

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

PRINTED: 08/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2021
NAME OF PROVIDER OR SUPPLIER BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX			STREET ADDRESS, CITY, STATE, ZIP CODE 9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060		
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E 000	Initial Comments	E 000			
F 000	<p>An unannounced Emergency Preparedness survey was conducted 08/10/2021 through 08/11/2021. 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 Medicare/Medicaid standard, licensure and complaint survey was conducted 8/10/21 through 8/11/21. Two complaints (VA00051716-Substantiated and VA00050156-Unsubstantiated) were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.</p> <p>The census in this 56 bed Medicare certified facility was 37 at the time of the survey. The survey sample included twenty-five current and closed record reviews.</p>	F 000			
F 558 SS=D	<p>Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)</p> <p>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, resident interview, facility document review and clinical record review, it was determined the facility staff failed to ensure resident rights by accommodating the needs of one of 25 residents in the survey</p>	F 558	<p>A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon receipt of the concern by survey team, facility immediately provided the resident #9 with the Roho cushion he was on prior to hospitalization. Resident #9 actively participates in therapy and other programs in the facility after receiving the cushion.</p> <p>B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p>	8/11/21	

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

[Signature]

TITLE

Administrator

(X6) DATE

08/26/21

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 558	Continued From page 1 sample, Resident #9. The facility staff failed to ensure accommodation of Resident #9's need for a thick wheelchair cushion. The findings include: Resident #9 was admitted to the facility on 6/10/21 with diagnoses that include but are not limited to: acute respiratory failure (inability of the heart and lungs to maintain an adequate level of gas exchange) (1), diabetes mellitus (inability of insulin to function normally in the body) (2), below the left knee amputation [LBKA] (surgical removal of the limb-below the left knee) (3) and pneumonia (inflammation of the lungs usually caused by infection with bacteria) (4). Resident #9's most recent MDS (minimum data set) assessment, a five day Medicare assessment, with an assessment reference date of 6/17/21, coded the resident as scoring 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. MDS Section G- Functional Status: coded the resident as extensive assistance with bed mobility, transfers, dressing, locomotion and supervision for eating, hygiene and bathing. Walking did not occur. A review of MDS Section H- Bowel and Bladder: coded the resident as always incontinent for bowel and as having a foley for bladder. On 8/10/21 at 8:45 AM, during the initial resident observations, Resident #9 was observed in bed. He had a wheelchair with two approximately one-inch cushions in the seat of the wheelchair. Resident #9's wife was in room and Resident #9	F 558	Facility's social worker interviewed all residents (three residents) who were recently hospitalized and re-admitted to ask them about any appropriate equipment and supplies they need. There were no equipment and supplies need voiced by the residents. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: Director of Nursing Services (DNS) and/or designee will provide education for the Interdisciplinary Team and nursing staff regarding admission/re-admission reconciliation process for equipment, supplies, medications and treatment plans to meet resident's needs and maintain continuity of care. Facility's DNS and Rehab Director will provide education for nursing staff and rehab staff regarding reporting structure if a resident does not have the correct equipment. IDT will add a question regarding whether or not they have all the equipment and supplies they need during care plan meetings. D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: DNS and/or designee will conduct weekly audits for one re-admission (if any) beginning week of 08/23/21 for three months to monitor re-admission reconciliation process.	8/24/21 9/10/21 9/10/21 8/27/21 8/27/21	

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F 558	<p>Continued From page 2</p> <p>and his wife were interviewed at this time. When asked how often he got out of bed, Resident #9 stated, "Since I came back from the hospital about one week ago, I get up for physical and occupational therapy. Before I went to the hospital, I had a black thick cushion in the wheelchair and I could tolerate being up in the wheelchair. When I came back from the hospital, someone had taken the black cushion and given me these two smaller yellow ones. I can't sit on those cushions for long period of time because it hurts my coccyx." Resident #9's wife stated, "We've asked for the cushion back, and were told someone else needed it. He doesn't get out of bed because he is not comfortable."</p> <p>Resident #9 was hospitalized from 8/1/21 to 8/3/21 with Pneumonia.</p> <p>A review of the physician's orders dated 6/10/21 and 8/3/21, documented in part, "Wheelchair pressure relief cushion."</p> <p>A review of the comprehensive care plan for Resident #9 dated 8/4/21 and revised 8/7/21, documented in part, "FOCUS- The resident is at risk for falls related to left BKA, diabetes mellitus and muscle weakness.</p> <p>INTERVENTIONS-Anticipate and meet the resident's needs daily. Check and ensure that wheelchair, positioning equipment are in use."</p> <p>A review of Resident #9's ADL (activities of daily living) form for August 2021, documented in part, "Locomotion on Unit-total dependence with one person physical assist for five of eight days (8/4/21, 8/5/21, 8/6/21, 8/7/21, 8/11/21). Locomotion on Unit-NA documented for three of eight days (8/8/21, 8/9/21, 8/10/21)".</p>	F 558	<p>DNS and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>		

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F 558	<p>Continued From page 3</p> <p>An interview was conducted on 8/11/21 at 9:10 AM with OSM (other staff member) #2, the occupational therapist assistant. When asked if she had worked with Resident #9, OSM #2 stated, "Yes, I used to work with him before he went to the hospital. He was out of bed most days and putting on his pants (sweat like pants) with a little assistance. He had a thick black cushion in his wheelchair. I did not know that it was gone. I have not worked with him since his return from the hospital. I will look for it and if I can't find the cushion, I will order another one from supply."</p> <p>An interview was conducted on 8/11/21 at 9:22 AM with OSM #3, the physical therapist. When asked if she had worked with Resident #9, OSM #3 stated, "Yes, I did. He had a black cushion in the wheelchair. I did not realize he did not have it anymore. He should be getting up more, but I don't want him to have a skin breakdown because he doesn't have the right cushion."</p> <p>An interview was conducted on 8/11/21 at 9:43 AM with Resident #9. When asked how often he used to get up into the wheelchair, Resident #9 stated, "Yes, I used to get up a lot more when I had the thick black cushion in the wheelchair before I went to the hospital. Now I get up to go to OT and PT because the yellow cushions hurt by coccyx. They told me they only had one black cushion in the building and when I went into the hospital, they took it for another resident. I only got up yesterday for PT/OT in the afternoon."</p> <p>On 8/11/21 at 11:15 AM, OSM #2 was observed bringing a black cushion into Resident #9's room. Resident #9 stated, "Yes, that is it! I'm so glad</p>	F 558			

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F 558	<p>Continued From page 4 you found it."</p> <p>On 8/11/21 at 1:08 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were informed of the concern.</p> <p>On 8/11/21 at 2:00 PM, Resident #9 was observed out of bed in wheelchair. When asked how he was feeling, Resident #9 stated, "It feels good sitting up in this chair with this cushion. I had a cheeseburger for lunch. It is going well."</p> <p>On 8/11/21 at 2:11 PM, an interview was conducted with CNA (certified nursing assistant) #1. When asked what the N/A mean on the ADL sheets, CNA #1 stated, "It can mean that the resident is refusing to do the activity. Resident #9 did not want to get up because the chair did not have the correct cushion in it."</p> <p>On 8/11/21 at 3:00 PM, Resident #9 was observed sitting in wheelchair in main lobby area participating with the singing activity and at 4:00 PM was observed participating in the facility cocktail hour.</p> <p>ASM #2 provided the team with the facility policy "Care Standards" dated 2/29/16, which documented in part, "The Director of Nursing directs in accordance with care and services standards of clinical practice. For the purposes of this policy, the Clinical Operations Department follows standards as outlined in the practice/program/procedures and physician orders. Perry & Potter: Clinical Nursing Skills & Procedures."</p> <p>According to Perry & Potter, which documents in part, "First complete a thorough patient</p>	F 558			

