

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

PRINTED: 12/10/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/29/2021
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 608 RISON STREET DANVILLE, VA 24541		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 11/22/21 through 11/29/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey; VA00051961-Substantiated with deficiencies. The census in this 60 certified bed facility was 45 at the time of the survey. The survey sample consisted of 5 current resident reviews and 1 closed record review.	F 000	This plan of correction constitutes the written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted to meet requirements established by State and Federal Law.		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that	F 580	1. Resident #6 no longer resides in the facility 2. Audit conducted on 11/22/2021, by DON, with no other current residents with reported feelings of wanting to harm themselves or others. 3. Re-education of Licensed Nursing Staff regarding notification of changes to suicidal expressions. 4. Verbalizations of feelings of harming self or others will be monitored by DON and/or Administrator to ensure notification of Provider of resident, resident's family, refusal to go to ED, facility and provider follow up post episode will be audited weekly x 12 weeks for compliance. Findings will be reported to QAPI x 3 months for review and any further recommendations.	12/22/2021	

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

Dana C. Haylewood, LNH, MS

TITLE

Administrator

(X6) DATE

12.17.2021

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 580	<p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to notify the medical provider of a change in resident status for 1 of 6 residents in the survey sample, Resident #6. The facility staff failed to notify the provider of the resident's refusal for emergency evaluation following statements of having suicidal and homicidal tendencies.</p> <p>The findings included:</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>For Resident #6, the facility staff failed to notify the provider of the resident's refusal for emergency evaluation following statements of having suicidal and homicidal tendencies.</p> <p>Resident #6's diagnosis list indicated diagnoses, which included, but not limited to Acute Osteomyelitis Left Ankle and Foot, Chronic Pain, PTSD (Post-Traumatic Stress Disorder), History of Other Mental and Behavioral Disorders, Major Depressive Disorder Recurrent Moderate, Other Specified Anxiety Disorders, and Major Depressive Disorder Single Episode Severe with Psychotic Features.</p> <p>The Resident #6 was admitted on 11/10/21, the admission MDS (minimum data set) was not complete at the time of survey exit. The "(Name omitted) Admission/Readmission Evaluation - V3" documented Resident #6 as "alert and oriented x 4".</p> <p>Resident #6's clinical record revealed the following documentation:</p> <p>A 11/18/21 9:50 pm nursing note states "resident was observed to be in room, and was very agitated and hostile, (he/she) was pushing (his/her) bedside table a little bit in aggression. (He/she) also was stating that (he/she) 'felt (he/she) was losing (his/her) mind' and also that (he/she) 'had suicidal tendencies and homicidal tendencies'. (He/she) also stated that 'the facility didn't know what (he/she) was capable of. DON (director of nursing) and Administrator were both notified. They stated to call the EMS and to take (him/her) to the hospital. EMS was called who came in and talked to the resident who stated (he/she) was not going to go to the hospital.</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>Reported back to the Administrator and DON.</p> <p>A 11/18/21 10:30 pm nursing note states in part "spoke with NP (nurse practitioner) on call about resident's behaviors how (he/she) was upset about (his/her) Norco being discontinued, she suggested to try to see if (he/she) would take Naproxen 250 mg prn (as needed) q (every) 4 hrs for pain. When resident was offered this (he/she) stated that (he/she) 'was not taking that (expletive), that doesn't help me, I've been on Norco practically my whole life'. No signs of physical distress".</p> <p>An 11/18/21 11:00 pm nursing note states in part "Resident has been calmer since speaking with EMS and Officer (name omitted). Resident told Office (name omitted) that (he/she) had no wishes to harm (him/her) self or others. CNA (certified nursing assistant) has been checking on resident throughout the evening. Resident declined Tylenol when offered. Towards the end of shift when giving (his/her) scheduled IV antibiotics, (he/she) was observed to be laying back in bed watching TV and eating Cheez-its".</p> <p>Resident #6 was seen by the facility physician on 11/19/21, however, the progress note did not discuss the previous night's statement of having suicidal tendencies and homicidal tendencies and refusing to go to the ER. Progress note does state in part, "no signs of uncontrolled active depression or anxiety at this time".