When asked what time the order was signed by the physician ASM # 2 stated "Around 11:00 a.m."</p> <p>On 03/23/20 at approximately 1:00 p.m. an interview was conducted with RN [registered nurse] # 1. When asked if an incentive spirometer was a piece of respiratory equipment, RN # 1 stated yes. When asked about storage of the incentive spirometer when not in use, RN # 1 stated, "Traditionally it is not stored in anything."</p> <p>On 03/23/2021 during the entrance conference a request was made to ASM [administrative staff member] # 1, director of continuing care and ASM # 2, director of nursing, for the standard of nursing that the facility follows. At 12:41 p.m. a copy of the front page of the "Lippincott Manual of Nursing Practice" was provided by email to the survey team.</p> <p>"Wash the mouthpiece in warm water and dry it. Avoid immersing the spirometer itself in water because water enhances bacterial growth and impairs the internal filter's effectiveness in</p>	F 695	(Intentionally left blank)		

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

PRINTED: 03/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

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F 695	<p>Continued From page 23</p> <p>preventing inhalation of extraneous material. Place the mouthpiece in a plastic storage bag between exercises, and label it and the spirometer, if applicable, with the patient's name to avoid inadvertent use by another patient. Keep the incentive spirometer within the patient's reach." Lippincott's Nursing Procedures (6th Edition) 2013.</p> <p>On 03/25/2021 at approximately 10:40 a.m., ASM # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings. During this conversation ASM # 2 stated that after the this surveyor's interview with RN # 1, they informed ASM # 2 that they were nervous during the interview regarding Resident # 8's incentive spirometer. ASM # 2 further stated that RN # 1 could not clearly explain how the incentive spirometer should have been stored during the interview. ASM # 2 stated that RN # 1 knew the correct way to store the incentive spirometer and verbally confirmed that the incentive spirometer should have been covered or placed in a bag when not in use during this conversation.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] A device used to help you keep your lungs healthy after surgery or when you have a lung illness, such as pneumonia. Using the incentive spirometer teaches you how to take slow deep breaths. This information was obtained from the website: <a href="https://medlineplus.gov/ency/patientinstructions/000451.htm">https://medlineplus.gov/ency/patientinstructions/000451.htm</a>.</p> <p>[2] A type of movement disorder. This information was obtained from the website:</p>	F 695	(Intentionally left blank)		