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F 558	Continued From page 5 assessment including individual needs. Ultimately the features of the support surface must match a patient's unique needs." (4) A review of the facility's admission packet, "Exhibit 7- Resident Rights (Federal)" dated 10/25/2018, which documents in part, "The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must: include an assessment of the resident's strengths and needs." No further information was provided prior to exit. References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 502. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 160. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 29. (4) Perry & Potter Clinical Nursing Skills, 8th edition, Ostendorf, Elsevier Publishers, page 274.	F 558			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial	F 656	A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice: Upon receipt of the concern by survey team on 08/11/21, resident #17's floor mat was placed on both sides while in bed per MD order and care plan.		8/11/21

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F 656	<p>Continued From page 7</p> <p>survey sample, Resident # 17; and for the provision of pressure ulcer treatment per physician orders for one of 25 residents in the survey sample, Resident # 21.</p> <p>The findings include:</p> <p>1. The facility staff failed to implement Resident # 17's comprehensive care plan for the use of fall mats while in bed.</p> <p>Resident # 17 was admitted to the facility with diagnoses that included but were not limited to: hypertension [1], fracture of the right Ilium [2] and muscle weakness.</p> <p>Resident # 17's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/23/2021, coded Resident # 17 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 17 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>On 08/10/21 at 8:40 a.m., an observation of Resident # 17 revealed the resident lying in their bed. Further observation revealed one fall mat on the floor to the resident's right side of the bed. Observation of the floor to the resident's left side failed to evidence a fall mat on the floor. Observation of Resident # 17's room revealed another fall mat was observed leaning against the wall at the foot of the bed.</p> <p>On 08/11/21 at 7:40 a.m., an observation of Resident # 17 revealed the resident lying in their bed. Further observation revealed one fall mat</p>	F 656	<p>D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>Administrator and/or designee will conduct random weekly audits for floor mat placement beginning week of 08/23/21 for three months to confirm the compliance with plan of care.</p> <p>Administrator and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>	8/27/21	

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F 656	<p>Continued From page 8</p> <p>on the floor to the resident's right side of the bed. Observation of the floor to the resident's left side failed to evidence a fall mat on the floor. Observation of Resident # 17's room revealed another fall mat was leaning against the wall at the foot of the bed.</p> <p>The care plan for Resident # 17 dated 09/21/2020 documented in part, "Focus. The resident has had more than one actual fall with h/o [history of] multiple falls, and is at risk for falls r/t [related to] impaired mobility, debility and multiple fractures to lumbar and sacrum with the use of back brace. Use of Antidepressant with risk for side effects. Halo bar to improve pt. [patient] mobility. Fall on 1/17/21 with no apparent injuries. Date Initiated: 09/21/2020." Under "Interventions" it documented in part, "Floor mat to floor when in bed. Date Initiated: 01/17/2021."</p> <p>On 08/10/2021 at 7:42 a.m., an interview was conducted with Resident # 17. When asked about the placement of the fall mats, Resident # 17 stated that both fall mats were supposed to be down when they are in bed.</p> <p>On 08/11/21 at 750 a.m., an interview and observation of Resident # 17's room was conducted with LPN [licensed practical nurse] # 6. After observing the floor around Resident # 17's bed, LPN #6 was asked about the fall mats. LPN # 6 stated that there was one fall mat on the floor next to Resident # 17's bed. LPN # 6 further stated, "There should be two fall mats down, one on each side of the bed."</p> <p>On 08/11/21 at 10:46 a.m., an interview with LPN # 6. LPN #6 reviewed Resident # 17's comprehensive care plan for falls After</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>completing the review, LPN # 6 was asked if the comprehensive care plan was being followed based on the observations above. LPN # 6 stated, "Not as it should be. There was only one fall mat down and there should be two."</p> <p>On 08/11/2021 at approximately 1:08 p.m. ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>[1] High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>[2] The broad, dorsal, upper, and largest of the three principal bones composing either half of the pelvis. This information was obtained from the website: https://www.merriam-webster.com/dictionary/ilium</p> <p>2. The facility staff failed to implement the comprehensive care plan for Resident #21 to provide pressure ulcer treatment as ordered.</p> <p>Resident #21 was admitted to the facility with diagnoses that included but were not limited to diabetes (2), heart failure (3) and end stage renal disease (4). Resident #21's most recent MDS (minimum data set) assessment, a 5 day assessment with an ARD (assessment reference date) of 7/25/2021 coded Resident #21 as scoring a 15 on the BIMS (brief interview for mental status), 15- being cognitively intact for making daily decisions. Section G coded Resident #21 requiring extensive assistance of</p>	F 656			

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F 656	<p>Continued From page 10</p> <p>one person for bed mobility and toileting and two persons for transfers. Section M coded Resident #21 having one unstageable pressure ulcer that was present on admission.</p> <p>Resident #21's comprehensive care plan dated 8/3/2021 documented in part, "I have an unstageable sacral wound. Date Initiated: 08/03/2021." The care plan further documented, "The resident has unstageable pressure ulcer and potential for pressure ulcer development r/t (related to) disease process, immobility. Date Initiated: 08/08/2021." Under "Interventions" it documented in part, "Adhere to the resident's treatment plan for the prevention/treatment of skin breakdown. Dated Initiated: 08/08/2021. Administer medication and treatments as ordered and monitor for effectiveness. Date Initiated: 08/08/2021..."</p> <p>On 8/10/2021 at approximately 10:45 a.m., an interview was conducted with Resident #21. Resident #21 stated that the facility staff applied a cream to the sore on their buttocks. Resident #21 stated that the nurses changed the dressing every day and they had seen the wound doctor earlier that morning prior to them getting out of bed.</p> <p>The physician's order summary for Resident #21 documented in part the following: "Cleanse unstageable to include bilateral buttocks with wound cleanser, pat dry, apply soothe and cool mix with calazime every day and evening shift and cover with boarder gauze until resolved. Order Date: 08/03/2021. Start Date: 08/04/2021..." Under the "Scheduling Details" of the order it documented in part, "Frequency: every day shift, Schedule Type: Everyday; Facility</p>	F 656			

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F 656	<p>Continued From page 11</p> <p>Time Code 0700-1500 (7:00 a.m.-3:00 p.m.); Start on: 8/4/2021 Day 7-3..."</p> <p>The eTAR for Resident #21 dated 8/1/2021-8/31/2021 documented the physician treatment orders as documented above, to the unstageable pressure ulcer and documented it was completed on Day shift (between 7:00 a.m.-3:00 p.m.) each day from 8/4/2021 through 8/10/2021. The eTAR for Resident #21 failed to evidence documentation of the pressure ulcer treatment being completed on the evening shift as ordered by the physician.</p> <p>The "Surgical Note" for Resident #21 dated 7/27/2021 documented in part, "...Wound Location: Sacrum; Etiology: Pressure injury/ulcer- Wound Stage: Unstageable pressure injury...Size: Length (cm [centimeter]) 6.0, Width (cm) 15.0, Depth (cm) UTD [unable to determine], Wound Area (cm2) 90; Wound progress: Undetermined: First Visit."</p> <p>The "Surgical Note" for Resident #21 dated 8/10/2021 documented in part, "Wound Location: Sacrum; Etiology: Pressure injury/ulcer- Wound Stage: Unstageable pressure injury...Size: Length (cm) 7.0, Width (cm) 10.5, Depth (cm) 0.3, Wound Area (cm2) 73.5; Wound progress: Wound has decreased in size...His wounds are doing well. We will continue the present treatment for now. I will follow up with him next week. The goal will be to resolve his wounds..."</p> <p>On 8/11/2021 at approximately 12:30 p.m., an interview was conducted with LPN (licensed practical nurse) #6. LPN #6 stated that the care plan gave everyone a general idea of the care a resident required. LPN #6 stated that pressure</p>	F 656			