</p> <p>Surveyor spoke with the facility medical director who is also Resident #6's physician via phone on 11/23/21 at approximately 3:45 pm, physician stated he remembers previously seeing the resident and (he/she) did not seem suicidal, did</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>not look to be in pain or depressed, only wanted (his/her) script for (his/her) previous Morphine order. Surveyor asked if facility staff notified him of the resident's statement of suicidal/homicidal tendencies and he stated staff notified him of the resident being aggressive and the NP took care of it and I never heard anything else. Surveyor asked the physician if he felt Resident #6 was safe to be in this facility and he stated "I do, I'm not concerned about him" and "I think (he/she)'s fine to be here".</p> <p>On 11/23/21 at 3:08 pm, surveyor spoke with Resident #6 in their room and asked if they were having any feeling of wanting to harm self and the resident stated "nah". Surveyor then asked if they felt like hurting others and the resident stated "not right now". Resident also stated they were not going to the psychiatrist appointment tomorrow. Administrator was notified of the resident's statements.</p> <p>On 11/23/21 at 5:05 pm, surveyor met with the administrator and DON and discussed the concern of the provider not being notified following Resident #6's refusal to go to the ER, lack of physician evaluation or follow-up, and lack of documented facility follow-up following this episode.</p> <p>A nursing progress note dated 11/23/21 8:02 pm states "Resident called (name omitted) and cancelled psych appointment with psych (name omitted). EC (emergency contact) (name omitted) notified. (Physician's name omitted) notified". This appointment was established prior to the resident's admission.</p> <p>Resident was seen by the facility physician on</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>11/24/21, the progress note states in part "There has been some report of (him/her) having suicidal/homicidal ideation. Patient denies all of this today. (He/she) seems like (his/her) mood is good. (He/she) does have a reasonable outlook on (his/her) prognosis. (He/she) states (he/she) does not want to follow-up with (his/her) psychiatrist because (he/she) currently does not like the one that (he/she) has but (he/she) will ask the patient advocate at the (name omitted) to reassign himPatient is pleasant today. (He/she) does not seem to be a threat to himself or others. (He/she) is happy with (his/her) pain management".</p> <p>A nursing note dated 11/24/21 10:20 am states "(physician name omitted) assessed and spoke with resident today. During visit, resident reported to MD that (he/she) had cancelled (his/her) own psych appt because (he/she) didn't like the psychologist and was going to try to get in to see a different one. MD okay with waiting for different psychologist, reports the resident is mentally stable enough to make the decision to change psych provider if desired".</p> <p>On 11/29/21 at 1:39 pm, surveyor spoke with the LPN (licensed practical nurse) #2, the nurse providing care for the resident on 11/18/21 at the time of the resident's statements and ER refusal. LPN #2 stated Resident #6 stated he had suicidal and homicidal tendencies, (he/she) never said (he/she) wanted to harm (him/her)self or anyone else, (he/she) said (he/she) had tendencies like that. LPN #2 stated she call the DON and said the resident had "ideations" and called the administrator and said "tendencies". LPN #2 stated she called EMS and a police officer came with EMS and the resident told the police that</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>(he/she) did not want to hurt himself or others. "(He/she) was chilling in the bed" and EMS told (him/her) that (he/she) would not get pain meds at the ER and the resident said (he/she) would not go. LPN #2 stated she texted the DON but forgot to call the administrator and notify of the resident's refusal. LPN #2 stated she did not talk to the NP after the resident refused to go to the ER with EMS. Surveyor asked if anyone sat with the resident following his statements and LPN #2 said a CNA (certified nursing assistant) stayed with him while she called EMS but she doesn't believe anyone sat with (him/her) but she notified 3rd shift.</p> <p>Surveyor spoke with the DSS (director of social services) on 11/29/21 at 1:53 pm and asked if she was notified of Resident #6's statements of suicidal/homicidal tendencies and refusal to go to the ER, DSS stated she heard after the fact and that was when she went back to (him/her) and offered meditecare again and the resident agreed. DSS stated the referral was made on 11/24/21 and if the (name omitted) authorizes the visit, the resident will see the psychologist on Monday. Surveyor asked how the facility is managing the resident's PTSD, DSS stated a meditecare referral and the doctor is dealing with (his/her) meds. Surveyor then asked if she feels Resident #6 is safe to be in the facility and DSS stated "I think so".</p> <p>On 11/29/21, the DON provided a written statement from CNA #2 dated 11/23/21 which read in part "On 11/18/21 while (Resident #6) was having behaviors, I checked on (him/her) at least every 5 to 15 minutes to make sure (he/she) and (his/her) roommate were alright". The DON also provided a written statement dated 11/24/21 from</p>	F 580			