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F 695	Continued From page 24 <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a> .	F 695			
F 697 SS=D	<p>Pain Management CFR(s): 483.25(k)</p> <p>§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the facility staff failed to implement a complete pain management program consistent with professional standards of practice, and the comprehensive person-centered care plan for one of 24 residents in the survey sample, Resident # 16. The facility staff failed to conduct a pain assessments and failed to attempt/provide non-pharmacological interventions prior to the administration of physician prescribed as needed pain medication Tylenol to Resident #16 on multiple occasions.</p> <p>The findings include:</p> <p>Resident # 16 was admitted to the facility with diagnoses that included but were not limited to: fracture of the femur [2], dementia [3] and pain. Resident # 16's most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 02/09/2021, coded Resident # 16 as scoring a 01 [one] on the brief interview for mental status (BIMS) of a score of 0 - 15, 1 - being severely impaired of cognition for making daily decisions. Section "J0300,</p>	F 697	<ol style="list-style-type: none"> <li>1. Facility is unable to conduct pain assessments or provide non-pharmacological intervention for as needed pain medication administered to Resident #16 prior to 3/24/21.</li> <li>2. DON or designee will review records of residents receiving as needed pain medicine to ensure a pain assessment and non-pharmacological interventions were provided prior to administration.</li> <li>3. Staff Development Coordinator or designee will educate Licensed Nurses on Pain Management Policy.</li> <li>4. ADON or designee will monitor five administrations of as needed pain medication five days per week for four weeks then weekly for eight weeks to ensure a pain assessment and non-pharmacological interventions are provided prior to administration. Findings will be reported to the QAPI committee for review and further action may be required.</li> <li>5. Compliance date of 5/06/21.</li> </ol>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2021</b>
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F 697	<p>Continued From page 25</p> <p>J0400 and J0600 Pain Assessment Interview" coded Resident # 16 as having occasional pain at a level of 5 [five] on a pain scale of zero to ten, with ten being the worse pain.</p> <p>The current physician's order for Resident # 16 dated "March 2021" documented, "Tylenol 325 MG [milligrams] tablet (2). TABLET Oral As Needed Every Four Hours Starting 02/09/2021. Order Date: 2/9/2021."</p> <p>The comprehensive care plan for Resident # 16 dated 02/09/2021 documented in part, "Goals: I will need assistance with monitoring effectiveness of pain management throughout the day. I will receive my pain medication as prescribed by physician. I will appear comfortable as evidenced by no facial grimacing, guarding, or groaning throughout the day." Under "Other Goals" it documented in part, "These are non-medical routine(s) or action(s) I take to alleviate pain: Distraction. Relaxation. Date Begun: 02/09/2021."</p> <p>Resident # 16's eMAR [electronic medication administration record] dated February 2021 documented the above physician's order for Tylenol [1]. The eMAR failed to evidence documentation of pain assessment that included Resident # 16's pain level, location of pain and the non-pharmacological interventions attempted or provided. Further review of the eMAR revealed the administration of Tylenol on: 02/11/2021 at 8:33 a.m., 02/13/2021 at 9:11 a.m., 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., and on 02/23/2021 at 9:12 a.m.</p> <p>Resident # 16's eMAR [electronic medication administration record] dated March 2021</p>	F 697	(Intentionally left blank)		

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

PRINTED: 03/30/2021  
FORM APPROVED  
OMB NO. 0938-0391

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F 697	<p>Continued From page 26</p> <p>documented the above physician's order for Tylenol. The eMAR failed to evidence documentation of pain assessment that included Resident # 16's pain level, location of pain and non-pharmacological interventions attempted or provided. Further review of the eMAR revealed the administration of Tylenol on: 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m.</p> <p>Review of Resident # 16's progress notes dated 02/09/2021 through 03/24/2021 failed to evidence documentation of a pain assessment and the attempted/ provided non-pharmacological interventions prior to the administration of as needed Tylenol on 02/11/2021 at 8:33 a.m.,, 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., 02/23/2021 at 9:12 a.m., 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m. Further review of the notes failed to evidence the implementation of non-pharmacological interventions prior to the administration of as needed (prn) Tylenol on 02/13/2021 at 9:11 a.m.</p> <p>On 03/23/20 at approximately 11:58 a.m., an interview was conducted with RN [registered nurse] # 1, regarding to the procedure staff follows when administering an as needed pain medication. RN #1 stated that the resident should be assessed for pain by determining a pain level and for Resident # 16, the nurse would look for nonverbal cues such as grimacing, yelling or moaning to determine Resident # 16's level of pain because of Resident # 16's confusion and diagnosis of dementia. RN #1 stated staff should ask simple yes/no questions, try non-pharmacological strategies such as repositioning to alleviate their pain. If it doesn't help check the physician's orders for what</p>	F 697	(Intentionally left blank)		