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F 656	<p>Continued From page 12</p> <p>ulcers and skin care were documented on the care plan. LPN #6 stated that pressure ulcer treatments were documented as completed on the eTAR (electronic treatment administration record). LPN #6 reviewed the order for Resident #21 which documented, "Cleanse unstageable to include bilateral buttocks with wound cleanser, pat dry, apply soothe and cool mix with calazime every day and evening shift and cover with boarder gauze until resolved. Order Date: 08/03/2021. Start Date: 08/04/2021" and stated that the eTAR should reflect the treatment being completed on the day shift and the evening shift. LPN #6 reviewed the eTAR for Resident #21 and stated that there was only documentation of the treatment being completed on the day shift. LPN #6 stated that the treatment was not scheduled on the eTAR for the evening shift so they were not aware that it was to be done twice a day. LPN #6 stated that the care plan was not being implemented if the treatment was not being performed as ordered.</p> <p>On 8/11/2021 at approximately 12:55 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that Resident #21's order for the pressure ulcer treatment to the unstageable PS on the buttocks was written for day and evening shift and should be completed twice a day. ASM #2 stated that the order audit showed that the order was scheduled to be completed on day shift only and was not being done on the evening shift. ASM #2 stated that unless the order was entered with a schedule of day and evening shift it would not show on the eTAR for the nurses to complete the evening shift treatment. ASM #2 stated that they would change the scheduling to reflect the treatment order of day and evening shift. ASM #2</p>	F 656			

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F 656	<p>Continued From page 13</p> <p>stated that the care plan was not being implemented for treatments as ordered if staff were not completing the treatment on day and evening shift.</p> <p>On 8/11/2021 at approximately 1:00 p.m., a request was made to ASM #1, the administrator for the facility policy on implementing the care plan.</p> <p>The facility policy "Individualized Care Plan" dated 2/29/16 documented in part, "... The IDT (interdisciplinary team) develops comprehensive care plan addressing the resident's most acute problems. The comprehensive care plan will include: a. Services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being..."</p> <p>On 8/10/2021 at approximately 10:48 a.m., ASM (administrative staff member) #2 stated that the facility followed Perry & Potter as their nursing standard of practice.</p> <p>Basic Nursing, Essentials for Practice, 6th edition, (Potter and Perry, 2007, pages 119-127), was a reference for care plans. "A nursing care plan is a written guideline for coordinating nursing care, promoting continuity of care and listing outcome criteria to be used in the evaluation of nursing care. The written care plan communicates nursing care priorities to other health care professionals. The care plan also identifies and coordinates resources used to deliver nursing care. A correctly formulated care plan makes it easy to continue care from one nurse to another..."</p>	F 656			

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F 656	<p>Continued From page 14</p> <p>On 8/11/2021 at approximately 1:15 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the concerns.</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <p>1. Pressure ulcer A pressure sore is an area of the skin that breaks down when something keeps rubbing or pressing against the skin. Pressure sores are grouped by the severity of symptoms. Stage I is the mildest stage. Stage IV is the worst. Stage I: A reddened, painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer is forming. The skin may be warm or cool, firm or soft. Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater. Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000740.htm.</p> <p>2. Diabetes: A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm.</p> <p>3. Heart failure: A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms</p>	F 656			

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F 656	Continued From page 15 to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm .	F 656			
F 658 SS=D	<p>4. End-stage kidney disease: The last stage of chronic kidney disease. This is when your kidneys can no longer support your body's needs. This information was obtained from the website: https://medlineplus.gov/ency/article/000500.htm.</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:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to follow professional standards of practice for the administration of medication for one of 25 residents in the survey sample, Resident # 17; and failed to follow professional standard for the provision of pressure ulcer treatment per physician's orders for one of 25 residents, Resident # 21.</p> <p>The findings include:</p> <p>1. The facility staff failed to accurately transcribe the physician's order of metoprolol [1] for Resident # 17.</p> <p>Resident # 17 was admitted to the facility with diagnoses that included but were not limited to: hypertension [2], fracture of the right Ilium [3] and</p>	F 658	<p>A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon receipt of the concern by survey team, resident #17's order on e-MAR was corrected immediately based on MD order.</p> <p>For resident #21, the wound treatment schedule on e-TAR was immediately corrected per MD order and care plan was updated accordingly.</p> <p>B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>DNS and/or designee will perform 100% audit of e-MAR and e-TAR for all new orders from 8/1/21 to 8/27/21 to confirm accurate transcription of MD orders.</p>	<p>8/11/21</p> <p>8/11/21</p> <p>9/10/21</p>	

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F 658	<p>Continued From page 16 muscle weakness.</p> <p>Resident # 17's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 06/23/2021, coded Resident # 17 as scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 17 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>The physician's telephone order dated 09/25/2020 for Resident # 17 documented, "Increase Toporol [metoprolol] to 50mg QD [every day] hold for SBP < [less than] 110 or < 60 pulse. Order received: 9/25/2020."</p> <p>The physician order for Resident # 17 documented, "Metoprolol Succinate ER Tablet Extended Release 24 Hour 50 MG [milligram]. Give 1 [one] tablet by mouth one time a day for HTN [hypertension]. Hold for SBP [systolic blood pressure] less than 110 and pulse less than 60. Order Date: 9/25/2020."</p> <p>The eMARs [electronic medication administration records] for Resident # 17 dated January 2021 through August 11, 2021 documented in part, "Metoprolol Succinate ER Tablet Extended Release 24 Hour 50 MG [milligram]. Give 1 [one] tablet by mouth one time a day for HTN [hypertension]. Hold for SBP [systolic blood pressure] less than 110 and pulse less than 60. Order Date: 9/25/2020."</p> <p>On 8/10/2021 at approximately 12:10 p.m., an interview was conducted with ASM [administrative staff member] #2, the director of nursing. After</p>	F 658	<p>C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>DNS and/or designee will provide education for all nurses regarding accurate order transcription and order review process by night shift nurses.</p> <p>D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>DNS and/or designee will perform weekly audits of e-MAR and e-TAR of random 5 residents with new telephone orders beginning week of 08/23/21 for for 3 months to confirm compliance with MD orders.</p> <p>DNS and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>		<p>9/10/21</p> <p>8/27/21</p>

