

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

PRINTED: 11/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495179	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/19/2021
NAME OF PROVIDER OR SUPPLIER POTOMAC FALLS HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46531 HARRY BYRD HIGHWAY STERLING, VA 20164		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard (complaint) survey was conducted 8/17/21 through 8/19/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey. The census in this 150 certified bed facility was 138 at the time of the survey. The survey sample consisted of two current Resident reviews (Residents 1 through 2) and three closed record reviews (Residents 3 through 5).	F 000			
F 658 SS=E	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on information gleaned during a complaint investigation, staff interviews, clinical record review, and review of facility documents, the facility's staff failed to follow a physician order for administration of as needed Clonidine HCL based upon blood pressure reading obtained for 1 of 5 residents (Resident #4), in the survey sample. The findings included: Resident #4 was originally admitted to the facility 7/27/21, and was discharged from the facility 8/1/21, after a change in status was observed. Resident # 4's diagnoses included; a-fib, stroke, a	F 658	1. Resident #4 was transferred from the center on 8/1/21 and did not return. A medication error report was completed on August 2, 2021. Physician and Medical Director were notified. 2. Any resident with orders for a PRN anti-hypertensive medication may be impacted if Licensed staff fail to clarify and follow the physician's order. A 100% audit of orders for PRN anti-hypertensives was conducted to identify any other residents who may be impacted. 3. Licensed staff will be educated on the center's medication clarification, transcription, and medication	9/28/21	

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

TITLE

(X6) DATE

Electronically Signed

09/03/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 658	<p>Continued From page 1</p> <p>seizure disorder, and hypertension.</p> <p>The five day Prospective Payment System (PPS) Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 8/1/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 4 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making was severely impaired.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring total care of one person with bathing, eating, personal hygiene and bathing and extensive assistance of one person transfers, personal hygiene, off unit locomotion, toileting, dressing and bed mobility, limited assistant with walking in room, supervision of one person with eating and on unit locomotion.</p> <p>Review of the physician's order summary dated 7/27/21 through 8/2/21, revealed the following orders; Vital signs every shift for thirty days beginning 7/28/21 and Clonidine Hcl 0.1 milligram, beginning 7/27/21. Give one tablet by mouth once daily as needed for a systolic blood pressure greater than 150 mmHg.</p> <p>Review of Resident #4's vital signs revealed on 7/30/21 a blood pressure reading of 168/84 at 00:58. There was no signature of documentation indicating the administration of the as needed Clonidine Hcl for a systolic blood pressure greater than 150 mmHg.</p> <p>On 8/1/21 at 10:21 the resident had a blood pressure reading of 157/84. There was no signature of documentation indicating the administration of the as needed Clonidine Hcl for a systolic blood pressure greater than 150</p>	F 658	<p>administration process for PRN anti-hypertensives</p> <p>4. The DON or Designee will audit PRN hypertensive medication orders and corresponding EMARs to ensure clear transcription and that physician orders are followed daily (Monday-Friday) for 4 weeks; weekly for 8 weeks. Findings will be reviewed in QAPI and any variances addressed.</p>		

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F 658	Continued From page 2 mmHg. On 8/1/21 at 22:09 the resident was with a blood pressure reading of 217/121. Documentation stated the resident was transferred to a local hospital. An interview was conducted with the Registered Nurse Clinical Services Specialist at approximately 1:00 p.m. The Registered Nurse Clinical Services Specialist stated audits are conducted for residents who are discharged and the audit revealed there were medication discrepancies for Resident #4 and as a result of this resident's chart audit other resident audits were conducted and staff education was performed. On 8/19/21 at approximately 1:30 p.m., the above findings were shared with the Administrator and the Registered Nurse Clinical Services Specialist. They understood the concern and provided documentation of the audit conducted by the facility revealing medication administration concerns.	F 658			
F 677 SS=E	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, resident and staff interviews and clinical record review the facility staff failed to ensure 3 of 5 residents (Resident #1, #2 and Resident #3) who were unable to carry	F 677	1. Resident #1 was discharged on 8/21/2021. Resident #2 was offered a shower and declined shower on August 20. A	9/28/21	