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F 697	<p>Continued From page 27</p> <p>medication is prescribed, and administer the medication. When asked if the staff document the pain assessment and attempted non-pharmacological strategies in the clinical record, RN # 1 stated that they are documented in the nurse's notes. RN # 1 was then asked to review the eMAR and nurse's notes for the dates list above for the administration of Resident # 16's as needed Tylenol. RN # 1 stated that there was no evidence of documentation of a pain assessment or the attempts of non-pharmacological strategies documented. RN # 1 further stated that if it wasn't documented then they couldn't say that it was being done.</p> <p>The facility's policy "Pain Management documented in part, "Policy: Guests/residents are screened and assessed for the existence of pain, the effectiveness of pain relief efforts and determination of potential underlying causes to ensure highest practicable level of wellbeing. Process: 1. Guest/residents will be assessed at admission/re-admission, significant change of condition and per state/federal regulations. 2. Nurse completes pain section of the Holistic Assessment with the input from the guest/resident, responsible party (if appropriate), the interdisciplinary team and/or designated care associates as appropriate. 3. Nurse uses the Numerical Pain Intensity Scale and/or physical observations to identify presence of pain. 4. Assessment will include cultural, spiritual and / or ethnic beliefs that may impact an individual's perception of pain. 5. Nurse will notify provider of existing pain and/or history of pain presently relieved or not relieved by medications and non-medicinal approaches. 9. Care/Service plan is developed addressing causative factor(s) of pain as well as nonmedicinal approaches to</p>	F 697	(Intentionally left blank)		

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

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F 697	<p>Continued From page 28 relieving pain."</p> <p>On 03/23/2021 during the entrance conference a request was made to ASM [administrative staff member] # 1, director of continuing care and ASM # 2, director of nursing, for the standard of nursing that the facility follows. At 12:41 p.m. a copy of the front page of the "Lippincott Manual of Nursing Practice" was provided by email to the survey team.</p> <p>According to "Fundamentals of Nursing- Lippincott, Williams and Wilkins 2006 page 158, "Standards of Care Guidelines: Assess pain repeatedly by questioning patient, looking for nonverbal signs of pain, and using appropriate pain rating scale. Help the patient employ non-pharmacologic measures." "To provide effective pain management, nursing assessment physical examination, 1. Screen for pain at each visit. Evaluate objectively the nature of the patient's pain including location, duration, quality, and impact on daily activities.... 3. Use a pain intensity scale of 0 (no pain) to 10 (worst possible pain) or other scale as appropriate."</p> <p>On 03/25/2021 at approximately 10:40 a.m., ASM # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Acetaminophen is used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever.</p>	F 697	(Intentionally left blank)		

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F 697	Continued From page 29 Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a> .  [2] The thigh bone, or femur, is the large upper leg bone that connects the lower leg bones (knee joint) to the pelvic bone (hip joint). This information was obtained from the website: <a href="https://medlineplus.gov/ency/imagepages/8844.htm">https://medlineplus.gov/ency/imagepages/8844.htm</a> .  [3] A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a> .	F 697	(Intentionally left blank)		
F 698 SS=D	Dialysis CFR(s): 483.25(l)  §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to implement a comprehensive program for dialysis services for one of 24 residents in the survey	F 698	1. Physicians order for dialysis services for Resident #6 was written on 3/25/21. Facility is unable to conduct assessment of resident's #6 dialysis access site or communicate with the dialysis provider regarding services for Resident #6 prior to 3/25/21.  2. DON or designee reviewed records of residents receiving dialysis to ensure physician orders for dialysis services, documentation of assessment of dialysis access site and communication with the dialysis provider has been completed.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2021</b>
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F 698	<p>Continued From page 30</p> <p>sample, Resident #6. The facility staff failed to obtain physicians' orders for Resident #6's dialysis services and for assessment of the resident's dialysis access site, and failed to maintain regular communication with the dialysis provider.</p> <p>The findings include:</p> <p>Resident #6 was admitted to the facility on 6/7/19, and was most recently readmitted on 12/11/20, with diagnoses including, but not limited to ESRD (End Stage Renal Disease) (1), diabetes (2), and dementia (3). On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 12/18/20, Resident #6 was coded as being severely cognitively impaired for making daily decisions, having scored seven out of 15 on the BIMS (brief interview for mental status). She was coded as being dependent on staff assistance for ADLs (activities of daily living), including bed mobility, transferring, bathing, dressing, and personal hygiene. She was coded as having received dialysis (4) services during the look back period.</p> <p>A review of Resident #6's clinical record revealed a physician note dated 12/14/20. The note documented, in part: "Clinical note: she is getting HD (hemodialysis) three times a week." The note did not contain information related to the resident's hemodialysis access site.</p> <p>A review of Resident #6's comprehensive care plan dated 3/10/21, most recently updated on 3/23/21, revealed, in part: "I am on Dialysis. Go to Dialysis center M W F (Monday, Wednesday, Friday)...Send medication list with resident, Assess for bruit (5) and assess for bleeding on</p>	F 698	<p>Continued from Page 30</p> <p>3. Staff Development Coordinator or designee will educate Licensed Nurses on Dialysis Policy.</p> <p>4. ADON or designee will monitor documentation of physician orders for dialysis services, assessment of dialysis access site and regular communication with dialysis provider weekly for twelve weeks. Findings will be reported to the QAPI committee for review and further action may be required.</p> <p>5. Compliance date of 5/06/21.</p> <p>(Intentionally left blank)</p>		