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F 658	<p>Continued From page 17</p> <p>reviewing the eMARs dated January 2021 through August 11, 2021, ASM # 2 provided a copy of the physician's telephone order dated 09/25/2020 for Resident # 17. ASM # 2 stated that the orders on the eMARs were not transcribed correctly from the physician's telephone order.</p> <p>On 8/11/2021 at approximately 2:40 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that nursing staff received telephone orders from the physician and documented them on the telephone order sheet. ASM #2 stated that the nursing staff used the telephone order sheet to transcribe the order into the computer. ASM #2 stated that every night the nurse checked every chart for new telephone orders and compared them to the computer to ensure that they were transcribed correctly.</p> <p>The facility's policy "Care Standards" documented in part, "Policy Statement: It is the policy of the center to provide necessary care and services to assist each resident to attain or maintain his/her highest practicable level of physical, mental and psychosocial wellbeing in accordance with physician orders, a comprehensive assessment and plan of care. Care is documented in the medical record in accordance with State and Federal regulations."</p> <p>On 08/11/2021 at approximately 1:08 p.m. ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p>	F 658			

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F 658	<p>Continued From page 18</p> <p>References:</p> <p>[1] Used alone or in combination with other medications to treat high blood pressure. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682864.html.</p> <p>[2] High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>[3] The broad, dorsal, upper, and largest of the three principal bones composing either half of the pelvis. This information was obtained from the website: https://www.merriam-webster.com/dictionary/ilium</p> <p>2. The facility staff failed to accurately transcribe a physician's order into the electronic medical record for Resident #21. Resident #21 was admitted to the facility on 7/8/2021 with a readmission on 8/3/2021, with an unstageable pressure ulcer (1) on the sacrum/buttocks. The physician's orders for treatment to the pressure ulcer documented the treatment was to be completed on day and evening shift however, the facility staff transcribed the scheduled times for the treatment as day shift only resulting in Resident #21 receiving the treatment only once a day.</p> <p>Resident #21 was admitted to the facility with diagnoses that included but were not limited to diabetes (2), heart failure (3) and end stage renal disease (4). Resident #21's most recent MDS (minimum data set) assessment, a 5 day assessment with an ARD (assessment reference date) of 7/25/2021 coded Resident #21 as scoring a 15 on the BIMS (brief interview for</p>	F 658			

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F 658	<p>Continued From page 19</p> <p>mental status), 15- being cognitively intact for making daily decisions. Section G coded Resident #21 requiring extensive assistance of one person for bed mobility and toileting and two persons for transfers. Section M coded Resident #21 having one unstageable pressure ulcer that was present on admission.</p> <p>Resident #21's comprehensive care plan dated 8/3/2021 documented in part, "I have an unstageable sacral wound. Date Initiated: 08/03/2021." The comprehensive care plan further documented, "The resident has unstageable pressure ulcer and potential for pressure ulcer development r/t (related to) disease process, immobility. Date Initiated: 08/08/2021." Under "Interventions" it documented in part, "Adhere to the resident's treatment plan for the prevention/treatment of skin breakdown. Dated Initiated: 08/08/2021. Administer medication and treatments as ordered and monitor for effectiveness. Date Initiated: 08/08/2021..."</p> <p>On 8/10/2021 at approximately 10:45 a.m., an interview was conducted with Resident #21. Resident #21 stated that the facility staff applied a cream to the sore on their buttocks. Resident #21 stated that the nurses changed the dressing every day and they had seen the wound doctor earlier that morning prior to them getting out of bed.</p> <p>The physician's order summary for Resident #21 documented in part the following: "Cleanse unstageable to include bilateral buttocks with wound cleanser, pat dry, apply soothe and cool mix with calazime every day and evening shift and cover with boarder gauze until resolved.</p>	F 658			

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F 658	<p>Continued From page 20</p> <p>Order Date: 08/03/2021. Start Date: 08/04/2021..." Under the "Scheduling Details" of the order it documented in part, "Frequency: every day shift, Schedule Type: Everyday; Facility Time Code 0700-1500 (7:00 a.m.-3:00 p.m.); Start on: 8/4/2021 Day 7-3..."</p> <p>The eTAR for Resident #21 dated 8/1/2021-8/31/2021 documented the physician treatment orders as documented above, to the unstageable pressure ulcer and documented it was completed on Day shift (between 7:00 a.m.-3:00 p.m.) each day from 8/4/2021 through 8/10/2021. The eTAR for Resident #21 failed to evidence documentation of the pressure ulcer treatment being completed on the evening shift as ordered by the physician.</p> <p>The "Surgical Note" for Resident #21 dated 7/27/2021 documented in part, "...Wound Location: Sacrum; Etiology: Pressure injury/ulcer- Wound Stage: Unstageable pressure injury...Size: Length (cm) 6.0, Width (cm) 15.0, Depth (cm) UTD, Wound Area (cm2) 90; Wound progress: Undetermined: First Visit."</p> <p>The "Surgical Note" for Resident #21 dated 8/10/2021 documented in part, "Wound Location: Sacrum; Etiology: Pressure injury/ulcer- Wound Stage: Unstageable pressure injury...Size: Length (cm) 7.0, Width (cm) 10.5, Depth (cm) 0.3, Wound Area (cm2) 73.5; Wound progress: Wound has decreased in size...His wounds are doing well. We will continue the present treatment for now. I will follow up with him next week. The goal will be to resolve his wounds..."</p> <p>On 8/11/2021 at approximately 12:30 p.m., an interview was conducted with LPN (licensed</p>	F 658			

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F 658	<p>Continued From page 21</p> <p>practical nurse) #6. LPN #6 stated that the wound physician came to the facility once a week to see residents. LPN #6 stated that the nurses provided the pressure ulcer care when the wound physician was not in the facility. LPN #6 stated that pressure ulcer treatments were documented as completed on the eTAR (electronic treatment administration record). LPN #6 reviewed the order for Resident #21 which documented, "Cleanse unstageable to include bilateral buttocks with wound cleanser, pat dry, apply soothe and cool mix with calazime every day and evening shift and cover with boarder gauze until resolved. Order Date: 08/03/2021. Start Date: 08/04/2021" and stated that the eTAR should reflect the treatment being completed on the day shift and the evening shift. LPN #6 reviewed the eTAR for Resident #21 and stated that there was only documentation of the treatment being completed on the day shift. LPN #6 stated that the treatment was not scheduled on the eTAR for the evening shift so they were not aware that it was to be done twice a day.</p> <p>On 8/11/2021 at approximately 12:55 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that Resident #21's order for the pressure ulcer treatment to the unstageable to the buttocks was written for day and evening shift and should be completed twice a day. ASM #2 stated that the order audit shows that the order was scheduled to be completed on day shift only and was not being done on the evening shift. ASM #2 stated that unless the order was entered with a schedule of day and evening shift it would not show on the eTAR for the nurses to complete it. ASM #2 stated that they would change the scheduling to reflect the treatment order of day</p>	F 658			

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F 658	<p>Continued From page 22 and evening shift.</p> <p>On 8/11/2021 at approximately 2:40 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that nursing staff received telephone orders from the physician and documented them on the telephone order sheet. ASM #2 stated that the nursing staff used the telephone order sheet to transcribe the order into the computer. ASM #2 stated that every night the nurse checked every chart for new telephone orders and compared them to the computer to ensure that they were transcribed correctly.</p> <p>On 8/11/2021 at approximately 1:00 p.m., a request was made to ASM #1, the administrator for the facility policy on transcribing physician orders.</p> <p>The facility policy "Physician/Prescriber Authorization and Communication of Orders to Pharmacy" dated 12/01/07 documented in part, "...Facility staff should read back verbal orders to Physician/Prescriber or Physician's/Prescriber's agent to ensure accuracy and avoidance of "sound alike" medications. Facility should ensure that the person receiving a verbal order immediately records it in the resident's chart or electronic order system, including the date and time of the order, the name of Physician/Prescriber, and the signature of the person recording the order. All verbal orders should be recorded by a licensed nurse..."</p> <p>On 8/10/2021 at approximately 10:48 a.m., ASM #2 stated that the facility followed Perry & Potter as their nursing standard of practice.</p>	F 658			