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F 677	<p>Continued From page 3</p> <p>out activities of daily living (ADL) receive the necessary services to include showers.</p> <p>The Findings Included;</p> <p>1. Resident #1 was admitted to the facility on 10/02/20 and have never been discharged from the facility. The current diagnoses included; Generalized Anxiety Disorder and Unspecified Atrial Fibrillation.</p> <p>The current Minimum Data Set (MDS), a Quarterly assessment with an Assessment Reference Date (ARD) of 05/01/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 11 out of a possible 15. This indicated Resident #1 cognitive abilities for daily decision making were moderately impaired. In section "G"(Physical functioning) the resident was coded as requiring supervision of one person with bed mobility, transfers, dressing, eating, toileting and personal hygiene. Requires physical help of one person with bathing.</p> <p>The care plan reads: FOCUS: Resident #1 demonstrates the need for ADL (Activity of Daily Living Assistance) due to a recent hospitalization, history of UTI (Urinary Tract Infections, pain and impaired immobility. Date Created: 10/02/20. Date Revised: 05/07/21. GOAL: Resident #1 will receive necessary level of ADL assistance through the next review. INTERVENTIONS: Provide assistance with bathing and hygiene as needed. Dated Initiated and Created: 10/02/20.</p> <p>During the initial tour on 8/17/21 at approximately 3:10 PM, Resident #1 was observed resting in her bed. She was asked if she was receiving</p>	F 677	<p>complete bed bath was provided on August 21, 2021. Resident #3 was discharged on 5/29/21.</p> <p>2. Any resident may be impacted if staff does not follow the center's policy of providing showers or bed baths 2 times per week. A 100% audit of bathing/showering schedules in conjunction with observation and interview of patients was performed to identify any other patients who may be impacted.</p> <p>3. Licensed nurses and certified nursing assistants will be educated on center process for scheduling and providing showers or complete bed baths as well as process for mitigating and documenting patient refusals.</p> <p>4. The DON or designee will audit bathing schedules and interview patients to ensure showers or bed baths are provided. Audits will be completed daily (Monday-Friday) weekly for 4 weeks and monthly for 2 months. Findings will be reviewed in QAPI and any variances addressed.</p>		

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F 677	<p>Continued From page 4</p> <p>showers. She stated, "I'd like a shower. I think I get them on Wednesdays."</p> <p>On 8/18/21 an interview was conducted at approximately 10:45 AM with Resident #1 concerning showers. She stated, "I think I received only one shower a month ago. They never ask me if I want one. I feel okay about getting more showers."</p> <p>On 8/18/21 at 3:30 PM an interview was conducted with LPN (Licensed Practical Nurse) #1 concerning showers. She stated, "Resident #1 refuses showers sometimes. If a resident refuses showers the Nurses Aide will let the nurse know and the nurse will verify with the resident. It should be documented in the care tracker."</p> <p>A review of the shower schedule for Resident #1 reads: Evening Shift (3-11).Wednesday and Saturdays room 321 W (Window bed). According to the ADL shower documentation record Resident #1 did not receive a shower on her scheduled shower days: 08/04/21 (na recorded) 8/07/21 (na recorded) 8/11/21 BB (Bed Bath), 8/14/21 (rr/resident refused), 8/18/21 (left blank).</p> <p>On 8/18/21 at approximately 4:50 PM an interview was conducted with CNA (Certified Nurse's Aide) #7 concerning showers. She stated. Residents should get showers twice a week. The door residents take showers on Monday and Thursdays and the Window residents take showers on Wednesday and Saturdays. If they refuse showers we will tell the nurse. The nurse will talk to the resident and if they still refuse the nurse documents it and we will see if they will let us give them a bed bath instead."</p>	F 677			

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F 677	<p>Continued From page 5</p> <p>2. Resident #2 was originally admitted to the facility 04/14/21 and has never been discharged from the facility. The current diagnoses included; Displaced Comminuted Fracture of Shaft of Left Tibia and Pulmonary Hypertension.</p> <p>The quarterly, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 07/21/2021 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #2 cognitive abilities for daily decision making were intact. In section "G"(Physical functioning) the resident was coded as requiring extensive assistance of two persons with bed mobility, transfers, locomotion, dressing, toileting, personal hygiene. Resident is total dependent with bathing. Requires supervision of one person with eating.</p> <p>The care plan reads: FOCUS: Resident #2 demonstrates the need for ADL Assistance due to impaired mobility and physical limitation. Dated: 4/14/21. Revised on 4/23/21. GOAL: Will receive necessary level of ADL assistance through the next review. Date Created and Initiated: 4/14/21. INTERVENTIONS: Provide assistance with bathing and hygiene as needed. Created and Revised on: 4/14/21.</p> <p>On 8/18/21 at approximately 4:30 PM during the initial tour Resident #2 was observed resting in her bed. She was asked if she was receiving showers. She stated, "I've only had one shower since I've been here. It would sure help me if I could get a shower."</p> <p>On 8/18/21 at 4:40 PM an interview was</p>	F 677			

