

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

PRINTED: 03/23/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495247 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/16/2021 |
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| NAME OF PROVIDER OR SUPPLIER NANS POINTE REHABILITATION AND NURSING | STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST CONSTANCE ROAD SUFFOLK, VA 23434 |
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| F 000 | <p>INITIAL COMMENTS</p> <p>An unannounced Medicaid/Medicare abbreviated complaint survey was conducted on 09/14/21 through 09/16/21. Complaint #VA 00052552, Unsubstantiated, lack of sufficient evidence; #VA 00049745, Unsubstantiated, lack of sufficient evidence; VA00049613, Substantiated without deficiency; #VA00049081, Substantiated, with deficiencies and VA00048872, Substantiated, without deficiency were investigated during the survey. The facility presented documentation for Past-Non-Compliance during the survey for F-tags 684 and 755. No corrections are required for compliance with 42 CFR 483 Federal Long Term Care requirements.</p> <p>The census in this 148 bed facility was 111 at the time of the survey. The survey sample consisted of 9 resident reviews.</p> | F 000 | | |
| F 684 SS=D | <p>Quality of Care CFR(s): 483.25</p> <p>§ 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 observations, staff interviews, clinical record review and during the course of a complaint investigation the facility staff failed to ensure 1 of 9 residents, Resident #8, (a closed record resident) received his physician ordered</p> | F 684 | <p>Past noncompliance: no plan of correction required.</p> | 10/12/21 |

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 10/12/2021 |
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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 684 | <p>Continued From page 1</p> <p>anti-anxiety medication was available and administered per the physician's order.</p> <p>The findings included:</p> <p>The facility staff failed to administer Resident #8's anti-anxiety medications for three days.</p> <p>Resident #8 was originally admitted to the facility 08/22/19 and readmitted 12/11/19 after an acute care hospital stay. The resident was discharged from the facility on 10/05/20. The current diagnoses included; Anxiety Disorder and Type 2 Diabetes Mellitus.</p> <p>The discharge, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 10/05/20 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 15 out of a possible 15. This indicated Resident #8 cognitive abilities for daily decision making were intact.</p> <p>In section "G"(Physical functioning) the resident was coded as requiring supervision of one person with bed mobility, transfers, locomotion, dressing and eating. Requiring limited assistance with toileting and personal hygiene. Requiring total dependence with bathing.</p> <p>The Care plan reads: Resident #8 uses anti-anxiety medications r/t (relating to) Anxiety disorder Date Initiated: 12/11/2019 Revision on: 10/08/2020. Goal: Resident#8 will be free from discomfort or adverse reactions related to antianxiety therapy through the review date. Date Initiated: 12/11/2019 Revision on: 10/08/2020. Intervention: : Give anti-anxiety medications ordered by physician. Monitor/document side</p> | F 684 | | | |

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| F 684 | <p>Continued From page 2 effects and effectiveness.</p> <p>The Physicians Order Summary (POS) for January 2020 reads: Ativan Tablet 2 mg. Give one tablet by mouth two times a day for anxiety. Order and Start date: 12/11/19.</p> <p>A review of the MAR (Medication Administration Record) revealed that Resident #8 was not administered his scheduled Ativan on the following dates and times: 1/09/20 at 5:00 PM, 1/10/20 at 9:00 AM., and 1/11/20 at 9:00 AM. Code marked with an H was placed on the dates the medications weren't administered indicating that the medication were put on hold.</p> <p>On 9/16/21 at approximately, 9:25 AM, an interview was conducted with the DON (Director of Nursing). She stated, "The nurse did not pull the Ativan from the Cubex (Pixis/back-up machine) to give resident Ativan. The doctor was in the building. The nurse was terminated. I have not seen or heard of any staff sleeping at night. During lock down we were on restrictions. Visitation was by appointment only. He would make his own appointments. Sometimes he would just leave the facility. "</p> <p>An interview was conducted on 9/16/21 at approximately 10:00 AM., with LPN #1 concerning Resident #8. He stated, "The Ativan incident didn't happen on this unit. If we run out of medications we will contact the physician and have them fax the script over to pharmacy. They will give us a code and we will pull it from the pixis (Cubex) until they get here. The pixis machine is located on the other hall/unit.</p> <p>Received QAPI (Quality Assurance and</p> | F 684 | | |

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| F 684 | <p>Continued From page 3</p> <p>Performance Improvement) Action Plan from the DON (Director of Nursing. The QAPI Action Plan reveals the following: Topic: Medication Availability. Current Measurement: Medications will be available as ordered.</p> <p>Actions/Interventions: MD (Medical Doctor) and RP (Responsible Party) were notified of medications not available no new orders received. Pharmacy was notified of Medication not available, Licensed Nurses were inserviced regarding medication not available. Licensed Nurse is to call pharmacy to request medication be dropped stat, shipped, document who they spoke to at pharmacy. Notify physician and Resident and or POA (Power of Attorney). Initial audit will be completed on Unit until 1/15/2020 to determine medication availability per MD order. Completion Date: 1/16/2020. Responsible Party: DON (Director of Nursing), ADNS (Assistant Director of Nursing), UM (Unit Manager). Follow-Up: Completed 18 of 20 Licensed Nurses have been in-serviced. The remainder will be in-serviced prior to the start of their next scheduled shift.</p> <p>The FRI (Facility Reported Incident) was filed on: 1/14/20. The Responsible Party, Physician, Adult Protective Services, Law Enforcement and OLC were notified on 1/14/20.</p> <p>The Inservice Documentation sign in sheet with staff signatures was reviewed during the survey: Topics: Medication Availability (Dated: 1/15/20-1/17/20), Abuse/Neglect Customer Service (Dated: 1/14/2020).</p> <p>On 09/16/21 at approximately 3:30 p.m., the above findings were shared with the Administrator, Director of Nursing and Corporate</p> | F 684 | | |