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F 580	<p>Continued From page 7</p> <p>the administrator which read in part "Administrator spoke with Officer (name omitted) regarding situation with resident (name omitted) on 11/18/21. (Name omitted) stated that when he got to facility with EMS, (Resident #6) was showing no signs or symptoms of being suicidal or homicidal. He stated that resident had a long conversation with EMS worker about (his/her) medications and how he had been on these medications for a very long time. EMS worker stated to resident 'you know you're not going to get pain meds at the ER'. Resident then refused to go to ER. Resident was sitting on bed eating chips and laughing. Did not appear to be in any stress. Officer (name omitted) stated 'by law, if I thought (he/she) was in any danger or was putting anyone in danger, I would have had to take (him/her) to the ER'".</p> <p>Surveyor requested and received the facility policy entitled "Suicidal Expression Policy" which states in part "If the family or DPOA (durable power of attorney) refuse to allow resident to be transported to the emergency department they must provide a 24 hour sitter until a physician can conduct an onsite assessment to determine the resident is no longer at risk".</p> <p>On 11/29/21 at 3:11 pm, surveyor met with the Administrator and DON and discussed the concern of Resident #6's physician not being notified following Resident #6's refusal to go to the ER, lack of physician evaluation or follow-up until 11/24/21, and no documented facility follow-up following this this episode. The administrator stated the resident had an appointment with their psychiatrist on 11/24/21 and that is why they did not do meditecare initially.</p>	F 580			

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F 580	Continued From page 8	F 580			
F 686 SS=D	<p>No further information regarding this issue was presented to the surveyor prior to the exit conference on 11/29/21.</p> <p>Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)</p> <p>§483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that-</p> <p>(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</p> <p>(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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure residents with pressure ulcers receive necessary treatment and services to promote healing for 2 of 6 residents in the survey sample, Resident #1 and #5.</p> <p>The findings included:</p> <p>1. For Resident #1, the facility staff failed to initiate treatment to a stage II pressure area to the sacrum upon readmission on 11/17/20, treatment began on 11/19/20.</p> <p>Resident #1's diagnosis list indicated diagnoses.</p>	F 686	<p>1. Resident #1 no longer resides in the facility</p> <p>Resident #5 current treatment order to left heel DTI validated for assigned schedule on 11/22/2021</p> <p>2. Audit conducted on 11/22/2021, by DON, of all other residents with pressure ulcers to ensure treatment orders in place with assigned schedule reflected in the order. No other issues noted.</p> <p>3. Licensed nursing staff educated on treatments for new admissions/readmissions and assigning schedule to treatment order.</p> <p>4. All new admissions/readmissions to be audited to ensure treatment orders in place with assigned schedule for identified skin impairments upon admission weekly x 12 weeks.</p> <p>Findings of audits to be reported by DON to QAPI x 3 months for review and further recommendations as needed.</p>	12/22/2021	