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F 677	<p>Continued From page 6</p> <p>conducted with CNA (Certified Nurse's Assistant) #7 concerning Resident's receiving showers. She stated, Resident #2 refuses showers. If a resident refuses showers we tell the nurse in charge of them and we document they refused."</p> <p>On 8/19/21 at approximately 10:48 AM an interview was conducted with LPN #3 concerning resident showers. She stated, "Resident #2 received a shower last week. I saw CNA's giving her a shower. I wasn't her nurse on yesterday evening but I'm her nurse today. She's known to refuse showers."</p> <p>On 8/19/21 at approximately 11:05 AM CNA #5 was observed by the said surveyor entering Resident #2's room with a shower bed and quickly exiting the room with the shower bed. CNA #5 was approached by the surveyor concerning what took place. She stated, "I thought Resident #2 was requesting a shower, but she wasn't. She was scheduled to get her shower on yesterday but she refused it. I documented it in the Care Tracker."</p> <p>A review of the shower schedule for Resident #2 reads: Evening Shift (3-11). Wednesday and Saturdays room 318 W (Window bed). According to the ADL documentation record for August 2021. Resident #2 did not receive any scheduled showers on Wednesday August 4th, Saturday August 7th, Saturday August 14th, and Wednesday August 18th, 2021. There were no record of showers documented for Resident #2 on any day from 08/01/21 to 08/19/21.</p> <p>3. Resident #3 was admitted to the facility on 04/25/21 and discharged on 05/05/27 to an acute</p>	F 677			

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F 677	<p>Continued From page 7</p> <p>care facility and readmitted back to the Long Term Care Facility on 05/07/21. Diagnosis for Resident #3 included but not limited to Cellulitis of left lower limb and Rheumatoid Arthritis, Unspecified.</p> <p>The current Minimum Data Set (MDS), a discharged assessment with an Assessment Reference Date (ARD) of 05/29/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of 15. This indicated Resident #3 cognitive abilities for daily decision making were intact. In section "G"(Physical functioning) the resident was coded as requiring extensive assistance of two persons with bed mobility, transfers, dressing, eating, toileting, personal hygiene and bathing. Requires extensive assistance of one person for walking. Requires limited assistance of one person with locomotion on and off the unit. Requires supervision with eating, set-up help only.</p> <p>The Careplan dated 5/08/21 reads: FOCUS: Resident #3 demonstrates the need for ADL (Activities of Daily Living) assistance r/t (relating to) Rheumatoid arthritis, osteoarthritis, CAD (Coronary Artery Disease), muscle weakness and dementia. Date Initiated and Created on: 5/07/21. Goal: Resident #3 will receive necessary level of ADL assistance through the next review. Date Created on 04/26/21. Date Created on 05/07/21. INTERVENTION: Provided assistance with bathing and hygiene as needed. Date Initiated and Created on: 04/26/21.</p> <p>A review ADL (Activities of Daily Living) document record reveal Resident #3 shower schedule reads: Room 124 W, Wednesdays and Saturday, Evening shift (3-11). Resident #3 received only</p>	F 677			

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F 677	<p>Continued From page 8</p> <p>one bed bath on 04/27/21 during the 3-11 shift. No documentation of a shower was recorded from 04/25/21-04/30/21.</p> <p>According to the ADL documentation record Resident #3 showers were assigned to be given on Tuesday and Friday evening shift (3-11) Resident #3 did not receive his required two showers a week until 5/18/21 (Tuesday) 5/21/21 (Friday) 5/25/21(Tuesday) and 5/28/21 (Friday). Resident #3 had returned to the facility from an acute care facility on 05/07/21 and should have continued to receive his required showers.</p> <p>On 8/19/21 at approximately 12:15 PM an interview was conducted with RN (Registered Nurse) #1 concerning Resident #3 receiving ADL care including showers. She stated, "He had periods that he didn't take medications. His wife would call concerning his showers, there was a time Resident #3 refused showers and being shaved. We don't have the refusal documented anywhere. This mostly happened when he was first admitted here and in a different room. When he went out to the hospital and was admitted back to another room he didn't refuse care. A couple of times I asked the nurses to make sure to document refusals. We educated the CNAs (Certified Nursing Assistants) to offer a bed bath if they refused. The CNA would tell the nurses they we would document the refusal in the clinical record."</p> <p>On 8/19/21 at 12:30 PM an interview was conducted with CNA (Certified Nurse Assistant) #6. Concerning the above allegations. She stated, "Sometimes he wouldn't want to shower. When he returned back to my unit (after hospital admission) he had showers. We offer bed baths if</p>	F 677			

