STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495373	A. BUILDING _____ B. WING _____	C 08/24/2021

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BRANDON OAKS NURSING AND REHABILITATION CENTER	3837 BRANDON AVENUE ROANOKE, VA 24018

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E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 8/22/2021 through 8/24/2021. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 8/22/21 through 08/24/21. Corrections are required for compliance with 42 CRF Part 483 Requirements for Federal Long Term Care facilities. Complaints were investigated during the course of the survey. The Life Safety Code survey/report will follow. The census in this 62 certified bed facility was 59 at the time of the survey. The survey sample consisted of 24 current resident reviews and 5 closed record reviews.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and during a medication pass and pour observation, the facility staff failed to ensure that residents receive treatment by following physician	F 684		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/17/2021

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orders concerning medication administration for 1 of 29 residents in the survey sample, Resident #9.

The findings included:

For Resident #9, the facility staff failed to follow the physician's orders for the administration of Diclofenac Sodium 1% gel (a topical nonsteroidal anti-inflammatory drug used to relieve pain from arthritis in joints).

Resident #9's diagnosis list indicated diagnoses, which included, but not limited to Unspecified osteoarthritis Unspecified Site, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Right Dominant Side, Aphasia following Cerebral Infarction, and Pain Unspecified.

The most recent admission MDS (minimum data set) with an ARD (assessment reference date) of 8/12/21 assessed Resident #9 with modified independence in cognitive skills for daily decision making with intact short-term and long-term memory in section C, Cognitive Patterns. The resident was unable to complete the BIMS (brief interview for mental status) interview.

On 8/22/21 at 5:20 pm, during a medication pass and pour observation, surveyor observed RN (registered nurse) #1 squeeze out a small amount of Diclofenac Sodium 1% gel onto their gloved fingers and apply to the resident's knee. RN #1 again squeezed out a small amount of the gel and applied to Resident #9's other knee. RN #1 did not measure the Diclofenac Sodium 1% gel prior to application to either knee. After exiting the resident's room, surveyor asked RN #1 for the ordered dosage of Diclofenac Sodium

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1% gel for Resident #9. RN #1 stated 4 grams to each knee is the order but the resident does not want all of it, (he/she) showed them yesterday and (he/she) only wants half of it. RN #1 further stated they used about 2 grams for each knee. RN #1 obtained the measuring strip from the Diclofenac Sodium 1% gel box and showed the surveyor the dosage lines for 2 grams and 4 grams.

Resident #9's current physician's orders included an active order dated 8/05/21 for Diclofenac Sodium OTC (over the counter) gel 1% apply 4 grams to lower joints QID (four times a day). RN #1 initialed the order on the August 2021 MAR (medication administration record) as being administered on 8/22/21 at 5:00pm. Surveyor observed RN #1 apply the medication to Resident #9's bilateral knees only.

Surveyor requested and received the facility's policy for medication administration entitled, "Medication Administration General Guidelines" which states in part:
Preparation
4. FIVE RIGHTS - Right resident, right drug, right dose, right route and right time, are applied for each medication being administered. A triple check of these 5 Rights is recommended at three steps in the process of preparation of a medication for administration: (1) when the medication is selected, (2) when the dose is removed from the container, and finally (3) just after the dose is prepared and the medication put away.
b. Check #2: Prepare the dose - the dose is removed from the container and verified against the label and the EMAR by reviewing the 5 Rights.

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F 684	Continued From page 3 Documentation 4. The resident's EMAR is initialed by the person administering the medication, and on the line for that specific medication dose administration. Initials on each EMAR are cross referenced to a full signature. On 8/23/21 at 4:26 pm during a meeting with the administrator, director of nursing, Appalachian Unit Manager, and the Blue Ridge Unit Manager, surveyor discussed the concern of RN #1 failing to follow the physician's orders for the administration of Diclofenac Sodium 1% gel for Resident #9. No further information regarding this issue was presented to the survey team prior to the exit conference on 8/24/21.	F 684		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately	F 761		

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F 761	Continued From page 4	F 761		

locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
Based on observation, staff interview, and facility document review, the facility staff failed to dispose stored expired injectable medications in 1 of 3 medication storage rooms, Appalachian Unit.