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F 698	<p>Continued From page 31</p> <p>the day of dialysis...I will go for dialysis at [name of dialysis center] M, W, F."</p> <p>On 3/24/21 at 3:25 p.m., RN (registered nurse) #1, the clinical manager, was interviewed, regarding physicians' orders for a resident receiving dialysis. RN #1 stated there should be an order for the dialysis, including frequency and location of the dialysis center, and an order for the assessment of the resident's dialysis access site. When asked to provide Resident #6's dialysis communication log/book, RN #1 stated the dialysis center has not been responding to the "worksheets" the facility staff has been sending to the center. She stated she could not provide any evidence that the facility has been attempting to communicate regularly with the dialysis center. RN #1 stated this communication is important so that both the facility and the dialysis center can be constantly updated on the resident's status.</p> <p>On 3/24/21 at 4:25 p.m., LPN (licensed practical nurse) #1 was interviewed. When asked about Resident #6's dialysis status, she stated the resident goes to dialysis three times a week, and that the resident has a dialysis access site which the staff assesses for bruit and thrill, and for bleeding. LPN #1 stated the resident should "definitely" have physicians' orders related to the resident's dialysis needs. She stated the facility and dialysis should exchange information at least every dialysis day, and more often, if needed. LPN #1 stated she thought there was some sort of folder used to exchange information for Resident #6, but was unsure of its location or how often it was used.</p> <p>On 3/24/21 at 5:40 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2,</p>	F 698	(Intentionally left blank)		



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495416</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/26/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>ASHBY PONDS INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>21160 MAPLE BRANCH TERRACE ASHBURN, VA 20147</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 698	<p>Continued From page 32</p> <p>the director of nursing were informed of these concerns.</p> <p>On 3/25/21 at 4:00 p.m., ASM #2 stated the facility staff could not locate any additional information related to dialysis orders or a dialysis communication system for Resident #6.</p> <p>A review of the facility policy, "Dialysis," revealed, in part: "Communication between the Continuing Care team and the dialysis center will be 24 hours a day to relay resident guest concerns/issues regarding dialysis. The Clinical Manager/Designee of each neighborhood will be the designated contact person to provide communication, coordination and collaboration...to the dialysis team. The Clinical Manager/designee will create a Communication Book for each resident who is receiving dialysis. The Dialysis Communication Worksheet accompanies the resident during each dialysis visit to enhance communication."</p> <p>No further information was provided prior to exit.</p> <p>(1) "End-stage kidney disease (ESKD) is the last stage of long-term (chronic) kidney disease. This is when your kidneys can no longer support your body's needs. End-stage kidney disease is also called end-stage renal disease (ESRD)." This information is taken from the website <a href="https://medlineplus.gov/ency/article/000500.htm">https://medlineplus.gov/ency/article/000500.htm</a>.</p> <p>(2) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website <a href="https://medlineplus.gov/diabetes.html">https://medlineplus.gov/diabetes.html</a>.</p> <p>(3) "Dementia is a gradual and permanent loss of</p>	F 698	(Intentionally left blank)		