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F 686	<p>Continued From page 9</p> <p>which included, but not limited to Alcoholic Cirrhosis of Liver with Ascites, Chronic Viral Hepatitis C, Delusional Disorder, Adult Failure to Thrive, Type 2 Diabetes Mellitus, Heart Failure, Respiratory Failure Unspecified with Hypoxia, Adjustment Disorder with Depressed Mood, and Personal History of Diabetic Foot Ulcer.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 9/22/20 assigned the resident a BIMS (brief interview for mental status) score of 12 out of 15 in section C, Cognitive Patterns indicating the resident's cognition was moderately impaired. In section G, Function Status, Resident #1 was coded as requiring extensive assistance with bed mobility, transfers, dressing, toilet use, personal hygiene and being totally dependent in bathing. In section M, Skin Conditions, the resident was coded as being at risk for developing pressure ulcers/injuries with no unhealed pressure areas identified at that time. Resident #1 was coded as being frequently incontinent of urine and always incontinent of bowel.</p> <p>A review of Resident #1 clinical record revealed the resident was readmitted to the facility on 11/17/20. A "(Name Omitted) Weekly Wound Assessment v1-v5" dated 11/17/20 documents in part, a stage II pressure area measuring 2.3 cm x 1.4 cm x 0 cm to sacrum described as pink and open with treatment of zinc oxide to sacrum and buttocks daily, may apply protective dressing as needed. The assessment has the effective date of 11/17/20 however, it was signed by the RN (registered nurse) on 11/19/20.</p> <p>A physician's order dated 11/19/20 states "Apply zinc oxide to sacrum and buttocks. May apply</p>	F 686			

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F 686	<p>Continued From page 10</p> <p>cushion dressing as needed every shift". Resident #1 received the first treatment to the sacrum on 11/19/20 on evening shift.</p> <p>Surveyor requested and received the facility policy entitled "Pressure Injury Prevention and Treatment Policy" which states in part "Residents admitted with existing pressure injuries will receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection".</p> <p>The above documentation was discovered following survey exit and therefore, the concern of Resident #1 not receiving treatment to the stage II sacral pressure area from readmission on 11/17/20 until 11/19/20 was not discussed with the facility management.</p> <p>2. For Resident #5, the facility staff failed to treat a DTI (deep tissue injury) to the left heel from 11/10/21 through 11/15/21 and 11/17/21.</p> <p>Resident #5's diagnosis list indicated diagnoses, which included, but not limited to sepsis, urinary tract infection, acute kidney failure, Type 2 Diabetes Mellitus, and Unspecified Dementia without Behavioral Disturbance.</p> <p>The "(Name omitted) Admission/Readmission Evaluation" dated 11/10/21 documented Resident #5 as being alert and confused. The admission MDS (minimum data set) had not been completed at the time of survey exit on 11/29/21.</p> <p>A review of Resident #5's clinical record revealed the resident was readmitted to the facility on 11/10/21. A "(Name Omitted) Weekly Wound Assessment v1-v5" dated 11/10/21 states in part,</p>	F 686			

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F 686	<p>Continued From page 11</p> <p>pressure area to the left heel measuring 4 cm length x 1.5 cm width with no depth, purple with no broken area, no open skin.</p> <p>A physician's order dated 11/10/21 1911 (7:11 pm) states "apply alevon [sp] heel dressing for protection to left heel as needed". A review of Resident #5's November 2021 TAR (treatment administration record) revealed following readmission on 11/10/21, treatment was only provided to the left heel on 11/16/21 for the time period of 11/10/21 through 11/17/21.</p> <p>A physician's order dated 11/17/21 states "Apply skin prep to DTI of left heel every day shift for wound care". Resident #5 began receiving daily treatments as ordered to the left heel on 11/18/21.</p> <p>Resident #5's comprehensive person-centered care plan included an intervention initiated 11/12/21 stating "TX (treatment) to left heel".</p> <p>Surveyor requested and received the facility policy entitled "Pressure Injury Prevention and Treatment Policy" which states in part "Residents admitted with existing pressure injuries will receive necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection".</p> <p>On 11/23/21 at 12:56 pm, the DON (director of nursing) provided the surveyor a copy of Resident #5's 11/10/21 1911 physician's order to "apply alevon [sp] heel dressings for protection to left heel as needed" and stated the nurse entering the order did not schedule it.</p> <p>On 11/23/21 at 5:05 pm, surveyor met with the</p>	F 686			

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F 686	Continued From page 12 administrator and DON and discussed the concern of Resident #5 not receiving treatments to the DTI of the left heel. No further information regarding this issue was presented to the surveyor prior to the exit conference on 11/29/21.	F 686			
F 755 SS=D	Pharmacy Svcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §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. §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. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §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	F 755	1. Resident #6 no longer lives at the facility. 2. All other current residents with order for controlled pain medication validated to have those pain medications available for administration as audited by DON on 11/22/2021. 3. Re-Education of all licensed nursing staff on emergency medication supply process. 4. All new admission/re-admissions to be audited to ensure controlled pain medications are available for administration as scheduled upon admission, conducted by DON weekly x 12 weeks. Findings of audit reported to QAPI for review and further recommendations as needed x 3 months.	12/22/2021	