The findings included:

The facility staff failed to dispose of an expired 10-count box of Influenza Vaccine prefilled syringes and a vial of Tuberculin Purified Protein (Mantoux) solution with an open date of 7/01/21.

On 8/23/21 at 3:05 pm, the surveyor, accompanied by LPN (licensed practical nurse) #1, entered the medication room on the Appalachian Unit and observed an open, complete 10-count box of Influenza Vaccine Flucelvac Quadrivalent prefilled syringes with an expiration date of 6/30/21 and an open multi-dose half-full vial of Tuberculin Purified Protein (Mantoux) solution with an open date of 7/01/21 written on the box containing the vial. Both medications were located in a locked refrigerator. LPN #1 took the box of Influenza Vaccine Flucelvac Quadrivalent prefilled syringes and multi-dose vial of Tuberculin Purified Protein (Mantoux) solution and gave them to the unit manager. The expiration date of 6/30/21 for the box of Influenza Vaccine Flucelvac Quadrivalent

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F 761	Continued From page 5	F 761		

prefilled syringes and the opening date of 7/01/21 for the multi-dose vial of Tuberculin Purified Protein (Mantoux) solution were verified by LPN #1 and the Unit Manager.

The surveyor requested and received the facility's policy for medication storage, entitled "Medication Storage in the Facility" which states in part:
Procedure:
8. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal, if a current order exists.
Expiration Dating:
3. Certain medications or package types, such as IV solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency.
4c. Drugs dispensed in the manufacture's original container will carry the manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is:
i. In a multi-dose injectable vial
6. The nurse shall place a "date opened" sticker on the medication and enter the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating.
9. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.

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F 761	Continued From page 6 On 8/23/21 at 4:26 pm during a meeting with the administrator, director of nursing, and unit managers, surveyor discussed the concern of the expired medications located in the medication room on Appalachian Unit. No further information regarding this issue was presented to the survey team prior to the exit conference on 8/24/21.	F 761		
F 812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility document review, facility staff failed to ensure food was stored under safe and sanitary conditions in 1 walk-in freezer and 1 drink/prep	F 812		

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F 812	Continued From page 7	F 812		

refrigerator.

The findings:

1. Frozen carrots, California blend vegetables, pre-cooked hamburger patties, and pretzel bagels were not sealed in a container within the walk-in freezer.

During the initial kitchen tour accompanied by the facility's food service manager on 08/22/2021 at approximately 4:30 p.m., there were opened boxes of frozen carrots, California blend vegetables and pre-cooked hamburger patties. These foods were in a plastic bag within the boxes with the plastic bags opened, not sealed or tied closed. There were pretzel bagels in an opened, not sealed or tied plastic bag sitting on a shelf. The food service manager reported the expectation was for all foods to be kept in a closed container within the walk-in freezer and acknowledged these items were not currently stored properly.

2. Individual milk containers in the "RC" kitchen's drink/prep refrigerator had expired.

While observing items kept within the "RC" kitchen's drink/prep refrigerator accompanied by the food service manager on 8/22/2021, six of the eight individual fat free milk containers had expired on 08/20/21. Five out of five individual containers of whole milk had expired on 08/20/21. There were five individual containers of 2% milk with an expiration date of 08/21/21. All of the milk containers were unopened. The food service manager acknowledged the items items had expired and discussed the concern with the facility's kitchen supervisor.

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F 812	Continued From page 8 The facility's administrator, director of nursing and one unit manager was informed of the above described observations during an end of day meeting on 08/23/21. Observations in the walk-in freezer and RC kitchen drink/prep refrigerator were made again on 08/24/21 at 9:29 a.m. accompanied by the food service manager. All items in the walk-in freezer were in closed containers. All items within the RC kitchen's drink/prep refrigerator had not expired.	F 812		