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F 698	Continued From page 33 brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website <a href="https://medlineplus.gov/ency/article/000746.htm">https://medlineplus.gov/ency/article/000746.htm</a> .  (4) "When your kidneys are healthy, they clean your blood. They also make hormones that keep your bones strong and your blood healthy. When your kidneys fail, you need treatment to replace the work your kidneys used to do. Unless you have a kidney transplant, you will need a treatment called dialysis. There are two main types of dialysis. Both types filter your blood to rid your body of harmful wastes, extra salt, and water. Hemodialysis uses a machine. It is sometimes called an artificial kidney. You usually go to a special clinic for treatments several times a week." This information was taken from the website <a href="https://medlineplus.gov/dialysis.html">https://medlineplus.gov/dialysis.html</a> .  (5) "Your access is your lifeline. You will need to protect your access. Wash the area around your access with soap and warm water every day. Check the area for signs of infection, such as warmth or redness. When blood is flowing through your access and your access is working well, you can feel a vibration over the area. Let your dialysis center know if you can't feel the vibration." This information is taken from the website <a href="https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/hemodialysis">https://www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/hemodialysis</a> .	F 698	(Intentionally left blank)		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)  §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from	F 757	1. Facility is unable to conduct pain assessments or provide non-pharmacological intervention for as needed pain medication administered to Resident #16 prior to 3/24/21.		

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F 757	<p>Continued From page 34 unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the facility staff failed to ensure the medication regimen was free from unnecessary medications for one of 24 residents in the survey sample, Resident # 16. The facility staff failed to conduct a pain assessment and failed to attempt / provide non-pharmacological interventions prior to the administering as needed pain medication Tylenol, to Resident #16.</p> <p>The findings include:</p> <p>Resident # 16 was admitted to the facility with diagnoses that included but were not limited to: fracture of the femur [2], dementia [3] and pain. Resident # 16's most recent MDS (minimum data</p>	F 757	<p>Continued from Page 34</p> <p>2. DON or designee will review records of residents receiving as needed pain medicine to ensure a pain assessment and non-pharmacological interventions were provided prior to administration.</p> <p>3. Staff Development Coordinator or designee will educate Licensed Nurses on Pain Management Policy</p> <p>4. ADON or designee will monitor five administrations of as needed pain medication five days per week for four weeks then weekly for eight weeks to ensure a pain assessment and non-pharmacological interventions are provided prior to administration. Findings will be reported to the QAPI committee for review and further action may be required.</p> <p>5. Compliance date of 5/06/21.</p>		

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F 757	<p>Continued From page 35</p> <p>set), an admission assessment with an ARD (assessment reference date) of 02/09/2021, coded Resident # 16 as scoring a 01 [one] on the brief interview for mental status (BIMS) of a score of 0 - 15, 1 - being severely impaired of cognition for making daily decisions. Section "J0300, J0400 and J0600 Pain Assessment Interview" coded Resident # 16 as having occasional pain at a level of 5 [five] on a pain scale of zero to ten, with ten being the worse pain.</p> <p>The current physician's order for Resident # 16 dated "March 2021" documented, "Tylenol 325 MG [milligrams] tablet (2). TABLET Oral As Needed Every Four Hours Starting 02/09/2021. Order Date: 2/9/2021."</p> <p>Resident # 16's eMAR [electronic medication administration record] dated February 2021 documented the above physician's order for Tylenol. The eMAR failed to evidence documentation staff completed a pain assessment of Resident # 16's pain level, location of pain and non-pharmacological interventions attempted or provided prior to the administration of the as needed pain medication. Further review of the eMAR revealed the administration of Tylenol on: 02/11/2021 at 8:33 a.m., 02/13/2021 at 9:11 a.m., 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., and on 02/23/2021 at 9:12 a.m.</p> <p>Resident # 16's eMAR [electronic medication administration record] dated March 2021 documented the above physician's order for Tylenol. The eMAR failed to evidence documentation staff completed a pain assessment of Resident # 16's pain level, location of pain and non-pharmacological</p>	F 757	(Intentionally left blank)		