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F 658	<p>Continued From page 23</p> <p>According to Basic Nursing, Essentials for Practice, 6th edition (Potter and Perry, 2007, pages 349-360) "A medication order is required for you to administer any medication to a patient. Once you receive and process a medication, place the physician's or health care provider's complete order on the appropriate medication form, the MAR. The MAR includes the patient's name, room, and bed number, as well as the names, dosages, frequencies, and routes of administration for each medication. When transcribing orders, ensure the names of medications, dosages, routes, and times are legible. The nurse checks all orders for accuracy and thoroughness. When orders are transcribed, the same information needs to be checked again by the nurse. It is essential that you verify the accuracy of every medication you give to the patient with the patient's orders. To ensure safe medication administration, be aware of the six rights of medication administration. 1. The right medication 2. The right dose 3. The right patient 4. The right route 5. The right time 6. The right documentation"</p> <p>On 8/11/2021 at approximately 1:15 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the concerns.</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <p>1. Pressure ulcer</p> <p>A pressure sore is an area of the skin that breaks down when something keeps rubbing or pressing against the skin. Pressure sores are grouped by the severity of symptoms. Stage I is the mildest stage. Stage IV is the worst. Stage I: A reddened,</p>	F 658			

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F 658	Continued From page 24 painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer is forming. The skin may be warm or cool, firm or soft. Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater. Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000740.htm . 2. Diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm . 3. Heart failure A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm . 4. End-stage kidney disease The last stage of chronic kidney disease. This is when your kidneys can no longer support your body's needs. This information was obtained from the website: https://medlineplus.gov/ency/article/000500.htm .	F 658			
F 686 SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer	F 686			

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F 686	Continued From page 25 CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide the treatment as ordered by the physician to promote healing of a pressure ulcer for one of 25 residents in the survey sample, (Resident #21). Resident #21 was admitted to the facility on 7/8/2021 with a readmission on 8/3/2021, with an unstageable pressure ulcer (1) on the sacrum/buttocks. The physician's orders for treatment to the pressure ulcer documented the treatment was to be completed on day and evening shift however, the facility staff transcribed the scheduled time for the treatment as day shift only resulting in Resident #21 receiving the treatment only once a day and not twice a day as ordered by the physician from 8/4/21 through 8/10/21.	F 686	A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice: Upon receipt of the concern by survey team, resident #21's wound treatment schedule on e-TAR was immediately corrected per MD order and care plan was updated accordingly. Resident #21 did not have any worsening skin condition per wound MD. B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice: Facility's DNS and/or designee will conduct 100% audit for residents with prescribed wound care to confirm compliance with MD order and care plan. C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur: DNS and/or designee will provide education for all nurses regarding accurate order transcription and order review process by night shift nurses.	8/11/21	9/10/21 9/10/21

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F 686	<p>Continued From page 26</p> <p>The findings include:</p> <p>1. Resident #21 was admitted to the facility with diagnoses that included but were not limited to diabetes (2), heart failure (3) and end stage renal disease (4). Resident #21's most recent MDS (minimum data set) assessment, a 5 day assessment with an ARD (assessment reference date) of 7/25/2021 coded Resident #21 as scoring a 15 on the BIMS (brief interview for mental status), 15- being cognitively intact for making daily decisions. Section G coded Resident #21 requiring extensive assistance of one person for bed mobility and toileting and two persons for transfers. Section M coded Resident #21 having one unstageable pressure ulcer that was present on admission.</p> <p>On 8/10/2021 at approximately 10:45 a.m., an interview was conducted with Resident #21. Resident #21 stated that the facility staff applied a cream to the sore on their buttocks. Resident #21 stated that the nurses changed the dressing every day and they had seen the wound doctor earlier that morning prior to them getting out of bed.</p> <p>Resident #21's comprehensive care plan dated 8/3/2021 documented in part, "I have an unstageable sacral wound. Date Initiated: 08/03/2021." The care plan further documented, "The resident has unstageable pressure ulcer and potential for pressure ulcer development r/t (related to) disease process, immobility. Date Initiated: 08/08/2021." Under "Interventions" it documented in part, "Adhere to the resident's treatment plan for the prevention/treatment of skin breakdown. Dated Initiated: 08/08/2021.</p>	F 686	<p>D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>DNS and/or designee will perform weekly audit e-TAR of residents with wound care during weekly wound round for three months to confirm compliance with MD orders.</p> <p>DNS and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>	8/27/21	

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F 686	<p>Continued From page 27</p> <p>Administer medications and treatments as ordered and monitor for effectiveness. Date Initiated: 08/08/2021..."</p> <p>The physician's order summary for Resident #21 documented in part the following: "Cleanse unstageable to include bilateral buttocks with wound cleanser, pat dry, apply soothe and cool mix with calazime every day and evening shift and cover with boarder gauze until resolved. Order Date: 08/03/2021. Start Date: 08/04/2021..." Under the "Scheduling Details" of the order it documented in part, "Frequency: every day shift, Schedule Type: Everyday; Facility Time Code 0700-1500 (7:00 a.m.-3:00 p.m.); Start on: 8/4/2021 Day 7-3..."</p> <p>The eTAR for Resident #21 dated 8/1/2021-8/31/2021 documented the physician treatment orders as documented above, to the unstageable pressure ulcer and documented it was completed on Day shift (between 7:00 a.m.-3:00 p.m.) each day from 8/4/2021 through 8/10/2021. The eTAR for Resident #21 failed to evidence documentation of the pressure ulcer treatment being completed on the evening shift as ordered by the physician.</p> <p>The progress notes for Resident #21 documented in part, - "7/11/2021 19:33 (7:33 p.m.) Note Text: Resident head to toe status post second skin assessment done after admission with following noted MASD (moisture associated skin damage) to both under arm pit, dry scaly skin to bilateral upper extremities and bilateral lower extremities, rash all over buttock area, groin area. Buttock area is black. Resident son is aware of skin issues..."</p>	F 686			

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F 686	<p>Continued From page 28</p> <p>- "7/16/2021 15:53 (3:52 p.m.) Note Text: Weekly skin assessed, no new skin noted. Antifungal cream to bilateral buttock and groin. Sooth and cool to dry scaly skin to both BUE (bilateral upper extremities) and BLE (bilateral lower extremities). No worsening noted."</p> <p>- "7/19/2021 21:54 (9:54 p.m.) Admission Note... Resident arrived at the facility on the 7/19/2021 at 6:20 pm, on a stretcher accompanied by 2 paramedics and his son...Resident has a stage two pressure ulcer..."</p> <p>- "7/21/2021 14:23 (2:23 p.m.) Note Text: Resident head toe second skin check after readmit done 07/20/2021 with the following noted: Unstageable to include bilateral buttocks, dry skin lower extremities, DTI (deep tissue injury) to right heel, Fistula (dialysis access) noted to left arm with RP (responsible party) made aware of skin issues."</p> <p>- "7/22/2021 13:41 (1:41 p.m.) Note Text: At risk meeting held today. Resident reviewed and discussed...Resident admitted from hospital with unstageable pressure injury to sacrum to include bilateral buttocks, DTI (deep tissue injury) to right heel and very dry skin. Resident is noted to be refusing care from noc (night) shift. Treatment in place, currently has low air loss mattress to prevent further skin breakdown..."</p> <p>- "8/3/2021 23:44 (11:44 p.m.) Admission Note:...Arrived on 8/3/2021 at 9:35 pm from [Name of Hospital] in the company of transportation team and son....alert and oriented x 3 (person, place and time), denies pain. sacral wound..."</p> <p>- "8/5/2021 11:50 (11:50 a.m.) At risk meeting held today. Resident reviewed and discussed...At risk for skin breakdown r/t (related to) unstageable pressure injury to sacrum to include bilateral buttocks..."</p>	F 686			

