

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

PRINTED SURVEY FORM APPROVAL  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283	(X2) MULTIPLE CORRECTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/25/2022
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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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(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
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F 000 INITIAL COMMENTS

F 000

An unannounced Medicare/Medicaid abbreviated and Focused Infection Control survey was conducted 02/23/22 through 02/25/22. Five complaints (VA00054314- substantiated with deficiency, VA00054008- unsubstantiated with no deficiency, VA00054356 - substantiated with deficiency, VA00052758 substantiated with deficiency and VA00054044- substantiated with deficiency), were investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements.

The census in this 120 certified bed facility was 107. Of the 107 current residents, there were no residents positive for the COVID-19 virus. The survey sample consisted of twelve current resident reviews and two closed record reviews.

F 656 Develop/Implement Comprehensive Care Plan  
SS=E CFR(s): 483.21(b)(1)

F 656

Tag F656 - Develop and Implement Care Plan

§483.21(b) Comprehensive Care Plans  
§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -  
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and  
(ii) Any services that would otherwise be required

1. Resident # 12, # 2, # 11, # 1, and # 5 care plans were reviewed on 3/16/22 by the MDS coordinator to validate accuracy. Resident # 4 and Resident # 10 no longer reside at the facility.
2. Resident care plans related to Medications and Treatments were reviewed by the MDS coordinator.
3. The DON or designee re-educated the licensed nurses on the development and implementation of care plans.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 3/30/22
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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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under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).  
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.  
(iv) In consultation with the resident and the resident's representative(s)-  
(A) The resident's goals for admission and desired outcomes.  
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  
This REQUIREMENT is not met as evidenced by:  
Based on staff interview, resident interview, clinical record review, facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to develop and/or implement the comprehensive care plan for 7 of 14 residents in the survey sample, Residents #12, #4, #2, #11, #1, #10, and #5.

F 656 4. The DON or designee will review new resident care plans weekly times 4 weeks. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.  
5. The facility's alleged date of compliance will be April 4, 2022.

4/4/2022

The findings include:

1. For Resident #12, the facility staff failed to

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implement the comprehensive care plan regarding wound treatments.

Resident #12 was admitted to the facility on 4/27/15 and had the diagnoses of, but not limited to, pressure injury. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/17/21, the resident scored 7 out of 15 on the BIMS (brief interview for mental status, indicating the resident was severely cognitively impaired for making daily decisions.

A review of the clinical record revealed the following:

-A physician's order dated 12/2/21 for "Apply skin prep (1) to right heel daily and PRN (as needed) every night shift for preventive." A review of the December 2021 MAR and TAR (Medication Administration Record and Treatment Administration Record) revealed there was no documentation it was completed on 12/10/21, 2/10/22 and 2/17/22.

- A physician's order dated 12/7/21 for "Cleanse wound to sacrum with wound cleanser, pat dry, apply skin prep to area, apply calcium alginate (2) and optifoam (3) dressing every 3 days and PRN every day shift every 3 day(s) for wound care." A review of the December 2021, January 2022 and February 2022 MAR and TAR revealed there was no documentation it was completed on 12/13/21, 12/22/21, 12/25/21, 1/3/22, 1/9/22, 1/18/22, 1/24/22, 1/27/22, 1/30/22, 2/5/22 and 2/20/22.

A review of the comprehensive care plan revealed the following: "4/28/15 ...At risk for alteration in skin integrity related to: impaired mobility, impaired cognition, incontinence

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 ...Provide preventative skin care routinely and prn  
 ...10/14/21 ...Resident has pressure ulcer to  
 coccyx related to immobility ...Administer  
 treatment per physician orders."

F 656

On 2/24/22 at 10:35 AM an interview was conducted with LPN #1 (Licensed Practical Nurse). When asked what it means if areas were blank on the MAR or TAR, he stated, "That means it wasn't done. It wasn't clicked off in [name of electronic health record]." When asked if that means that the care wasn't provided, he stated, "Yes." When asked if the care plan documented to administer medications or treatments as ordered, and the MARs or TARs evidenced the medications or treatments was not done, if the care plan was followed, he stated, "It wasn't adhered to. It wasn't done. It wasn't carried out. It wasn't initiated. It wasn't started."

The facility policy, "Interdisciplinary Care Planning" was reviewed. This care plan documented, "The patient's care plan is a communication tool that guides members of the interdisciplinary healthcare team in how to meet each individual patient's needs. It also identifies the types and methods of care that the patient should receive....Once the care plan is developed, the staff must implement the interventions identified in the care plan."

On 2/24/22 at 4:45 PM, ASM #1, ASM #2, and ASM #3 (Administrative Staff Member) the Administrator, Director of Nursing, and Regional Quality Consultant, respectively, were made aware of the findings. No further information was provided by the end of the survey.

References:

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1. Skin Prep - "A liquid protective barrier wipe designed to form protective film to reduce friction during removal of tapes and films as well as prep skin for drainage tubes, external catheters, surrounding ostomy sites and adhesives formulated to help skin breathe so tape and film adheres better indicated for use on intact skin only."

Information obtained from  
<https://www.medline.com/jump/product/x/Z05-PF32716#mrkDocumentation>

2. "Alginate wound dressings are non-woven, non-adhesive pads and ribbons composed of natural polysaccharide fibers or xerogel derived from seaweed. On contact with exudate, these dressings form a moist gel through a process of ion exchange. They are soft and conformable, easy to pack, tuck or apply over irregular-shaped wounds. Indicated for wounds with moderate to heavy exudate, such as pressure ulcers, infected wounds and venous insufficiency ulcers. Alginates generally require a secondary dressing."

Information obtained from  
<https://www.woundsource.com/product-category/dressings/alginate>

3. Optifoam dressing - "Optifoam® Adhesive is a hydropolymer, adhesive foam island dressing that is waterproof and has a high fluid-handling capacity. Improved thin film backing for longer wear time."

Information obtained from  
<https://www.woundsource.com/product/optifoam-adhesive>

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F 656

2. For Resident #4, the facility staff failed to implement the comprehensive care plan regarding wound treatments.

Resident #4 was admitted to the facility on 6/19/14 and was discharged on 8/8/21. Resident #4 had the diagnoses of but not limited to multiple sclerosis, peripheral vascular disease, and pressure injury. On the most recent MDS (Minimum Data Set) a quarterly assessment with an ARD (Assessment Reference Date) of 6/1/21, the resident scored a "99" out of 15 on the BIMS (brief interview for mental status), indicating the resident was unable to complete the interview for cognitive status due to being severely cognitively impaired for making daily decisions.