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F 757	<p>Continued From page 36</p> <p>interventions attempted or provided prior to the administration of the as needed pain medication. Further review of the eMAR revealed the administration of Tylenol on: 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m.</p> <p>The comprehensive care plan for Resident # 16 dated 02/09/2021 documented in part, "Goals: I will need assistance with monitoring effectiveness of pain management throughout the day. I will receive my pain medication as prescribed by physician. I will appear comfortable as evidenced by no facial grimacing, guarding, or groaning throughout the day." Under "Other Goals" it documented in part, "These are non-medical routine(s) or action(s) I take to alleviate pain: Distraction. Relaxation. Date Begun: 02/09/2021."</p> <p>Review of Resident # 16's progress notes dated 02/09/2021 through 03/24/2021 failed to evidence documentation of a pain assessment and the implementation of non-pharmacological interventions prior to the administration of the as needed Tylenol on 02/11/2021 at 8:33 a.m.,, 02/17/2021 at 3:06 p.m., 02/18/2021 at 10:14 a.m., 02/23/2021 at 9:12 a.m., 03/04/2021 at 10:19 a.m. and on 03/20/2021 at 11:32 a.m. Further review of the notes failed to evidence the implementation of non-pharmacological interventions prior to the administration of the as needed Tylenol on 02/13/2021 at 9:11 a.m.</p> <p>On 03/23/20 at approximately 11:58 a.m., an interview was conducted with RN [registered nurse] # 1, regarding the procedure nurses should follow when administering an as needed pain medication. RN #1 stated that the resident should be assessed for pain by determining a</p>	F 757	(Intentionally left blank)		

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F 757	<p>Continued From page 37</p> <p>pain level and for Resident # 16, the nurse would look for nonverbal cues such as grimacing, yelling or moaning to determine Resident # 16's level of pain because of Resident # 16's confusion and diagnosis of dementia. RN #1 stated staff should ask simple yes/no questions, try non-pharmacological strategies such as repositioning to alleviate their pain. If it doesn't help check the physician's orders for what medication is prescribed, and administer the medication. When asked if the pain assessment and attempted non-pharmacological strategies are documented in the clinical record, RN # 1 stated that they are documented in the nurse's notes. RN # 1 was then asked to review the eMAR and nurse's notes for the dates list above for the administration of Resident # 16's as needed Tylenol. RN # 1 agreed that there was no documented evidence staff completed a pain assessment or attempted/ provided non-pharmacological strategies prior to administering the as needed Tylenol to Resident #16 on the dates and times documented above. RN # 1 further stated that if it wasn't documented then they couldn't say that it was being done.</p> <p>The facility's policy "Pain Management documented in part, "Policy: Guests/residents are screened and assessed for the existence of pain, the effectiveness of pain relief efforts and determination of potential underlying causes to ensure highest practicable level of wellbeing. Process: 1. Guest/residents will be assessed at admission/re-admission, significant change of condition and per state/federal regulations. 2. Nurse completes pain section of the Holistic Assessment with the input from the guest/resident, responsible party (if appropriate), the interdisciplinary team and/or designated care</p>	F 757	(Intentionally left blank)		

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F 757	<p>Continued From page 38</p> <p>associates as appropriate. 3. Nurse uses the Numerical Pain Intensity Scale and/or physical observations to identify presence of pain. 4. Assessment will include cultural, spiritual and / or ethnic beliefs that may impact an individual's perception of pain. 5. Nurse will notify provider of existing pain and/or history of pain presently relieved or not relieved by medications and non-medicinal approaches. 9. Care/Service plan is developed addressing causative factor(s) of pain as well as nonmedicinal approaches to relieving pain."</p> <p>On 03/25/2021 at approximately 10:40 a.m., ASM # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] Acetaminophen is used to relieve mild to moderate pain from headaches, muscle aches, menstrual periods, colds and sore throats, toothaches, backaches, and reactions to vaccinations (shots), and to reduce fever. Acetaminophen may also be used to relieve the pain of osteoarthritis (arthritis caused by the breakdown of the lining of the joints). Acetaminophen is in a class of medications called analgesics (pain relievers) and antipyretics (fever reducers). This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a>.</p> <p>[2] The thigh bone, or femur, is the large upper leg bone that connects the lower leg bones (knee joint) to the pelvic bone (hip joint). This</p>	F 757	(Intentionally left blank)		