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F 686	<p>Continued From page 29</p> <p>The "Braden Scale for Predicting Pressure Sore Risk" dated 7/8/2021 and 7/19/2021 for Resident #21 documented in part, "At Risk..."</p> <p>The "Skilled Wound Care Communication Log for Daily Rounds" for Resident #21 dated 7/27/2021 documented in part, "...Location: Sacrum; Etiology: pressure unstag (unstageable); Pre-Op L x W x D (length, width, depth): 6 x 15 x UTD (unable to determine)..."</p> <p>The "Skilled Wound Care Communication Log for Daily Rounds" for Resident #21 dated 8/10/2021 documented in part, "Location: Sacrum; Pre-Op L x W x D (length, width, depth): 7 x 10.5 x .3..."</p> <p>The "Weekly Wound Evaluation Skilled" for Resident #21 dated 7/21/2021 documented in part, "... Location: Unstageable include bilateral buttock... Admitted... Date Acquired 7/19/20221...Unstageable pressure injury...Wound measurements: Length- 10.0 cm (centimeters), Width- 15.5 cm, Depth- 0.0 cm...Wound progress: Undetermined: First Visit..."</p> <p>The "Weekly Wound Evaluation Skilled" for Resident #21 dated 7/28/2021 documented in part, "...Seen by wound physician [Name of wound physician]...Location: Sacrum extending to the right buttock...unstageable pressure injury...Wound measurements: Length- 6.0 cm (centimeters), Width- 15.0 cm, Depth- 0.0 cm...Wound progress: Undetermined: First Visit..."</p> <p>The "Weekly Wound Evaluation Skilled" for Resident #21 dated 8/11/2021 documented in</p>	F 686			

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F 686	<p>Continued From page 30</p> <p>part, "...Seen by wound physician [Name of wound physician]...Location: Sacrum extending to the bilateral buttock...unstageable pressure injury...Wound measurements: Length- 7.0 cm (centimeters), Width- 10.0 cm, Depth- 0.3 cm...Wound progress: Wound has decreased in size..."</p> <p>The "Weekly Evaluation" for Resident #21 dated 7/12/2021 documented in part, "...Skin: New skin concerns identified in the last 7 days- No; Current treatment(s) for wounds or pressure ulcers- Yes; Improvement or change in wound or pressure ulcer based on current treatment- Yes..."</p> <p>The "Weekly Evaluation" for Resident #21 dated 7/26/2021 documented in part, "...Skin: New skin concerns identified in the last 7 days- No; Current treatment(s) for wounds or pressure ulcers- Yes; Improvement or change in wound or pressure ulcer based on current treatment- Yes..."</p> <p>The "Weekly Evaluation" for Resident #21 dated 8/9/2021 documented in part, "...Skin: New skin concerns identified in the last 7 days- No; Current treatment(s) for wounds or pressure ulcers- Yes; Improvement or change in wound or pressure ulcer based on current treatment- Yes..."</p> <p>The "Surgical Note" for Resident #21 dated 7/27/2021 documented in part, "...Wound Location: Sacrum; Etiology: Pressure injury/ulcer- Wound Stage: Unstageable pressure injury...Size: Length (cm) 6.0, Width (cm) 15.0, Depth (cm) UTD, Wound Area (cm2) 90; Wound progress: Undetermined: First Visit."</p> <p>The "Surgical Note" for Resident #21 dated 8/10/2021 documented in part, "Wound Location:</p>	F 686			

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F 686	<p>Continued From page 31</p> <p>Sacrum; Etiology: Pressure injury/ulcer- Wound Stage: Unstageable pressure injury...Size: Length (cm) 7.0, Width (cm) 10.5, Depth (cm) 0.3, Wound Area (cm2) 73.5; Wound progress: Wound has decreased in size..."</p> <p>On 8/11/2021 at approximately 12:30 p.m., an interview was conducted with LPN (licensed practical nurse) #6. LPN #6 stated that the wound physician came to the facility once a week to see residents. LPN #6 stated that the nurses provided the pressure ulcer care when the wound physician was not in the facility. LPN #6 stated that pressure ulcer treatments were documented as completed on the eTAR (electronic treatment administration record). LPN #6 reviewed the physician order for Resident #21 which documented, "Cleanse unstageable to include bilateral buttocks with wound cleanser, pat dry, apply soothe and cool mix with calazime every day and evening shift and cover with boarder gauze until resolved. Order Date: 08/03/2021. Start Date: 08/04/2021" and stated that the eTAR should reflect the treatment being completed on the day shift and the evening shift. LPN #6 reviewed the eTAR for Resident #21 and stated that there was only documentation of the treatment being completed on the day shift. LPN #6 stated that the treatment was not scheduled on the eTAR for the evening shift so they were not aware that it was to be done twice a day.</p> <p>On 8/11/2021 at approximately 12:55 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that Resident #21's order for the pressure ulcer treatment to the unstageable to the buttocks was written for day and evening shift and should be completed twice a day. ASM #2</p>	F 686			

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F 686	<p>Continued From page 32</p> <p>stated that the order audit shows that the order was scheduled to be completed on day shift only and was not being done on the evening shift. ASM #2 stated that unless the order was entered with a schedule of day and evening shift it would not show on the eTAR for the nurses to complete it. ASM #2 stated that they would change the scheduling to reflect the treatment order of day and evening shift.</p> <p>On 8/11/2021 at approximately 1:00 p.m., a request was made to ASM #1, the administrator for the facility policy on pressure ulcer care.</p> <p>The facility policy "Skin Care & Pressure Injury Management Program" documented in part, "...Pressure injuries are a serious concern, especially in compromised residents. Using evidence-based treatments, standards of practice, and the APIE (Assess, Plan, Implement & Evaluate) methodology, this guideline helps the resident interdisciplinary team to: ..Provide standardized treatment and interventions that promote pressure ulcer healing and prevent infection..."</p> <p>On 8/11/2021 at approximately 1:15 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the concerns.</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <p>1. Pressure ulcer A pressure sore is an area of the skin that breaks down when something keeps rubbing or pressing against the skin. Pressure sores are grouped by the severity of symptoms. Stage I is the mildest</p>	F 686			

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F 686	Continued From page 33 stage. Stage IV is the worst. Stage I: A reddened, painful area on the skin that does not turn white when pressed. This is a sign that a pressure ulcer is forming. The skin may be warm or cool, firm or soft. Stage II: The skin blisters or forms an open sore. The area around the sore may be red and irritated. Stage III: The skin now develops an open, sunken hole called a crater. The tissue below the skin is damaged. You may be able to see body fat in the crater. Stage IV: The pressure ulcer has become so deep that there is damage to the muscle and bone, and sometimes to tendons and joints. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000740.htm . 2. Diabetes mellitus: A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm . 3. Heart failure: A condition in which the heart is no longer able to pump oxygen-rich blood to the rest of the body efficiently. This causes symptoms to occur throughout the body. This information was obtained from the website: https://medlineplus.gov/ency/article/000158.htm . 4. End-stage kidney disease: The last stage of chronic kidney disease. This is when your kidneys can no longer support your body's needs. This information was obtained from the website: https://medlineplus.gov/ency/article/000500.htm .	F 686			
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)	F 689			