A review of the clinical record revealed the following:

- A physician's order dated 6/14/21 for "Sacrum - cleanse with normal saline, apply small amount of hydrogel (1) and puracol (2) plus to any open area, cover with dry protective dressing. Change every shift and prn (as needed) if dressing becomes soiled, wet, or removed, as needed for skin alteration." A review of the June 2021 MAR and TAR (Medication Administration Record and Treatment Administration Record) revealed there was no documentation that it was completed on day shift on 6/17/21, day evening or night shift on 6/18/21, evening shift on 6/19/21, day or evening shift on 6/20/21, day shift on 6/24/21, day shift on 6/24/21, and night shift on 6/25/21.

- A physician's order dated 6/16/21 for "Clean area to bottom right foot with NS (normal saline) and apply skin prep (3) q (every) shift for wound care." A review of the June 2021 MAR and TAR revealed there was no documentation that it was

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completed on day shift on 6/17/21, day, evening or night shift on 6/18/21, evening shift on 6/19/21, day or evening shift on 6/20/21, day shift on 6/24/21, and day shift on 6/29/21.

- A physician's order dated 6/29/21 for "Right foot skin prep every shift for wound treatment." A review of the July 2021 MAR and TAR revealed there was no documentation it was completed on night shift on 7/4/21, day shift on 7/11/21, evening shift on 7/18/21, and day shift on 7/21/21.

- A physician's order dated 7/14/21 for "Santyl (4) Ointment 250 unit/gram (Collagenase). Apply to right foot topically every day shift every Mon (Monday), Wed (Wednesday), Fri (Friday) for wound, clean with NS, apply Santyl and cover with foam dressing." A review of the July 2021 MAR and TAR revealed there was no documentation it was completed on 7/16/21, 7/21/21, and 7/23/21.

A review of the comprehensive care plan revealed the following: "2/3/14 ...At risk for alteration in skin integrity related to: impaired mobility, altered cognition, MS (multiple sclerosis) and incontinence...Administer treatment per physician orders ...3/1/21 ...Open area at the sacrum related to: impaired mobility, incontinence, nutritional deficit ...Administer treatment per physician orders ...6/16/21 ...Area to bottom of right foot...Administer treatment per physician orders."

On 2/24/22 at 10:35 AM an interview was conducted with LPN #1 (Licensed Practical Nurse). When asked what it means if areas were blank on the MAR or TAR, he stated, "That means it wasn't done. It wasn't clicked off in

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[name of electronic health record]. When asked if that means that the care wasn't provided, he stated, "Yes." When asked if the care plan documented to administer medications or treatments as ordered, and the MARs or TARs evidenced the medications or treatments was not done, if the care plan was followed, he stated, "It wasn't adhered to. It wasn't done. It wasn't carried out. It wasn't initiated. It wasn't started."

On 2/24/22 at 4:45 PM, ASM #1, ASM #2, and ASM #3 (Administrative Staff Member) the Administrator, Director of Nursing, and Regional Quality Consultant, respectively, were made aware of the findings. No further information was provided by the end of the survey.

F 656

COMPLAINT DEFICIENCY

References:

1. "Hydrogel dressings are in many respects ideal for wound dressings. When applied to dry wounds, as well as sloughing or necrotic wounds, they can make and keep them clean by promoting the removal of infected or necrotic tissue via autolysis. Hydrogel dressings keep the wound warm, moist, and close. Also, they do not react with or irritate tissue. When applied, they do not adhere to wound surfaces and allow metabolites to pass freely. These dressings help provide a cooling effect on the wound, which makes them very pleasant for patients." Information obtained from <https://www.news-medical.net/health/Hydrogel-Dressings.aspx>
2. "Puracol is a primary wound dressing for all drainage types. Puracol is a highly absorbent



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F 656	<p>Continued From page 8</p> <p>material that converts to soft, gel sheet that stays in contact with wound bed as it absorbs exudate. Puracol features 100% pure native collagen, helps restore chemical balance in the wound bed, absorbent collagen sheets manage wound moisture, and gel sheet stays in contact with wound bed as it absorbs exudate." Information obtained from <a href="https://www.allegromedical.com/products/puracol-collagen-microscaffold-wound-dressing/">https://www.allegromedical.com/products/puracol-collagen-microscaffold-wound-dressing/</a></p> <p>3. Skin Prep - "A liquid protective barrier wipe designed to form protective film to reduce friction during removal of tapes and films as well as prep skin for drainage tubes, external catheters, surrounding ostomy sites and adhesives formulated to help skin breathe so tape and film adheres better indicated for use on intact skin only." Information obtained from <a href="https://www.medline.com/jump/product/x/Z05-PF32716#mrkDocumentation">https://www.medline.com/jump/product/x/Z05-PF32716#mrkDocumentation</a></p> <p>4. Santyl - "Collagenase SANTYL Ointment ("SANTYL") is indicated for debriding chronic dermal ulcers and severely burned areas." Information obtained from <a href="https://santyl.com/hcp">https://santyl.com/hcp</a></p> <p>3. The facility staff failed to implement the care plan to administer medications as ordered for Resident #2.</p> <p>Resident #2 was admitted to the facility with diagnoses that included but were not limited to chronic pain syndrome, hypertension and gastroesophageal reflux disease.</p>	F 656		
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On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/22/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section J documented Resident #2 receiving scheduled pain medications. Section N documented Resident #2 receiving antianxiety, antidepressant and opiod medications.

On 2/23/2022 at approximately 12:05 p.m., an interview was conducted of Resident #2 in her room. Resident #2 stated that there were occasions where they did not receive their scheduled medications and times when the medications were not given until the next shift. Resident #2 stated that the evening nurse on 2/13/2022 had walked out, and they had not received any medications for the evening shift and had to wait for the night shift to come in to get medications. Resident #2 stated that was not the only time they had not gotten their medications and had received them on the next shift.

The comprehensive care plan for Resident #2 documented in part, "Pain related to polyneuropathy, chronic pain syndrome. Date Initiated: 10/18/2021, At risk for changes in mood r/t (related to) depression. Date Initiated: 10/18/2021 and Sleep cycle issues. Date Initiated: 10/18/2021...Administer medications as ordered. Date Initiated: 10/18/2021...Cardiac disease related to Hypertension, Date Initiated: 10/18/2021, GI (gastrointestinal) distress r/t GERD (gastroesophageal reflux disease), Date Initiated: 10/18/2021 and Has/At risk for

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respiratory impairment related to asthma. Date Initiated: 10/18/2021 ...Administer medications as ordered. Date Initiated: 10/18/2021...Bowel Elimination Alteration; Constipation Bowel incontinence at times. Date Initiated: 02/04/2022 ...Administer medications per physician order & observe effectiveness. Date Initiated: 02/04/2022..."