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| F 684 | Continued From page 4 Consultant. An opportunity was offered to the facility's staff to present additional information but no additional information was provided. | F 684 | | |
| F 755 SS=D | <p>This is a complaint deficiency!</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs</p> | F 755 | | 10/12/21 |

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| F 755 | <p>Continued From page 5</p> <p>is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on information gleaned during a complaint investigation, observation, family interview, staff interview, clinical record review, and review of facility documents, the facility's staff failed to ensure an ordered eye drop was available to administer to 1 of 9 residents (Resident #2), in the survey sample.</p> <p>The findings included:</p> <p>Resident #2 was originally admitted to the facility 11/25/2015, and was discharged from the facility 3/29/2020, return not anticipated returning to the facility 3/31/2020. Resident #2 diagnoses included; Persistent vegetative state, chronic, Hypertension, Glaucoma, Anoxic brain injury, Cardiac arrest, a Seizure Disorder, Aphasia, Dysphagia, Tracheostomy dependence.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 6/15/21 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long and short term memory problems as well as severely impaired for daily decision making.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring extensive assistance of two people with bed mobility, total care of two people with transfers, total care of one person with personal hygiene, bathing, dressing, eating, and toileting.</p> <p>Review of the physician's order summary revealed an order which read; Rocklatan Solution</p> | F 755 | Past noncompliance: no plan of correction required. | | |

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| F 755 | <p>Continued From page 6</p> <p>0.02-0.005 %. Instill 1 drop in both eyes in the evening for glaucoma.</p> <p>The care plan had a problem dated 11/17/2017 which read; (name of resident) has impaired visual function related to glaucoma. The goal read; (name of resident) will be comfortable and safe in environment. The interventions included; Administer ophthalmic medications as ordered. Follow-up with ophthalmology/optometrist as needed.</p> <p>During the interview with the complainant on 9/16/21 at approximately 8:35 a.m., the complainant stated his wife's eye drops were allowed to run out on several occasions therefore he checked with the staff prior to the weekends to ensure the medications are available. The complainant stated on 3/11/21 the Rocklatan eye drops ordered for his wife were not in the facility to be administered but the nurse informed him they would be ordered. The complainant further stated he notified the resident's optometrist of the resident not receiving the eye drops as ordered and his desire to obtain a new bottle of eye drops but the optometrist informed him it was necessary for him to bring his wife in for an examination prior to him ordering more eye drops.</p> <p>The clinical record revealed the following progress notes: 3/13/2021 at 15:00, Received call from resident's spouse regarding Rocklatan eye drops, concerned that Rocklatan eye drops are not here. Call placed to Polaris pharmacy regarding refilling, pharmacy stated it's too soon to refill but they will fax over an "authorization for facility to pay" form, awaiting fax from pharmacy. The physician was made aware. Another progress note dated 3/14/2021 at 14:30 read,</p> | F 755 | | | |

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| F 755 | <p>Continued From page 7</p> <p>Rocklatan eye drops are on back order from Polaris pharmacy, have been special ordered, resident's spouse and physician made aware. Per physician's order, continue to hold the Rocklatan eye drops until they are available from pharmacy. A progress note dated 3/15/2021 at 18:06 read; Resident's eye drop Rocklatan 1 bottle received from pharmacy and administered at this time. An additional note dated 3/16/2021 at 08:15 read; Called Spouse and informed him that the eye drops was delivered approximately 6:00 p.m. on 3/15/21.</p> <p>An interview was conducted with the Director of Nursing on 9/16/21 at approximately 10:20 a.m. The Director of Nursing stated the episode of the Rocklatan eye drops not being available did occur. She further stated on the day the eye drops were identified as not being available she had seen the bottle of eye drops in the medication cart that morning (3/11/21), during a mock survey. The Director of Nursing she suspected the nurse working 3/11/21 on the 3:00 p.m. - 11:00 p.m., shift misplaced the eye drops. The Director of Nursing stated the nurse reordered the eye drops but the pharmacist stated the insurance wouldn't cover the cost because it was too early for a refill therefore; additional paperwork was necessary to obtain a new bottle of the eye drop. The replacement eye drops were billed to the facility and delivered to the facility 3/15/21.</p> <p>The clinical record revealed the following progress notes dated 3/25/2021 at 07:44, Resident returned from the eye doctor appointment and was accompanied by her husband and nephew. The nurse met the Resident at entrance and transported her into the</p> | F 755 | | | |

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| F 755 | <p>Continued From page 8</p> <p>building. The resident's husband gave the nurse an envelope with refills for the same eye drop that the resident is currently on. Rocklatan and Simbrinza both scripts were faxed to pharmacy and original given to the Unit Manager.</p> <p>This allegation was addressed with the Administrator, Director of Nursing and two Corporate consultant on 9/16/21 at approximately 10:45 p.m. An opportunity was offered for the facility's staff to present additional information, they provided an Action Plan - Pharmacy Service secondary to the missing eye drops with a correction date of 3/16/21.</p> <p>The plan stated each resident should receive their medications as ordered. The facility identified that all residents could be affected by medication omission. Licensed Nurses were educated on receiving, replacing and confirming medication deliveries to the facility and the facility decided Unit Managers were to audit five residents weekly for eight weeks to ensure medications were available and not omitted. The Director of Nursing was to notify the pharmacy of concerns obtaining medications as ordered. Collected data was reviewed in the monthly QAPI meeting.</p> <p>COMPLAINT DEFICIENCY</p> | F 755 | | | |