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F 755	<p>Continued From page 13</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to obtain physician ordered medications for 1 of 6 residents in the survey sample, Resident #6.</p> <p>The findings included.</p> <p>For Resident #6, the facility staff failed to ensure Morphine (an opioid use to treat pain) and Norco (an opioid used to treat pain) were available for administration.</p> <p>Resident #6's diagnosis list indicated diagnoses, which included, but not limited to Acute Osteomyelitis Left Ankle and Foot, Chronic Pain, Post-Traumatic Stress Disorder, History of Other Mental and Behavioral Disorders, Major Depressive Disorder Recurrent Moderate, Other Specified Anxiety Disorders, and Major Depressive Disorder Single Episode Severe with Psychotic Features.</p> <p>The Resident #6 was admitted on 11/10/21, the admission MDS (minimum data set) was not complete at the time of survey exit. The "(Name omitted) Admission/Readmission Evaluation - V3" documented Resident #6 as "alert and oriented x 4".</p> <p>On 11/22/21 at 5:45 pm, while speaking with Resident #6 in their room, the resident stated on their first day at the facility they went 22 hours without pain medication.</p>	F 755			

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F 755	<p>Continued From page 14</p> <p>A review of Resident #6's clinical record revealed the following documentation:</p> <p>According to the Admission/Readmission Evaluation, Resident #6 arrived at the facility on 11/10/21 at 5:00 pm. Resident #6's Order Summary Report included a physician's order dated 11/10/21 for Morphine Sulfate 30 mg, give 1 tablet by mouth two times a day for pain with the first dose scheduled to be administered on 11/10/21 at 9:00 pm. Resident #6 also had a physician's order dated 11/10/21 for Morphine Sulfate 15 mg 1 tablet by mouth every 4 hours as needed for pain. According to the resident's November 2021 MAR (medication administration record), Morphine was not administered on 11/10/21 at 9:00 pm and 11/11/21 at 9:00 am. A nursing note dated 11/10/21 11:49 pm states Morphine was not administered due to "awaiting pharmacy". Resident #6 received the first dose of Morphine on 11/11/21 at 9:00 pm, 24 hours after the first dose was due.</p> <p>A nursing progress note dated 11/11/21 7:19 am states in part "new order received to start Norco 5/325 give 2 tabs q (every) 4 hrs (hours) x 7 days", the corresponding physician's order was dated 11/11/21 with the first dose scheduled to be administered on 11/11/21 at 5:00 am. According to the November 2021 MAR, the 5:00 am dose was administered, however the 9:00 am and 1:00 pm doses were not administered. Surveyor was unable to locate documentation for the reason the 9:00 am and 1:00 pm doses were not administered.</p> <p>An 11/11/21 11:54 am social services note states in part "Resident answered on PHQ, that (he/she</p>	F 755			

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F 755	<p>Continued From page 15</p> <p>wished (he/she) was dead ...I asked (him/her) if (he/she) had any thoughts of hurting (him/her)self, (he/she) stated no, that (he/she) is just having pain issues. Nursing is aware of medication issues".</p> <p>A nursing progress note dated 11/11/21 3:40 pm states in part "resident stated that (he/she) had no idea where (his/her) pain medication had been and that (he/she) had been waiting 24 hours since (his/her) arrival to facility yesterday, 11-10-21. (He/she) was informed that (his/her) medicine was on the way and that the first shift nurse had called about (his/her) medicine. (He/she) stated ok, (he/she) had heard that from everyone since yesterday and that (he/she) needed to have (his/her) medicine since (he/she) had anxiety, depression, and suicidal/homicidal tendencies. (He/she) was reassured that (his/her) medicine was on the way from pharmacy".</p> <p>Surveyor requested and received the facility policy entitled "Medication Shortages/Unavailable Medications" which states in part:</p> <p>1. Upon discovery that facility has an inadequate supply of a medication to administer to a resident, facility staff should immediately initiate action to obtain the medication from pharmacy.</p> <p>3. If a medication shortage is discovered after normal pharmacy hours:</p> <p>3.1 A licensed facility nurse should obtain the ordered medication from the Emergency Medication Supply.</p> <p>According to the Omnicell List Report provided by the DON (director of nursing), the emergency medication supply at the facility included 10 tablets of Hydrocodone-Acetaminophen 5-325 mg</p>	F 755			