F 656

The eMAR (electronic medication administration record) for Resident #2 dated 2/1/2022-2/28/2022 failed to evidence the following medications administered on the following dates and times:

- "Lactulose Solution 10 gm/15 ml. Give 15 ml by mouth at bedtime for bowel regimen." On 2/4/2022 at 9:00 p.m. and 2/13/2022 at 9:00 p.m.,
- "Senna Laxative Tablet 8.6 mg Give 2 tablet by mouth at bedtime for constipation may hold if experiencing loose stools." On 2/4/2022 at 9:00 p.m. and 2/13/2022 at 9:00 p.m.
- "Colace Capsule 100 mg Give 100 mg by mouth two times a day for constipation." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,
- "Hydroxyzine HCL tablet 25 mg Give 1 tablet by mouth two times a day for itch." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,
- "Metoprolol tartrate tablet 25 mg Give 1 tablet by mouth two times a day for HTN." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,
- "Mucinex Tablet extended release 12 hour 600 mg Give 600 mg by mouth two times a day for congestion." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,
- "Gabapentin Tablet 600 mg 2 tablet by mouth three times a day for neuropathic pain." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m. and 2/13/2022 at 8:30 p.m.
- "Oxybutynin chloride tablet 5 mg Give 1 tablet by mouth three times a day for overactive

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 02/25/2022
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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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(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
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F 656	<p>Continued From page 11</p> <p>bladder." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m. and 2/13/2022 at 8:30 p.m.</p> <p>- "Tizanidine HCL 2 mg Give 1 tablet by mouth three times a day for Give with 4 mg for a total of 6 mg." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.</p> <p>- "Tizanidine HCL 4 mg Give 4 mg by mouth three times a day for muscle spasm; give with 2 mg for a total of 6 mg." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.</p> <p>- "Baclofen tablet 10 mg Give 1 tablet by mouth every 6 hours for edema give with 20 mg to =30 mg" On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.</p> <p>- "Baclofen Tablet 20 mg Give 1 tablet by mouth every 6 hours for muscle spasms give with 10 mg to =30 mg" On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.</p> <p>- "Tramadol HCL tablet 50 mg Give 1 tablet by mouth every 6 hours for pain." On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.</p> <p>- "Tylenol tablet Give 650 mg by mouth four times a day for pain." On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.</p> <p>- "Famotidine Tablet 40 mg Give 1 tablet by mouth one time a day for GERD." On 2/11/2022 at 6:00 a.m.</p> <p>- "Linzess Capsule (for irritable bowel syndrome) 145 mcg Give 1 capsule by mouth one time a day for constipation." On 2/11/2022 at 6:30 a.m.</p> <p>- "Bisacodyl Suppository 10 mg Insert 1 suppository rectally at bedtime every other day for constipation." On 2/13/2022 at 9:00 p.m.</p>	F 656		
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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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F 656	<p>Continued From page 12</p> <p>- "Macrobid capsule (antibiotic) 100 mg give 1 capsule by mouth two times a day for UTI for 7 days." On 2/13/2022 at 5:00 p.m.</p> <p>The physician order's for Resident #2 documented the medications as listed above.</p> <p>The progress notes for Resident #2 documented in part, "2/14/2022 18:22 (6:22 p.m.) MD (medical doctor) and RP (responsible party) notified of meds (medications) not given on 2/13 (2/13/2022) evening shift. Resident monitored with no adverse effects." The progress notes failed to evidence documentation regarding the additional dates listed above.</p> <p>On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it was not documented on the eMAR. LPN #1 stated that multiple residents had reported to him that they had not received their medications on 2/13/2022 when he returned to work the next week. LPN #1 stated that the residents told him that they did not get their evening medications. LPN #1 stated that the staff were not implementing the care plan for administering medications as ordered if they were not administering the medications.</p> <p>On 2/24/2022 at 1:15 p.m., an interview was conducted with LPN #5. LPN #5 stated that the purpose of the care plan was to keep the medical staff informed about the care the resident needed and to keep them updated. LPN #5 stated that medications not signed off on the eMAR meant that they were not done. LPN #5 stated that the care plan was implemented by administering the medications or documenting why they were not</p>	F 656		
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F 656 Continued From page 13 given.

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On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that the care plan identified the needs of the resident and ensured the interventions were in place to meet their needs. ASM #2 stated that if the eMAR was not signed off they would assume that it was not done because it was not signed as completed. ASM #2 stated that the care plan was not being followed to administer medications as ordered unless there was documentation to support why the medication was not given.

The facility policy "Interdisciplinary care plan" documented in part, "...Implementation: Once the care plan is developed, the staff must implement the interventions identified in the care plan. These may include, but is not limited to: administering treatments and medications..."

On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.

No further information was provided prior to exit.

Complaint deficiency

4. The facility staff failed to implement the care plan to administer medications and treatments as ordered for Resident #11.

Resident #11 was admitted to the facility with diagnoses that included but were not limited to type 2 diabetes.

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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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F 656	Continued From page 14	F 656			
	<p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section J documented Resident #11 receiving scheduled pain medications. Section N documented Resident #11 receiving insulin, antipsychotic, antianxiety, antidepressant and opioid medications.</p> <p>On 2/23/2022 at approximately 2:00 p.m., an interview was conducted of Resident #11 in her room. Resident #11 stated that she had an open area on her buttock and that she put cream on the area that her family brought in for her. Resident #11 stated that the physician looked at the area when they came in and told the nurses how to treat the area. Resident #11 stated that some of the nurses came in to put a cream on the area but there were times when no one put anything on the area for days so she put her own cream on the area and that it was healing. Resident #11 proceeded to show pictures of the area on her cell phone and stated she had asked the nurse to take pictures of the area for her. Resident #11 stated that there were times when she did not receive her medications and would get them when the next shift came in to work. Resident #11 stated that on 2/13/2022 they did not receive any evening medications because the nurse had left and they had to wait for the night nurse to come in to get them. Resident #11 stated that this was not the only occasion that had happened to her.</p> <p>The comprehensive care plan for Resident #2</p>				

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documented in part, "The resident is on insulin r/t (related to) diabetes Date Initiated: 09/12/2019 ...meds (medications) as MARs (medication administration records) Date Initiated: 03/20/2020, monitor blood sugar, lab results as ordered by physician. Dated Initiated: 09/12/2019...At risk for changes in mood r/t anxiety, Date Initiated: 09/20/2019, At risk for changes in mood r/t depression, Date Initiated: 09/20/2019, and At risk for changes in mood r/t bipolar, Date Initiated: 09/20/2019...Administer medication per physician orders. Date Initiated: 9/20/2019...Open area left buttocks, Date Initiated: 01/31/2022 ...Administer treatment per physician orders, Date Initiated: 01/31/2022."