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F 689	<p>Continued From page 35</p> <p>decisions. Resident # 17 was coded as requiring extensive assistance of one staff member for activities of daily living.</p> <p>On 08/10/21 at 8:40 a.m., an observation of Resident # 17 revealed they were lying in their bed. Further observation revealed one fall mat on the floor to the resident's right side of the bed. Observation of the floor to the resident's left side failed to evidence a fall mat on the floor. Observation of Resident # 17's room revealed another fall mat was leaning against the wall at the foot of the bed.</p> <p>On 08/11/21 at 7:40 a.m., an observation of Resident # 17 revealed they were lying in their bed. Further observation revealed one fall mat on the floor to the resident's right side of the bed. Observation of the floor to the resident's left side failed to evidence a fall mat on the floor. Observation of Resident # 17's room revealed another fall mat was leaning against the wall at the foot of the bed.</p> <p>The physician's order for Resident # 17 documented, "Floor mats to Floor when in bed every shift. Order Date: 4/4/2020."</p> <p>The care plan for Resident # 17 dated 09/21/2020 documented in part, "Focus. The resident has had more than one actual fall with h/o [history of] multiple falls, and is at risk for falls r/t [related to] impaired mobility, debility and multiple fractures to lumbar and sacrum with the use of back brace. Use of Antidepressant with risk for side effects. Halo bar to improve pt. [patient] mobility. Fall on 1/17/21 with no apparent injuries. Date Initiated: 09/21/2020." Under "Interventions" it documented in part, "Floor mat to floor when in</p>	F 689	<p>Administrator and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>		

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F 689	<p>Continued From page 36 bed. Date Initiated: 01/17/2021."</p> <p>On 08/10/2021 at 7:42 a.m., an interview was conducted with Resident # 17. When asked about the placement of the fall mats Resident # 17 stated that both fall mats were supposed to be down when they are in bed.</p> <p>On 08/11/21 at 750 a.m., an interview and observation of Resident # 17's room was conducted with LPN [licensed practical nurse] # 6. LPN #6 observed the floor around Resident # 17's bed. After completing the observation, LPN #6 was asked about the fall mats. LPN # 6 stated that there was one fall mat on the floor next to Resident # 17's bed. LPN # 6 further stated, "There should be two fall mats down, one on each side of the bed.</p> <p>On 08/11/2021 at approximately 1:08 p.m. ASM (administrative staff member) # 1, the administrator and ASM # 2, director of nursing, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>References: [1] High blood pressure. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/highbloodpressure.html.</p> <p>[2] The broad, dorsal, upper, and largest of the three principal bones composing either half of the pelvis. This information was obtained from the website: https://www.merriam-webster.com/dictionary/ilium</p>	F 689			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning	F 695			

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F 695	<p>Continued From page 37 CFR(s): 483.25(i)</p> <p>§ 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, resident interview, facility document review and clinical record review, it was determined the facility staff failed to provide respiratory services consistent with professional standards of practice for one of 25 residents in the survey, Resident #235.</p> <p>The facility staff failed to obtain an order for Resident #235's use of an incentive spirometer and failed to ensure the spirometer was stored in a sanitary manner.</p> <p>The findings include:</p> <p>Resident #235 was admitted to the facility on 7/14/21. Resident #235's diagnoses included but were not limited to: heart failure (inability of the heart to pump enough blood to maintain normal body requirements) (1), atrial fibrillation (random and rapid contractions of the atria of the heart) (2) and fracture of the left femur (break in the left thighbone) (3).</p> <p>Resident #235's most recent MDS (minimum data set) assessment, a five day Medicare assessment, with an assessment reference date</p>	F 695	<p>A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon receipt of the concern by survey team, facility obtained an order for resident #235's use of an incentive spirometer. The incentive spirometer was stored in a sanitary manner covered in Ziplock bag to minimize a risk of health are associated infections.</p> <p>B. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>DNS and/or designee will perform facility wide audit of respiratory devices and obtain MD order. 9/3/21</p> <p>DNS and/or designee will perform facility wide audit of respiratory devices for sanitary storage. 9/3/21</p> <p>C. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>DNS and/or designee will provide nurses and aide with education on storage of resident's respiratory devices in a sanitary manner (e.g., covered in Ziploc bag with a date on it and changed weekly at night shift). 9/10/21</p>	<p>8/11/21</p>	

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F 695	<p>Continued From page 38</p> <p>of 7/20/21, coded the resident as scoring 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. MDS Section G- Functional Status: coded the resident as extensive assistance with bed mobility, limited assistance with transfers, locomotion, dressing, bathing; supervision with personal hygiene and independence with eating. Walking did not occur. A review of MDS Section H- Bowel and Bladder: coded the resident as always continent for both bowel and bladder.</p> <p>During the initial resident observation on 8/10/21 at 8:17 AM, an incentive spirometer was observed on Resident #235's over bed table uncovered. The incentive spirometer was also observed uncovered on 8/10/21 at 3:35 PM and on 8/11/21 at 8:45 AM and 10:20 AM.</p> <p>A review of Resident #235's comprehensive care plan dated 7/22/21 failed to evidence documentation of the incentive spirometer.</p> <p>A review of the physician orders dated 7/14/21-8/10/21 failed to evidence orders for the incentive spirometer.</p> <p>A review of the facility's "Service and Health Systems" assessment dated 7/14/21 failed to evidence incentive spirometer use.</p> <p>An interview was conducted on 8/10/21 at 8:17 AM with Resident #235. When asked if she used the incentive spirometer, Resident #235 stated, "Yes, I use it frequently throughout the day". When asked if the incentive was covered, Resident #235 stated, "No, it has not been covered".</p>	F 695	<p>D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:</p> <p>DNS and/or designee will conduct weekly audits for respiratory devices for sanitary storage for three months.</p> <p>DNS and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.</p> <p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>	8/27/21	

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F 695	Continued From page 39 An interview was conducted on 8/11/21 at 10:20 AM with Resident #235. When asked if she was still using the incentive spirometer, Resident #235 stated, "Yes, I use it a lot. Now I don't use it the ten times an hour like when I was in the hospital after surgery, but I use it a lot." An interview was conducted on 8/11/21 at 10:41 AM with LPN (licensed practical nurse) #2 regarding resident use of an incentive spirometer. LPN #2 stated, "There should be a physician order and it should be on the care plan. It should be in a plastic bag to keep it clean." When asked about Resident #235's incentive spirometer, LPN #2 stated, "I didn't even notice that she had an incentive. Let's go look." At this time LPN #2 was accompanied to Resident #235's room. LPN #2 entered the resident's room, and asked Resident #235 if she used an incentive spirometer. Resident #235 stated, "Yes, I use it a lot, it helps my lungs stay good". LPN #2 then asked Resident #235 where the incentive spirometer came from, and Resident #235 answered, "I brought it with me from the hospital and I have one at home also." On 8/11/21 at 1:08 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were informed of the concern. ASM #2 provided the team with the facility policy "Care Standards" dated 2/29/16, which documented in part, "The Director of Nursing directs in accordance with care and services standards of clinical practice. For the purposes of this policy, the Clinical Operations Department follows standards as outlined in the practice/program/procedures and physician	F 695			