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F 755	<p>Continued From page 16</p> <p>(generic equivalent for Norco 5-325) and 10 tablets of Morphine Sulfate ER 30 mg</p> <p>On 11/23/21 at 5:05 pm, surveyor met with the administrator and DON and discussed the concern of Resident #6 not receiving Morphine as ordered on 11/10/21 and 11/11/21 and Norco on 11/11/21.</p> <p>On 11/29/21 at 1:22 pm, surveyor spoke with the DON who stated Resident #6 did not come from the hospital with a script for Morphine and the NP (nurse practitioner) wrote the script for Morphine the next day when they came in to the facility. The nurses could not obtain the meds from the Omnicell because there was no script on the resident's profile at the pharmacy. The DON also stated LPN (licensed practical nurse) #3 pre-signed the MAR for the administration of Norco on 11/11/21 at 5:00 am in error. DON provided written statements from LPN #3 and RN (registered nurse) #2 concerning Resident #6's pain medication.</p> <p>LPN #3's statement read in part "On November 11, 2021 (Resident #6) requested Morphine 15 mg PRN (as needed), the med was not available at the time. I offered (him/her) 2 Tylenol, (he/she) told me to 'keep it'. I offered to send (him/her) to the ER and (he/she) told me 'no'. I told (Resident #6) that I was trying to contact (his/her) doctor for orders. I called on call and spoke with (name omitted) and was given orders for Norco 5-325 mg, 2 q (every) 4 hours x 7 days. I was unable to get the Norco from the Omnicell due to having to have 2 nurse fingerprints and the nurse with me was not in the system yet. By that time first shift had come in and I reported off. In my error I signed off I had given a 5 am dose, I had forgot to</p>	F 755			

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F 755	<p>Continued From page 17</p> <p>go back and correct my error. I had texted (DON) during the night letting (him/her) know what was going on".</p> <p>RN #2's statement dated 11/29/21 read in part "At start of shift patient was upset about not having pain medicine available, specifically MorphinePatient was informed about medication (Norco and Morphine) had been ordered and would arrive later in the day on next pharmacy delivery. Patient was in agreement with this. Omnicell did not have pain medication available for patientPatient offered Tylenol as method of pain relief until narcotics arrived on 11/11/21. Patient refused and preferred to wait for prescribed medication ..."</p> <p>On 11/29/21 at 2:38 pm, surveyor spoke with PIC (pharmacist in charge) with the facility's contract pharmacy service concerning Resident #6's Morphine and Norco. The PIC stated Resident #6 was admitted on 11/10/21 and the physician script for Morphine was not received until 10/11/21 at 8:57 am and the physician script for Norco was received on 11/11/21 at 2:57 am. PIC stated the Morphine and Norco could not have been obtained from the facility Omnicell until the pharmacy received the physician scripts. PIC stated for the Norco, the facility could have called the on-call pharmacist and had them find the script and been given permission to obtain from the Omnicell. Morphine could have also been obtained from the Omnicell after the script was received on 11/11/21. According to the information provided by the PIC, Resident #6 could have received Norco as early as 3:00 am on 11/11/21 and Morphine on 11/11/21 at 9:00 am. However, Resident #6 received the first dose of Norco on 11/11/21 at 5:00 pm and the</p>	F 755			