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F 677	<p>Continued From page 9</p> <p>they refuse showers. He brushed his own teeth. When he came the first time I gave him a bed bath in the room. He took showers twice a week."</p> <p>Policy: Activities of Daily Living (ADLs). Date Implemented: 1/01/21. Date Reviewed/Revised: 7/31/21. The facility will ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. This includes the resident's ability to: (1). Bathe, dress, and groom.</p> <p>On 8/19/2021 At approximately 1:00 PM an interview was conducted with the administrator concerning the above allegations. She stated, "Me and the Social Services Coordinator had spoken to the complainant on several occasions concerning Resident but did not document the conversations."</p> <p>On 08/19/21 at approximately 1:05 PM an interview was conducted with RN #1 reviewing Resident #3's ADL sheet. She stated, " I don't see a code to delineate RR (Resident Refusal). We should see that the resident refused ADL Care on the document. I see NA's (Not Applicable) documented instead of the putting (rr/Resident Refused). That's not acceptable. We would expect the CNA's to document refusal and not NA in regards to baths and showers and ADL care. We have since educated the staff on the proper way to document on the ADL sheet."</p> <p>On 08/19/21 at approximately 2:00 p.m., the above findings were shared with the Administrator, The Acting Director of Nursing and Corporate Clinical Specialist. An opportunity was offered to the facility's staff to present additional information but no additional information was provided.</p>	F 677			

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F 760 SS=E	<p>Complaint Deficiency</p> <p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on information gleaned during a complaint investigation, staff interviews, clinical record review, and review of facility documents, the facility's staff failed to ensure a resident was free of significant medication errors (omission of anti-hypertensive and anticonvulsant medications) for 1 of 5 residents (Resident #4), in the survey sample.</p> <p>The findings included:</p> <p>Resident #4 was originally admitted to the facility 7/27/21, and was discharged from the facility 8/1/21, after a change in status was observed. Resident # 4's diagnoses included; a-fib, stroke, a seizure disorder, and hypertension.</p> <p>The five day Prospective Payment System (PPS) Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 8/1/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 4 out of a possible 15. This indicated Resident #4's cognitive abilities for daily decision making was severely impaired. In section "G" (Physical functioning) the resident was coded as requiring total care of one person with bathing, eating, personal hygiene and</p>	F 760	<p>1. Resident #4 was transferred from the center on 8/1/21 and did not return. A medication error report was completed on August 2, 2021 and the physician and Medical Director were notified</p> <p>2. Any resident with orders for medications including Prn Anti-hypertensives and controlled anticonvulsant medication may be impacted if staff fail to clarify the orders, access stat box or cubex or obtain hard script from physician. A 100% audit of new patients in past 14 days was performed to identify any other patients who may be impacted.</p> <p>3. Licensed staff will be educated on the Center's process for Ordering and Procuring Medication including controlled medications for new admissions. Licensed staff will be educated on clarifying the PRN anti-hypertensive order in conjunction with BP monitoring and parameters ordered.</p> <p>4. The DON or Designee will audit admission orders and controlled drug</p>	9/28/21	

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NAME OF PROVIDER OR SUPPLIER POTOMAC FALLS HEALTH & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 46531 HARRY BYRD HIGHWAY STERLING, VA 20164		
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F 760	<p>Continued From page 11</p> <p>bathing and extensive assistance of one person transfers, personal hygiene, off unit locomotion, toileting, dressing and bed mobility, limited assistant with walking in room, supervision of one person with eating and on unit locomotion.</p> <p>Review of the physician's order summary dated 7/27/21 through 8/2/21, revealed the following orders;</p> <p>Vital signs every shift for thirty days beginning 7/28/21.</p> <p>Metoprolol Tartrate 75 milligrams, beginning 7/28/21. Give one tablet by mouth every 12 hours for hypertension.</p> <p>Hydralazine Hcl 25 milligrams, beginning 7/28/21. Give one tablet by mouth every 8 hours for hypertension.</p> <p>Losartan Potassium 50 milligrams, beginning 7/28/21. Give one tablet by mouth every 12 hours for hypertension.</p> <p>Clonidine Hcl 0.1 milligram, beginning 7/27/21. Give one tablet by mouth once daily as needed for a systolic blood pressure greater than 150 mmHg.</p> <p>Further review of the physician's order summary revealed orders for;</p> <p>Lacosamide 50 milligrams, beginning 7/28/21. Give two tablet by mouth every 12 hours for a seizure disorder. This order was changed 7/31/21 to Lacosamide 50 milligrams. Give one tablet by mouth every 12 hours for a seizure disorder</p>	F 760	<p>orders and corresponding EMAR to ensure medication availability, transcription and administration per ordered parameters Daily (Monday-Friday) for 4 weeks; weekly for 8 weeks. Findings will be reviewed in QAPI and variances addressed.</p>		