F 656

The eMAR (electronic medication administration record) for Resident #11 dated 2/1/2022-2/28/2022 failed to evidence the following medications administered on the following dates and times:  
- "Insulin Lispro Solution Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for Diabetes mellitus type 2." On 2/5/2022 at 6:30 a.m., 2/9/2022 at 11:30 a.m., 2/13/2022 at 4:30 p.m., and 2/16/2022 at 9:00 p.m.  
- "Methocarbamol tablet 500 mg Give 1000 mg by mouth every 8 hours related to central cord syndrome at unspecified level of cervical spinal cord, sequela." On 2/13/2022 at 5:00 p.m.  
- "Seroquel tablet 25 mg give 1 tablet by mouth two times a day for depression." On 2/13/2022 at 5:00 p.m.  
- "Topiramate tablet 25 mg Give 25 mg by mouth two times a day for seizures." On 2/13/2022 at 5:00 p.m.  
- "Clonazepam tablet disintegrating 0.125 mg by



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F 656	<p>Continued From page 16</p> <p>mouth two times a day related to anxiety disorder." On 2/13/2022 at 5:00 p.m.</p> <ul style="list-style-type: none"> <li>- "Docusate sodium tablet 100 mg Give 1 tablet by mouth two times a day for bowel regimen hold for loose stools." On 2/13/2022 at 5:00 p.m.</li> <li>- "Gabapentin capsule 100 mg give 2 capsule by mouth two times a day for neuropathic pain." On 2/13/2022 at 6:00 p.m.</li> <li>- "Oxycontin Tablet ER 12 hour abuse-deterrent 10 mg Give 10 mg by mouth every 12 hours related to encounter for orthopedic aftercare following surgical amputation." On 2/13/2022 at 9:00 p.m.</li> <li>- "Prosource plus liquid nutritional supplements give 30 ml by mouth two times a day for aid wound healing." On 2/13/2022 at 5:00 p.m.</li> <li>- "Ascorbic Acid Tablet Give 500 mg by mouth two times a day for wound management." On 2/13/2022 at 6:00 p.m.</li> <li>- "Metformin HCL tablet 500 mg Give 1000 mg by mouth at bedtime for DM." On 2/13/2022 at 9:00 p.m. and 2/16/2022 at 9:00 p.m.</li> <li>- "Atorvastatin Calcium Tablet 40 mg (milligram) Give 40 mg by mouth at bedtime for hyperlipidemia." On 2/13/2022 at 9:00 p.m.</li> <li>- "Basaglar KwikPen solution Pen injector 100 unit/ml Inject 70 unit subcutaneously at bedtime for DM 2." On 2/13/2022 at 9:00 p.m.</li> </ul> <p>The eTAR (electronic treatment administration record) for Resident #11 dated 1/1/2022-1/31/2022 failed to evidence the following treatments administered on the following dates and times:</p> <ul style="list-style-type: none"> <li>- "Aquaphor Ointment (for dry skin) apply to leg-both topically every day and evening shift for skin alteration leave a bedside per MD." On 1/3/2022, 1/4/2022, 1/5/2022, 1/15/2022, 1/16/2022, 1/20/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at</li> </ul>	F 656		
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7:15 a.m. On 1/3/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/2022, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 3:15 p.m.

- "Balsam Peru-Castor Oil Ointment (combination medicine to treat skin ulcers) apply to buttocks and left thigh topically two times a day for skin alteration 1 application to sites as ordered." On 1/3/2022, 1/4/2022, 1/5/2022, 1/8/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/22, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 9:00 a.m. On 1/3/2022, 1/8/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/2022, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 5:00 p.m.

- "Diclofenac Sodium Gel 1% (for pain) Apply to shoulder both topically every day and evening shift for pain apply 4 g (gram)." On 1/3/2022, 1/4/2022, 1/5/2022, 1/15/2022, 1/16/2022, 1/20/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 7:15 a.m. On 1/3/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/2022, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 3:15 p.m.

The eTAR for Resident #11 dated 2/1/2022-2/28/2022 failed to evidence the following treatments being administered on the following dates and times:

- "Aquaphor Ointment apply to leg- both topically every day and evening shift for skin alteration leave a bedside per MD." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 7:15 a.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 3:15 p.m.

- "Balsam Peru-Castor Oil Ointment apply to

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buttocks and left thigh topically two times a day for skin alteration 1 application to sites as ordered." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 9:00 a.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 5:00 p.m.

- "Cleanse open area to left buttock, pat dry, apply skin prep to peri wound, apply silva sorb gel (antimicrobial wound gel) apply gauze affix with island dressing BID (twice a day) and prn (as needed) until healed. Every evening shift and night shift for wound care." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 3:15 p.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 11:15 p.m.

The physician orders for Resident #11 documented the medications and treatments as listed above.

The progress notes for Resident #11 documented in part,

- "1/31/2022 00:40 (12:40 a.m.) Resident noted with 3 x 1.5 x 0.1 open area to left buttocks. Peri wound has maceration wound bed beef red. No odor present. No drainage present. Area cleansed with NS (normal saline), patted dry, skin prep to peri wound, applied silva sorb wound gel to wound bed covered with gauze covered with island dressing. MD (medical doctor) informed. Resident is own RP (responsible party) and is aware."

- "2/14/2022 18:24 (6:24 p.m.) MD (medical doctor) and RP (responsible party) notified of meds (medications) not given on 2/13 (2/13/2022) evening shift. Resident monitored

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F 656	Continued From page 19 with no adverse effects." The progress notes failed to evidence documentation regarding the additional dates listed above.	F 656		
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On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it was not documented on the eMAR. LPN #1 stated that multiple residents had reported to him that they had not received their medications on 2/13/2022 when he returned to work the next week. LPN #1 stated that the residents told him that they did not get their evening medications. LPN #1 stated that the staff were not implementing the care plan for administering medications as ordered if they were not administering the medications.

On 2/24/2022 at 1:15 p.m., an interview was conducted with LPN #5. LPN #5 stated that the purpose of the care plan was to keep the medical staff informed about the care the resident needed and to keep them updated. LPN #5 stated that medications not signed off on the eMAR meant that they were not done. LPN #5 stated that there should be a progress note documenting why the medications were not administered in the record. LPN #5 stated that the care plan was implemented by administering the medications or documenting why they were not given.