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F 695	Continued From page 40 orders. Perry & Potter: Clinical Nursing Skills & Procedures." According to Perry & Potter, which documents in part, "The skill of assisting a patient to use the incentive spirometer can be delegated to nursing assistants. The nurse is responsible for patient assessment, monitoring and evaluating the patient response. Review health care provider's order for incentive spirometer." (4) In "Fundamentals of Nursing" 7th edition, 2009: Patricia A. Potter and Anne Griffin Perry: Mosby, Inc; Page 648. "Box 34-2 Sites for and Causes of Health Care-Associated Infections under Respiratory Tract -- Contaminated respiratory therapy equipment." No further information was provided prior to exit. References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 259. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 54. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 7th edition, Rothenberg and Chapman, page 232/219. (4) Perry & Potter Clinical Nursing Skills, 8th edition, Ostendorf, Elsevier Publishers, page 597-599.	F 695			
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an	F 880	A. Address how correction action will be accomplished for those residents found to have been affected by the deficient practice:		

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F 880	Continued From page 42 (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility document review, it was determined that the facility staff failed to administer medications in a sanitary manner for 1 of 3 residents in the Medication Administration task; Resident #93. The findings include: Resident #93 was admitted to the facility on 8/2/21 with the diagnoses of but not limited to osteoporosis, Barrett's esophagus, cardiac arrhythmia, high blood pressure, heart failure, atrial fibrillation, infection of right hip prosthesis,	F 880	DNS and/or designee will educate all nurses on proper infection control measures while administering medication, including hand hygiene and disinfecting of surfaces. All nurses will go through medication administration observation by DNS and/or designee to confirm understanding and compliance with proper infection control measures while administering medication. Medication administration observation for all new hires (regardless of their experience) prior to working on the floor as a part of orientation program. The new hires will also go through random medication administration observation during their 90 day period to confirm the compliance. D. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained: DNS and/or designee will conduct random medication observation beginning week of 08/23/21 weekly for 3 months to confirm medications are administered in accordance with appropriate infection control measures. Issues identified will be addressed and resolved along with refresher training as needed. Administrator and/or designee will report results of the audits at the Quality Assurance and Performance Improvement (QAPI) Committee for the next 3 months.	8/31/21 9/16/21 8/24/21 8/24/21 8/27/21	

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/11/2021
NAME OF PROVIDER OR SUPPLIER BELVOIR WOODS HEALTH CARE CENTER AT THE FAIRFAX			STREET ADDRESS, CITY, STATE, ZIP CODE 9160 BELVOIR WOODS PKWY FORT BELVOIR, VA 22060		
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F 880	<p>Continued From page 43</p> <p>and macular degeneration. The admission MDS had not been completed as of survey. The admission BIMS (Brief Interview for Mental Status) assessment dated 8/2/21 coded the resident as being cognitively intact in ability to make daily life decisions. The admission nursing assessment dated 8/2/21 documented the resident as requiring extensive assistance for bed mobility, transfers, dressing, toileting, hygiene and bathing; and independent for eating.</p> <p>On 8/10/21 at 8:52 AM, LPN #2 (Licensed Practical Nurse) was observed preparing and administering medications to Resident #93. LPN #2 was observed touching the pill cards, keys to open the medication cart, and laying pill cards on top of the medication cart before returning them to the cart. During preparation, LPN #2 dropped the Aldactone (1) on top of the medication cart. She then without washing or sanitizing her hands, picked up the Aldactone pill with her bare fingers and put it in the medication cup with other medications to be administered to Resident #93. The Aldactone was the 6th of 8 medications she prepared for this resident, having had the medication cards laying on top of the cart prior to dropping the pill on top of the cart.</p> <p>Once preparation of medications was completed, LPN #2 without sanitizing her hands, was then observed picking up the medication cup with her thumb down inside the cup and her index finger on the outside of the cup to hold it. She then went to the resident's room and administered the medications, to Resident #93, including the Aldactone that had been dropped on top of the medication cart.</p> <p>On 8/10/21 at 11:25 AM, an interview was</p>	F 880	<p>During and at the conclusion of the 3 months, the QAPI Committee will re-evaluate and initiate the necessary action or extend the review period.</p> <p>The Administrator and/or designee is responsible for confirming implementation and ongoing compliance with the components of the Plan of Correction and addressing and resolving variances that may occur.</p>		

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F 880	<p>Continued From page 44</p> <p>conducted with LPN #2. When asked about dropping the Aldactone on top of the cart and then picking it up and administering it to the resident, LPN #3 stated that she should not have done that and as it was a risk of infection. She stated that she did sanitize the top of the cart and her hands before starting med [medication] pass. However, when asked about all the items that she had touched as observed above, i.e. the pill cards, keys to open the medication cart, etc., that had been in contact with the top of the cart prior to the Aldactone dropping on it (pill cards, etc.), she did not respond other than to repeat that the cart was sanitized prior to med [medication] pass. LPN #2 then stated that she normally lays a clean tissue on top of the cart to prepare the meds. When asked if she had done that for this resident, she stated she could not recall. LPN #2 was not observed following this routine during this observation. When asked about holding the medication cup with her thumb down inside it, she stated that was an infection control issue and that she should not have done that. She stated she did not recall doing that.</p> <p>A review of the facility policy, "General Dose Preparation and Medication Administration" documented, "....2. Prior to preparing or administering medications, authorized and competent facility staff should follow facility's infection control policy (e.g. handwashing)3.4 Facility staff should not touch the medication when opening a bottle or unit dose package. 3.5 If a medication which is not in a protective container is dropped, facility staff should discard it according to facility policy...."</p> <p>According to Potter and Perry's, Fundamentals of Nursing, 6th edition, page 847, "For safe</p>	F 880			

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F 880	<p>Continued From page 45</p> <p>administration, the nurse uses aseptic technique when handling and giving medications."</p> <p>"Skill 1: Administering Oral Medications: 6. Prepare the required medications: b. Multidose containers: When removing tablets or capsules... pour the necessary number into the bottle cap and then place the tablets or capsules in a medication cup. ... Do not touch tablets or capsules with hands. Rationale: Pouring capsules or tablets into your hand is unsanitary. 12. Transport medications to patient bedside carefully... 14. Perform hand hygiene and put on PPE [personal protective equipment] if indicated. Rationale: Hand hygiene and PPE prevent the spread of microorganisms. PPE is required based on transmission based precautions. 20. Administer the medications." Lippincott Photo Atlas of Medication Administration, Sixth Edition, Pamela B Lynn, EdD, MSN RN, Wolters Kluwe, 2019, pages 2, 3, 4 and 6.</p> <p>On 8/11/21 at approximately 1:00 PM, ASM #1 and ASM #2 (Administrative Staff Member - the Administrator and Director of Nursing, respectively) were made aware of the findings. No further information was provided by the end of the survey.</p> <p>(1) Aldactone - "is used to treat certain patients with hyperaldosteronism (the body produces too much aldosterone, a naturally occurring hormone); low potassium levels; heart failure; and in patients with edema (fluid retention) caused by various conditions, including liver, or kidney disease. It is also used alone or with other medications to treat high blood pressure." Information obtained from</p>	F 880			

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F 880	Continued From page 46 https://medlineplus.gov/druginfo/meds/a682627.h tml	F 880			

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