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F 755	Continued From page 18 first dose of Morphine on 11/11/21 at 9:00 pm. On 11/29/21 at 3:11 pm, surveyor met with the administrator and DON and discussed the concern of the delay in Resident #6 receiving Morphine and Norco. The administrator stated Resident #6 arrived from the hospital without a written script for Morphine and the Admission Coordinator has been reminded to have a written script before a resident arrives from the hospital. No further information regarding this issue was presented to the surveyor prior to the exit conference on 11/29/21.	F 755			
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 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	F 761	1. Resident #3's Nystatin secured and stored in locked area with new order obtained from resident's provider for Nystatin. 2. Room sweep for medications at bedside, conducted 11/22/2021 by DON in conjunction with department managers, to ensure no other residents that reside in the facility have unapproved medications at bedside, none present. 3. Licensed nursing staff re-educated regarding medications at bedside. 4. Room sweep to be conducted weekly x 12 weeks as assigned by Administrator to ensure no unapproved medications at bedside and proper storage of those that are approved. Findings of audit to be reported for corrective action and reported to QAPI monthly x 3 months for further review and further recommendations.	12/22/2021	

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F 761	<p>Continued From page 19</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure medications were secure and stored in locked compartments for 1 of 6 residents in the survey sample, Resident #3.</p> <p>The findings included:</p> <p>For Resident #3, the facility staff failed to ensure medications were secure and stored in a locked area. A tube of Nystatin Cream was observed on the resident's over-bed table.</p> <p>Resident #3's diagnosis list indicated diagnoses, which included, but not limited to Generalized Muscle Weakness, Atrial Fibrillation, Rheumatoid Arthritis, Peripheral Vascular Disease, Paraplegia, and Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 10/30/21 assigned the resident a BIMS (brief interview for mental status) score of 13 out of 15 in section C, Cognitive Patterns.</p> <p>On 11/22/21 at 4:57 pm, while speaking with Resident #3 in their room, the resident showed the surveyor areas of redness under each arm. Surveyor asked Resident #3 if the facility staff were treating the areas and the resident picked up a tube from their over-bed table and stated a</p>	F 761			

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F 761	<p>Continued From page 20</p> <p>nurse gave them the cream and told them not to tell anyone. Resident #3 showed the surveyor the tube which was labeled Nystatin Cream USP 100,000. The tube had the remnants of a white paper tube which had been peeled off. Resident #3 stated they were not going to tell the name of the nurse who gave them the tube. At 5:04 pm, surveyor notified the administrator of the observation of the Nystatin Cream located in Resident #3's room.</p> <p>On 11/22/21, surveyor reviewed Resident #3's current physician's orders and was unable to locate an active order for Nystatin Cream.</p> <p>On 11/23/21 at 9:23 am, the administrator provided surveyor with a resident census report dated 11/22/21 labeled "Room Sweep for Meds at Bedside" with a check mark beside each resident and stated no other medications were found at the residents' bedsides.</p> <p>On 11/23/21, the DON (director of nursing) provided surveyor with a "SBAR (Situation Background Appearance Review) Communication Form" dated 11/22/21 for Resident #3 stating in part "redness noted to bilat (bilateral) underarms no open areas noted" with primary care clinician notification at 11/22/21 at 5:37 pm with the recommendation of "nystatin powder to be applied to bilat underarms bid (twice a day) for 14 days". The DON provided a "(Name omitted) Resident's Ability to Safely Self-Administer Medications" evaluation dated 11/23/21 for Resident #3 and a care plan focus dated 11/23/21 stating "resident demonstrates ability to self-administer Nystatin powder to per [sp] (his/her) preference r/t (related to) rash". Surveyor asked the DON if the resident had been</p>	F 761			

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F 761	Continued From page 21 assessed to self-administer medication prior to today and they stated no. Surveyor requested and received the facility policy entitled, "Storage and Expiration Dating of Medications, Biologicals, Syringes and Needles" which states in part: 3.3 Facility should ensure that all medications and biologicals, including treatment items, are securely stored in a locked cabinet/cart or locked medication room that is inaccessible by residents and visitors. 14.1 Facility should not administer/provide bedside medications or biologicals without a Physician/Prescriber order and approval by the Interdisciplinary Care Team and Facility administration. 14.2 Facility should store bedside medications or biologicals in a locked compartment within the resident's room. On 11/23/21 at 5:05 pm surveyor met with the administrator and DON and discussed the concern of the observation of the Nystatin Cream in Resident #3's room. No further information regarding this concern was presented to the surveyor prior to the exit conference on 11/29/21.	F 761			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent	F 842			