On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that the care plan identified the needs of the resident and ensured the interventions were in place to meet their needs. ASM #2 stated that if the eMAR or eTAR were not signed off they would assume that it was not done

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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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(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
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F 656	<p>Continued From page 20</p> <p>because it was not signed as completed. ASM #2 stated that the care plan was not being followed to give medications as ordered unless there was documentation to support why they were not given.</p> <p>On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.</p> <p>No further information was provided prior to exit.</p> <p>5. The facility staff failed to implement the comprehensive care plan for medication administration for Resident #1.</p> <p>Resident #1 was admitted to the facility on 10/15/21 with diagnosis that included but were not limited to: peripheral vascular disease, diabetes mellitus and atrial fibrillation. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 1/20/22, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.</p> <p>A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Atrial fibrillation, hypertension and deep vein thrombosis. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."</p> <p>The physician orders dated 11/19/21 documented: - For 5:00 p.m. administration: "Monitor blood sugar twice daily, notify physician if fasting blood</p>	F 656		
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F 656	<p>Continued From page 21</p> <p>sugar less than 100 ...Metoprolol (antihypertensive) 12.5 milligram twice daily for hypertension ...Eliquis (anticoagulant) 5 mg twice daily for blood thinner."</p> <p>- For 9:00 p.m. administration: "Lantus (insulin) 100 UNIT/MILLILITER Inject 10 unit subcutaneously at Bedtime ...Lidocaine Patch 4 % Apply to chest topically every 12 hours for pain and remove per schedule ...Gabapentin (antiepileptic) 100 milligram at bedtime for neuropathy."</p> <p>A review of the February 2022 MAR (medication administration record) evidenced a blood sugar of 100 on 2/13/22 at 6:30 AM, no blood sugar on 2/13/22 at 4:30 PM, and a blood sugar of 145 at 2/14/22 at 6:30 AM. The MAR evidenced a blood pressure of 103/64 on 2/8/22.</p> <p>A review of the nursing progress note dated 2/14/22 at 6:22 PM, written by ASM (administrative staff member) #2, the interim director of nursing, revealed, "Physician and RP (responsible party) notified of meds (medications) not given on 2/13 evening shift. Resident monitored with no adverse effects."</p> <p>An interview was conducted on 2/23/22 at 12:56 PM with Resident #1. When asked if he had missed any medication doses, Resident #1 stated, "Yes, there was an evening where there was not a nurse to give the medications and I did not get any till the next day."</p> <p>An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave</p>	F 656		
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F 656 Continued From page 22

F 656

Resident #1 his day shift medications and then handed off to the evening nurse. I do not know what the nurse did. When I came back on Tuesday 2/15/22, Resident #1 told me he had not received his evening medicines on Sunday." When asked the purpose of the care plan, LPN #1 stated, "The purpose of the care plan is to lay out the plan of care for the resident and care givers." When asked if there were blanks on the MAR, was the care plan implemented, LPN #1 stated, "No, it was not."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM. When asked the purpose of the care plan, ASM #2 stated, "The purpose of the care plan is to identify the needs of the resident and to make sure you have interventions in place and to assist the CNA's and nurses with providing care for the resident." When asked if there were blanks on the MAR, was the care plan implemented, ASM #2 stated, "No, the care plan was not followed if there were blanks."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

No further information was provided prior to exit.

6.a. The facility staff failed to implement the comprehensive care plan for peritoneal dialysis site care for Resident #10.

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F 656 Continued From page 23

F 656

Resident #10 was admitted to the facility on 9/29/21 with diagnosis that included but were not limited to: end stage renal disease, peripheral vascular disease, diabetes mellitus and congestive heart failure.

The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/19/21, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as requiring extensive assistance for bed mobility, transfer, dressing, hygiene and bathing; limited assistance for locomotion and supervision for eating.

A review of the comprehensive care plan dated 11/1/21 documented in part, "FOCUS: Renal insufficiencies related to end stage renal disease. INTERVENTIONS: Peritoneal dialysis catheter and site care per physician orders."

A review of the physician orders dated 9/29/21, revealed the following, "Peritoneal dialysis site care. Cleanse area with normal saline and pat dry. Apply dry dressing daily as needed to maintain dry and infection free peritoneal dialysis insertion site."

A review of Resident #10's TAR (treatment administration record) from 1/1/22-2/24/22, revealed missing documentation of treatments for peritoneal dialysis site care, there was five of 31 missed in January 2021 and ten out of 23 missed in February 2021.



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F 656 Continued From page 24

F 656

An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked if he had observed Resident #10's peritoneal site care, LPN #1 stated, "Yes, I have. It is looks good." When shown the TAR for Resident #10's peritoneal site care and asked what the blanks mean, "LPN #1 stated, "Blanks mean that the care was not provided and it was not documented in the medical record." When asked the purpose of the care plan, LPN #1 stated, "The purpose of the care plan is to lay out the plan of care for the resident and care givers." When asked if there were blanks on the TAR, was the care plan implemented, LPN #1 stated, "No, it was not."

An interview was conducted on 2/24/22 at 1:58 PM with ASM (administrative staff member) #2, the interim director of nursing. When asked what the blanks on the TAR mean, ASM #2 stated, "It means that the care was not given." When asked the purpose of the care plan, ASM #2 stated, "The purpose of the care plan is to identify the needs of the resident and to make sure you have interventions in place and to assist the CNA's and nurses with providing care for the resident." When asked if there were blanks on the TAR, was the care plan implemented, ASM #2 stated, "No, the care plan was not followed if there were blanks."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

No further information was provided prior to exit.

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F 656 Continued From page 25

F 656

6.b. The facility staff failed to implement the comprehensive care plan for medication administration for Resident #10.

A review of the comprehensive care plan dated 9/29/21 documented in part, "FOCUS: Hyperlipidemia, congestive heart failure and hypertension. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

The physician orders dated 12/9/21 documented:

- For 5:00 PM administration time: "Ondansetron (antiemetic) 8 milligram, given by mouth before meals before nausea and vomiting ...Midodrine (antihypotensive) 5 milligram by mouth three times a day for low blood pressure ...Blood sugar checks before meals and at bedtime."

- For 9:00 p.m. administration time: "Atorvastatin (antihyperlipidemic) 80 milligram daily for heart and blood pressure. Blood sugar checks before meals and at bedtime."

A review of the February 2022 MAR evidenced a blood sugar of 123 2/13/22 at 11:30 AM, no blood sugar at 2/13/22 at 4:30 PM, no blood sugar at 9:00 PM and a blood sugar of 91 at 2/14/22 at 6:00 AM. The MAR also evidenced a blood pressure of 130/62 on 2/13/22 at 12:20 PM and a blood pressure of 128/64 at 11:38 PM on 2/14/22.

A review of the nursing progress note by ASM (administrative staff member) #2, the interim director of nursing, dated 2/14/22 at 6:21 PM, revealed, "Physician and RP (responsible party) notified of meds not given on 2/13 evening shift.

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F 656 Continued From page 26

F 656

Resident monitored with no adverse effects."

An interview was conducted on 2/23/22 at 2:06 PM with Resident #10. When asked if there had been any missed medication doses, Resident #10 stated, "Yes, It was Superbowl Sunday, the agency nurse on evenings left and we did not get out medications that shift. I let the dialysis center know I had missed medications."

An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave Resident #10 her day shift medications and then handed off to the evening nurse. I do not know what the nurse did. When I came back on Tuesday 2/15/22, Resident #10 told me she had not received her evening medicines on Sunday." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM. When asked the purpose of the care plan, ASM #2 stated, "The purpose of the care plan is to identify the needs of the resident and to make sure you have interventions in place and to assist the CNA's and nurses with providing care for the resident." When asked if there were blanks on the MAR, was the care plan implemented, ASM #2 stated, "No, the care plan was not followed if there were blanks."