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F 760	<p>Continued From page 12</p> <p>Levetiracetam 500 milligrams, beginning 7/27/21. Give one tablet by mouth every 12 hours for a seizure disorder.</p> <p>Review of Resident #4's Medication Administration Record (MAR) revealed signatures indicating Resident #4 was administered Losartan Potassium 50 milligrams at 0900 and 2100 on 7/28/21, Metoprolol Tartrate 75 milligrams at 0900 and 2100 on 7/28/21, Hydralazine Hcl 25 milligrams at 0100, 0900 and 1700 on 7/28/21.</p> <p>The facility's records revealed Resident #4's anti-hypertensive medications didn't arrive to the facility from the pharmacy until 7/29/21 at 4:17 a.m. The delivery included four Metoprolol Tartrate 50 milligrams, four Metoprolol Tartrate 75 milligrams, six Hydralazine Hcl 25 milligrams, four Losartan Potassium 50 milligrams, and three Clonidine Hcl 0.1 milligram.</p> <p>Review of the medication withdrawals for Resident #4 from the emergency box/interim box (an in-house medication dispensing system as an option to obtain commonly ordered medications until the pharmacy makes a delivery) revealed on 7/28/21 at 0900, one Hydralazine Hcl 25 milligrams tablet was obtained. No other antihypertensive was withdrawn and one Levetiracetam 500 milligrams tablet was removed. No other anti-convulsive was removed.</p> <p>A review of the controlled drug record revealed thirty Lacosamide 50 milligrams tablets were delivered to the facility 7/30/21 and no tablets of Lacosamide were withdrawn from the emergency box/interim box.</p>	F 760			

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F 760	<p>Continued From page 13</p> <p>Review of Resident #4's vital signs revealed on 7/30/21 a blood pressure reading of 168/84 at 00:58. There was no signature of documentation indicating the administration of the as needed Clonidine Hcl for a systolic blood pressure greater than 150 mmHg. On 8/1/21 at 10:21 the resident had a blood pressure reading of 157/84. There was no signature of documentation indicating the administration of the as needed Clonidine Hcl for a systolic blood pressure greater than 150 mmHg. On 8/1/21 at 22:09 the resident was with a blood pressure reading of 217/121. Documentation stated the resident was transferred to a local hospital.</p> <p>An interview was conducted with the Registered Nurse Clinical Services Specialist at approximately 1:00 p.m. Registered Nurse Clinical Services Specialist stated because the nurses signed indicating that the medications were given she couldn't say they were not given but she could say the medications had not been delivered from the pharmacy and only the doses documented above had been removed from the emergency box/interim box for Resident #4, although they were available in the emergency box/interim box. The Registered Nurse Clinical Services Specialist stated audits are conducted for residents who are discharged and the audit revealed there were medication discrepancies for Resident #4 and as a result of this resident's chart audit other resident audits were conducted and staff education was performed.</p> <p>The conclusion of the medication reviews revealed; Resident #4 only had Hydralazine Hcl 25 milligrams withdrawn for administration at 0900 but not at 0100 and 1700 on 7/28/21 or 0100 on 7/29/21. Neither was there</p>	F 760			

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F 760	<p>Continued From page 14</p> <p>documentaion to support Metoprolol Tartrate 75 milligrams and Hydralazine Hcl 25 milligrams was withdrawn at 0900 and 2100 on 7/28/21.</p> <p>The anti-convulsive medication review revealed Resident #4 wasn't didn't have Lacosamide 50 milligrams available to be given and it wasn't withdrawn from the emergency box/interim box at 0900 and 2100 on 7/28/21 and 0900 and 2100 on 7/29/21. The review also revealed Levetiracetam 500 milligrams wasn't withdrawn on 7/27/21 at 2100 and 7/28/21 at 2100.</p> <p>On 8/19/21 at approximately 1:30 p.m., the above findings were shared with the Administrator and the Registered Nurse Clinical Services Specialist. They understood the concern.</p>	F 760			