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F 757	Continued From page 39 information was obtained from the website: <a href="https://medlineplus.gov/ency/imagepages/8844.htm">https://medlineplus.gov/ency/imagepages/8844.htm</a> .	F 757			
F 812 SS=E	<p>[3] A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000739.htm">https://medlineplus.gov/ency/article/000739.htm</a>.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review it was determined facility staff failed to store food in a sanitary manner. In the walk in refrigerator, a bottle of zesty orange sauce without an open or use by date and a ten</p>	F 812	<ol style="list-style-type: none"> <li>1. The zesty orange sauce and duck sauce was discarded during survey.</li> <li>2. Dining Manager reviewed all items in the walk-in cooler to ensure compliance with proper dating.</li> <li>3. Dining Manager educated dining staff on proper dating and labeling of food containers.</li> <li>4. Dining Manager or designee will monitor items in walk in cooler to ensure food is not being stored beyond the established shelf life weekly for twelve weeks. Findings will be reported to the QAPI committee for review and further action may be required.</li> <li>5. Compliance date of 5/06/21.</li> </ol>		



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F 812	<p>Continued From page 40</p> <p>pound container of sweet-and-sour duck sauce, was observed available for use past the labeled use by date of 2/21/21 on the container.</p> <p>Then findings include:</p> <p>On 03/23/2021 at approximately 8:36 a.m., an observation of the facility's kitchen was conducted with OSM [other staff member] # 1, general manager for continued care dining. Observation of the walk-in refrigerator in the facility's kitchen revealed the following:</p> <ul style="list-style-type: none"> <li>- One 5.4 pound bottle of zesty orange sauce approximately three-quarters full found on a top shelf available for use. Further observation failed to evidence an open date or a use-by-date. OSM # 1 was then asked to observe the bottle of orange sauce for a manufacturer's use-by-date. OSM # 1 agreed that a use-by date was not on the bottle.</li> <li>- One 10 pound container of sweet-and-sour duck sauce approximately three-quarters full found on a top shelf with an open date of 01/21/21 and a use by date of 2/21/21 available for use. OSM # 1 was then asked to observe the container of duck sauce for a manufacturer's use-by-date. OSM # 1 agreed that a use-by date was not on the container.</li> </ul> <p>OSM # 1 immediately removed the above item from the walk-in refrigerator.</p> <p>On 03/24/2021 an interview was conducted with OSM # 1. After review of the facility's "Food Storage Guidelines" and the observation of the above items found in the facility walk-in refrigerator, OSM # 1 agreed that that the items should not have been available for use. When</p>	F 812	(Intentionally left blank)		

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

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F 812	<p>Continued From page 41</p> <p>asked to describe the process to prevent expired food items being available for use OSM # 1 stated that the facility's sous-chef and lead cook conduct inspections of food items every Friday and look for expired items and ensure that there are correct dates on all food items.</p> <p>The facility policy "Food Storage Guidelines. [Version 04.2018]" documented in part, "Food or Product. Sauces (soy, Steak, ect)." Under "If Unopened" it documented, "1 [one] year." Under "After Opening" it documented, "2 [two] months - refrig [refrigerated]."</p> <p>On 03/25/2021 at approximately 10:40 a.m., ASM [administrative staff member] # 1, director of continuing care and ASM # 2, director of nursing, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p>	F 812	(Intentionally left blank)		