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F 656	<p>Continued From page 27</p> <p>On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>7. The facility staff failed to implement the comprehensive care plan for the treatment of constipation for Resident #5.</p> <p>Resident #5 was admitted to the facility on 1/13/2022. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 1/18/2022, the resident scored a 7 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is severely cognitively impaired for making daily decisions.</p> <p>The comprehensive care plan dated, 1/14/2022 documented in part, "Focus: Bowel Elimination Alteration: Constipation ...Administer medication per physician order &amp; observe effectiveness."</p> <p>The physician order dated 1/14/2022 documented, "Senna Tablet (used to treat constipation) (1) 8.6 mg; Give 1 tablet by mouth at bedtime for constipation."</p> <p>The February 2022 MAR (medication administration record) documented the above physician orders. There was nothing documented for the 9:00 p.m. dose Senna on 2/9/2022. The box was blank.</p> <p>Review of the nurse's notes for 2/9/2022 failed to</p>	F 656		
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F 656	Continued From page 28 evidence documentation related to the above medication.	F 656		
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An interview was conducted with LPN (licensed practical nurse) #1, on 2/24/2022 at 10:34 a.m. When asked if the care plan instructing the facility staff to administer medications as ordered is being followed when there are blanks on a Resident's MAR for administration of a medication, LPN #1 stated it wasn't adhered to and it wasn't followed completely.

An interview was conducted with ASM (administrative staff member) #2, the interim director of nursing, on 2/24/2022 at 2:00 p.m. When asked if the care plan instructing the facility staff to administer medications as ordered is being followed when there are blanks on a Resident's MAR for administration of a medication, LPN #1 stated ASM #2 stated no, unless there were parameters for not giving the medication.

ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, regional quality consultant, and ASM #4, the divisional quality regulatory consultant, were made aware of the above concern on 2/24/2021 at 4:56 p.m.

No further information was obtained prior to exit.

References:

(1) This information was obtained from the following website:  
<https://medlineplus.gov/druginfo/natural/652.html>.

F 677	ADL Care Provided for Dependent Residents SS=E CFR(s): 483.24(a)(2)	F 677		
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F 677 Continued From page 29

§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 resident interview, staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to provide ADL (activities of daily living) care to 2 of 14 residents in the survey sample, Residents #2 and #11.

The findings include:

1. The facility staff failed to provide showers to Resident #2.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/22/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section G documented Resident #2 being totally dependent on staff for bathing, having functional limitation in range of motion to both upper and lower extremities and requiring a wheelchair.

On 2/23/2022 at approximately 12:05 p.m., an interview was conducted of Resident #2 in her room. Resident #2 stated that they did not receive any showers. Resident #2 stated that she had met with the staff and the ombudsman recently and verbalized wishes to receive showers, but was still not getting them. Resident #2 stated that the CNAs had to use a mechanical lift to get her out of bed due to her paralysis, and

F 677 Tag F677 – Failed to provide ADL care

1. Resident # 2 was offered a shower on 2/25/22 and Resident # 11 received a shower on 2/25/22.
2. The DON has reviewed the facility shower schedule to validate accuracy.
3. The DON or designee has re-educated the licensed nurses and nurse aides on Bathing procedure to include offering and providing showers as scheduled.
4. The DON or designee will audit shower completion compliance weekly times 4 weeks. The Administrator will submit findings to the QAPI committee for review and further recommendations.
5. The facility's alleged date of compliance will be April 4, 2022.

4/4/2022

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(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
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told her that they do not have enough time to take her to the shower because they are understaffed. Resident #2 stated that she did refuse bed baths at times because they became angry that the staff would not take her to the shower.

The comprehensive care plan for Resident #2 documented in part, "ADL self care deficit related to paraplegia. Date Initiated: 10/18/2021 ...Assist to bathe/shower as needed. Date Initiated: 10/18/2021..."

The Documentation survey report dated 11/1/2021-11/30/2021 documented "NA" under Shower/Bath on 11/22/2021 and 11/25/2021.

The Documentation survey report dated 12/1/2021-12/31/2021 documented "NA" under Shower/Bath on 12/13/2021, 12/16/2021, 12/20/2021 and 12/30/2021.

The Documentation survey report dated 1/1/2022-1/31/2022 documented "NA" under Shower/Bath on 1/9/2022, 1/13/2022, 1/17/2022, 1/20/2022, 1/24/2022, and 1/31/2022.

The Documentation survey report dated 2/1/2022-2/28/2022 documented "NA" under Shower/Bath on 2/3/2022 and 2/7/2022.

The progress notes for Resident #2 failed to evidence documentation of a bed bath or shower received on the dates listed above.

The "Care plan progress note" dated 12/15/2021 documented in part, "...Discussed about shower days. Monday and Thursday 3-11 (3:00 p.m.-11:00 p.m.)...ombudsman present..."

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On 2/24/2022 at 1:40 p.m., an interview was conducted with CNA (certified nursing assistant) #3. CNA #3 stated that they worked day shift and night shift as needed. CNA #3 stated that "NA" documented under shower/bath on the Documentation survey report meant not applicable. CNA #3 stated that shower/baths were applicable for all residents and should have been offered. CNA #3 stated that the goal was to have five or six CNAs on the day shift but if they were lucky, they had four. CNA #3 stated they had never worked when there was only one CNA on the unit. CNA #3 stated that they felt like they had enough help at times and other times felt like they did not have enough to get things done, and the pandemic had been hard on them all.

On 2/24/2022 at 3:12 p.m., an interview was conducted with CNA #2. CNA #2 stated that they worked the evening shift. CNA #2 stated that blank areas or "NA" on the shower/bath section of the Documentation survey report meant that the care was not provided. CNA #2 stated they had more help now than in the past few months. CNA #2 stated that they had worked a unit as the only CNA before, and had continuously gone from one end of the unit to the other and providing incontinence care. CNA #2 stated that normally they had two CNAs on the evening shift on the weekends, and many times someone did not show up to work. CNA #2 stated that there was not always someone available to come in to cover if someone did not show up.

The facility policy, "Bathing" documented in part, "Purpose: To cleanse skin and promote circulation..."

On 2/24/2022 at approximately 4:30 p.m., ASM



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(administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.

No further information was provided prior to exit.

Complaint deficiency

2. The facility staff failed to provide showers to Resident #11.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section G documented Resident #11 requiring physical help of one person with portions of bathing and having functional limitation in range of motion to the lower extremities.