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F 842	<p>Continued From page 22</p> <p>agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>§483.70(i) Medical records.</p> <p>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <p>(i) Complete;</p> <p>(ii) Accurately documented;</p> <p>(iii) Readily accessible; and</p> <p>(iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained</p>	F 842	<p>1. Resident #6 no longer resides at the facility</p> <p>2. All other current residents with order for controlled pain medication, validated to have those medications available for administration as audited by DON on 11/22/2021.</p> <p>3. Licensed Nursing Staff re-educated on documentation of controlled pain medications dose not allow for pre-signing of dose as being administered before in fact administering, in event medication is not administered that it is documented accurately.</p> <p>4. Audit of controlled pain medication documentation of two random residents per week x 12 weeks to be conducted by DON and/or designee.</p> <p>Findings of audit to be reported to QAPI x 3 months for review and further recommendations.</p>	12/22/2021	

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F 842	<p>Continued From page 23</p> <p>for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure a complete and accurately documented clinical record for 1 of 6 residents in the survey sample, Resident #6.</p> <p>The findings included:</p> <p>For Resident #6, the facility staff documented administration of Norco 5-325 mg tablet (an opioid used to treat pain) when in fact the medication was not administered.</p> <p>Resident #6's diagnosis list indicated diagnoses, which included, but not limited to Acute Osteomyelitis Left Ankle and Foot, Chronic Pain, Post-Traumatic Stress Disorder, History of Other</p>	F 842			

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F 842	<p>Continued From page 24</p> <p>Mental and Behavioral Disorders, Major Depressive Disorder Recurrent Moderate, Other Specified Anxiety Disorders, and Major Depressive Disorder Single Episode Severe with Psychotic Features.</p> <p>The Resident #6 was admitted on 11/10/21, the admission MDS (minimum data set) was not complete at the time of survey exit. The "(Name omitted) Admission/Readmission Evaluation - V3" documented Resident #6 as "alert and oriented x 4".</p> <p>On 11/22/21 at 5:45 pm, while speaking with Resident #6 in their room, the resident stated on their first day at the facility they went 22 hours without pain medication.</p> <p>A review of Resident #6's clinical record revealed the following documentation:</p> <p>A nursing progress note dated 11/11/21 7:19 am states in part "new order received to start Norco 5/325 give 2 tabs q (every) 4 hrs (hours) x 7 days", the corresponding physician's order was dated 11/11/21 with the first dose scheduled to be administered on 11/11/21 at 5:00 am. According to the November 2021 MAR, the 5:00 am dose was administered, however the 9:00 am and 1:00 pm doses were not administered.</p> <p>A nursing progress note dated 11/11/21 3:40 pm states in part "resident stated that (he/she) had no idea where (his/her) pain medication had been and that (he/she) had been waiting 24 hours since (his/her) arrival to facility yesterday, 11-10-21. (He/she) was informed that (his/her) medicine was on the way and that the first shift nurse had called about (his/her) medicine.</p>	F 842			

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F 842	<p>Continued From page 25</p> <p>(He/she) stated ok, (he/she) had heard that from everyone since yesterday and that (he/she) needed to have (his/her) medicine since (he/she) had anxiety, depression, and suicidal/homicidal tendencies. (He/she) was reassured that (his/her) medicine was on the way from pharmacy".</p> <p>On 11/29/21, DON provided a written statement from LPN (licensed practical nurse) #3 concerning Resident #6's pain medication. LPN #3's statement read in part "I called on call and spoke with (name omitted) and was given orders for Norco 5-325 mg, 2 q (every) 4 hours x 7 days. I was unable to get the Norco from the Omnicell due to having to have 2 nurse fingerprints and the nurse with me was not in the system yet. By that time first shift had come in and I reported off. In my error I signed off I had given a 5 am dose, I had forgot to go back and correct my error ...".</p> <p>On 11/29/21 at 3:11 pm, surveyor met with the administrator and DON and discussed the concern of LPN #3 signing the MAR indicating Norco 5-325 was administered on 11/11/21 at 5:00 am when in fact it was not administered.</p> <p>No further information regarding this issue was presented to the surveyor prior to the exit conference on 11/29/21.</p>	F 842			