On 2/23/2022 at approximately 2:00 p.m., an interview was conducted of Resident #11 in her room. Resident #11 stated that they preferred to get showers and was scheduled to get them every Wednesday and Saturday. Resident #11 stated that they were never able to get the shower on Saturdays because the CNAs told them they were assigned too many residents and did not have time to do it. Resident #11 stated that the CNAs preferred for her to take a bed bath because they did not have to get her out of the bed to go to the shower room, and they told her it took too long to get her up. Resident #11 stated that she did not mind the bed baths sometimes, but preferred going to the shower, and did not think it was fair that she could not get her

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F 677

· showers because of the staffing.

The comprehensive care plan for Resident #11 documented in part, "ADL (activities of daily living) self care deficit as evidenced by inability to perform basic needs related to paraplegia. Date Initiated: 9/12/2019 ...Assist to bathe/shower as needed. Date Initiated: 9/20/2019...."

The Documentation survey report dated 12/1/2021-12/31/2021 failed to evidence documentation of a shower or bed bath on 12/1/2021 and 12/25/2021.

The Documentation survey report dated 1/1/2022-1/31/2022 documented "NA" under Shower/Bath on 1/8/2022 and failed to evidence documentation of a shower or bath on 1/1/2022 and 1/29/2022.

The Documentation survey report dated 2/1/2022-2/28/2022 documented "NA" under Shower/Bath on 2/19/2022 and failed to evidence documentation of a shower or bath on 2/5/2022, 2/12/2022 and 2/16/2022.

The progress notes for Resident #11 failed to evidence documentation of a bed bath or shower received on the dates listed above.

On 2/24/2022 at 1:40 p.m., an interview was conducted with CNA (certified nursing assistant) #3. CNA #3 stated that they worked day shift and night shift as needed. CNA #3 stated that "NA" documented under shower/bath on the Documentation survey report meant not applicable. CNA #3 stated that shower/baths were applicable for all residents and should have been offered. CNA #3 stated that the goal was to

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have five or six CNAs on the day shift, but if they were lucky, they had four. CNA #3 stated they had never worked when there was only one CNA on the unit. CNA #3 stated that they felt like they had enough help at times, and other times felt like they did not have enough to get things done, and the pandemic had been hard on them all.

On 2/24/2022 at 3:12 p.m., an interview was conducted with CNA #2. CNA #2 stated that they worked the evening shift. CNA #2 stated that blank areas or "NA" on the shower/bath section of the Documentation survey report meant that the care was not provided. CNA #2 stated they had more help now than in the past few months. CNA #2 stated that they had worked a unit as the only CNA before, and had continuously gone from one end of the unit to the other end providing incontinence care. CNA #2 stated that normally they had two CNAs on the evening shift on the weekends, and many times someone did not show up to work. CNA #2 stated that there was not always someone available to come in to cover if someone did not show up.

On 2/24/2022 at approximately 4:30 p.m., ASM (administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.

No further information was provided prior to exit.

F 684 Quality of Care F 684  
SS-E 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

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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 resident interview, staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to follow professional standards of care for 6 of 14 residents in the survey sample, Residents #2, #11, #10, #1, #4 and #5

The findings include:

- The facility staff failed to administer medications as ordered for Resident #2.

Resident #2 was admitted to the facility with diagnoses that included but were not limited to chronic pain syndrome, hypertension and gastroesophageal reflux disease.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/22/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section J documented Resident #2 as receiving scheduled pain medications. Section N documented Resident #2 as receiving antianxiety, antidepressant and opioid medications.

On 2/23/2022 at approximately 12:05 p.m., an interview was conducted of Resident #2 in her

F 684 Tag F684 – Failed to follow Profession Standards of Care

- The DON completed an incident report for resident # 2 regarding missing medication administration in December 2021, January 2022, and February 2022; resident # 11 for missing medication and treatments in December 2021, January 2022, and February 2022; resident # 1 for missing medication on 2/13/22; resident # 5 for missing medications on 2/9/22. Resident # 10 and resident # 4 no longer reside at the facility.
- The DON has reviewed the facilities Medication and Treatment Administration Guidelines.
- The DON or designee has re-educated the licensed nurses on the Medication and Treatment Administration Guidelines to include the administration of medication and treatments as ordered by the physician and clarifying, transcribing and implementing physician orders.
- The DON or designee will audit Medication and Treatment Administration Records for completion 5 times weekly times 4 weeks. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.
- The facility's alleged date of compliance will be April 4, 2022.

4/4/2022

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room. Resident #2 stated that there were occasions where they did not receive their scheduled medications and times when the medications were not given until the next shift. Resident #2 stated that the evening nurse on 2/13/2022 had walked out, and they had not received any medications for the evening shift and had to wait for the night shift to come in to get medications. Resident #2 stated that was not the only time they had not gotten their medications and had received them on the next shift.

The eMAR (electronic medication administration record) for Resident #2 dated

12/1/2021-12/31/2021 failed to evidence the following medications administered on the following dates and times:

- "Famotidine Tablet (for acid reflux) 40 mg (milligram) Give 1 tablet by mouth one time a day for GERD." On 12/2/2021 at 6:00 a.m.
- "Bisacodyl Suppository (for constipation) 10 mg Insert 1 suppository rectally at bedtime every other day for constipation." On 12/17/2021 at 9:00 p.m.
- "Lactulose Solution (for constipation) 10 gm (gram)/15 ml (milliliter) Give 15 ml by mouth at bedtime for bowel regimen." On 12/17/2021 at 9:00 p.m.
- "SM Senna Laxative Tablet (for constipation) 8.6 mg Give 2 tablet by mouth at bedtime for constipation may hold if experiencing loose stools." On 12/17/2021 at 9:00 p.m.
- "Cefuroxime Axetil Tablet (antibiotic) 500 mg Give 500 mg by mouth two times a day for UTI (urinary tract infection) for 5 days." On 12/17/2021 at 9:00 p.m.
- "Colace Capsule (for constipation) 100 mg Give 100 mg by mouth two times a day for

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constipation." On 12/17/2021 at 8:30 p.m.  
- "Hydroxyzine HCL (antihistamine) tablet 25 mg Give 1 tablet by mouth two times a day for itch." On 12/17/2021 at 8:30 p.m.  
- "Metoprolol tartrate tablet (for blood pressure) 25 mg Give 1 tablet by mouth two times a day for HTN (hypertension)." On 12/17/2021 at 8:30 p.m.  
- "Mucinex Tablet (decongestant) extended release 12 hour 600 mg Give 600 mg by mouth two times a day for congestion." On 12/17/2021 at 8:30 p.m.  
- "Gabapentin Tablet (for nerve pain) 600 mg 2 tablet by mouth three times a day for neuropathic pain." On 12/17/2021 at 8.30 p.m.  
- "Oxybutynin chloride tablet (for overactive bladder) 5 mg Give 1 tablet by mouth three times a day for overactive bladder." On 12/17/2021 at 8:30 p.m.  
- "Tizanidine HCL (muscle relaxer) 2 mg Give 1 tablet by mouth three times a day for give with 4 mg for a total of 6 mg." On 12/17/2021 at 8:30 p.m.  
- "Tizanidine HCL 4 mg Give 4 mg by mouth three times a day for muscle spasm; give with 2 mg for a total of 6 mg." On 12/17/2021 at 8:30 p.m.  
- "Baclofen tablet (muscle relaxer) 10 mg Give 1 tablet by mouth every 6 hours for edema give with 20 mg to =30 mg." On 12/17/2021 at 6:00 p.m.  
- "Baclofen tablet 20 mg Give 1 tablet by mouth every 6 hours for muscle spasms give with 10 mg to =30 mg." On 12/17/2021 at 6:00 p.m.  
- "Systane complete solution (for dry eye) 0.6% instill 1 drop in both eyes four times a day for dry eye relief if pharmacy unable to provide may use home med." On 12/17/2021 at 5:00 p.m. and 9:00 p.m.  
- "Tramadol HCL tablet (for pain) 50 mg Give 1 tablet by mouth every 6 hours for pain." On

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F 684	Continued From page 38 12/17/2021 at 6:00 p.m. - "Tylenol tablet (for pain) Give 650 mg by mouth four times a day for pain." On 12/17/2021 at 6:00 p.m.	F 684		
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The eMAR (electronic medication administration record) for Resident #2 dated 1/1/2022-1/31/2022 failed to evidence the following medications administered on the following dates and times:

- "Gabapentin Tablet 600 mg 2 tablet by mouth three times a day for neuropathic pain." On 1/5/2022 at 2:00 p.m.
- "Oxybutynin chloride tablet 5 mg Give 1 tablet by mouth three times a day for overactive bladder." On 1/5/2022 at 2:00 p.m.
- "Tizanidine HCL 2 mg Give 1 tablet by mouth three times a day for give with 4 mg for a total of 6 mg." On 1/5/2022 at 2:00 p.m.
- "Tizanidine HCL 4 mg Give 4 mg by mouth three times a day for muscle spasm; give with 2 mg for a total of 6 mg." On 1/5/2022 at 2:00 p.m.
- "Baclofen tablet 10 mg Give 1 tablet by mouth every 6 hours for edema give with 20 mg to =30 mg." On 1/5/2022 at 12:00 p.m.
- "Baclofen Tablet 20 mg Give 1 tablet by mouth every 6 hours for muscle spasms give with 10 mg to =30 mg" On 1/5/2022 at 12:00 p.m.
- "Tramadol HCL tablet 50 mg Give 1 tablet by mouth every 6 hours for pain." On 1/5/2022 at 12:00 p.m.
- "Tylenol tablet Give 650 mg by mouth four times a day for pain." On 1/5/2022 at 12:00 p.m.

The eMAR (electronic medication administration record) for Resident #2 dated 2/1/2022-2/28/2022 failed to evidence the following medications administered on the following dates and times:

- "Lactulose Solution 10 gm/15 ml. Give 15 ml by mouth at bedtime for bowel regimen." On

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2/4/2022 at 9:00 p.m. and 2/13/2022 at 9:00 p.m.,  
- "Senna Laxative Tablet 8.6 mg Give 2 tablet by mouth at bedtime for constipation may hold if experiencing loose stools." On 2/4/2022 at 9:00 p.m. and 2/13/2022 at 9:00 p.m.  
- "Colace Capsule 100 mg Give 100 mg by mouth two times a day for constipation." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,  
- "Hydroxyzine HCL tablet 25 mg Give 1 tablet by mouth two times a day for itch." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,  
- "Metoprolol tartrate tablet 25 mg Give 1 tablet by mouth two times a day for HTN." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,  
- "Mucinex Tablet extended release 12 hour 600 mg Give 600 mg by mouth two times a day for congestion." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,  
- "Gabapentin Tablet 600 mg 2 tablet by mouth three times a day for neuropathic pain." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m. and 2/13/2022 at 8:30 p.m.  
- "Oxybutynin chloride tablet 5 mg Give 1 tablet by mouth three times a day for overactive bladder." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m. and 2/13/2022 at 8:30 p.m.  
- "Tizanidine HCL 2 mg Give 1 tablet by mouth three times a day for Give with 4 mg for a total of 6 mg." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.  
- "Tizanidine HCL 4 mg Give 4 mg by mouth three times a day for muscle spasm; give with 2 mg for a total of 6 mg." On 2/4/2022 at 8:30 p.m., 2/10/2022 at 2:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.  
- "Baclofen tablet 10 mg Give 1 tablet by mouth every 6 hours for edema give with 20 mg to =30 mg." On 2/4/2022 at 6:00 p.m., 2/10/2022 at

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/25/2022
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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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(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
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- 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.
- "Baclofen Tablet 20 mg Give 1 tablet by mouth every 6 hours for muscle spasms give with 10 mg to =30 mg" On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.
- "Tramadol HCL tablet 50 mg Give 1 tablet by mouth every 6 hours for pain." On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.
- "Tylenol tablet Give 650 mg by mouth four times a day for pain." On 2/4/2022 at 6:00 p.m., 2/10/2022 at 12:00 p.m., 2/11/2022 at 6:00 a.m. and 2/13/2022 at 6:00 p.m.
- "Famotidine Tablet 40 mg Give 1 tablet by mouth one time a day for GERD." On 2/11/2022 at 6:00 a.m.
- "Linzess Capsule (for irritable bowel syndrome) 145 mcg Give 1 capsule by mouth one time a day for constipation." On 2/11/2022 at 6:30 a.m.
- "Bisacodyl Suppository 10 mg Insert 1 suppository rectally at bedtime every other day for constipation." On 2/13/2022 at 9:00 p.m.
- "Macrorhid capsule (antibiotic) 100 mg give 1 capsule by mouth two times a day for UTI for 7 days." On 2/13/2022 at 5:00 p.m.

The physician order's for Resident #2 documented the medications as listed above.

The progress notes for Resident #2 documented in part, "2/14/2022 18:22 (6:22 p.m.) MD (medical doctor) and RP (responsible party) notified of meds (medications) not given on 2/13 (2/13/2022) evening shift. Resident monitored with no adverse effects." The progress notes failed to evidence documentation regarding the additional dates listed above.

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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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The comprehensive care plan for Resident #2 documented in part, "Pain related to polyneuropathy, chronic pain syndrome. Date Initiated: 10/18/2021, At risk for changes in mood r/t (related to) depression. Date Initiated: 10/18/2021 and Sleep cycle issues. Date Initiated: 10/18/2021...Administer medications as ordered. Date Initiated: 10/18/2021...Cardiac disease related to Hypertension, Date Initiated: 10/18/2021, GI (gastrointestinal) distress r/t GERD (gastroesophageal reflux disease), Date Initiated: 10/18/2021 and Has/At risk for respiratory impairment related to asthma. Date Initiated: 10/18/2021 ...Administer medications as ordered. Date Initiated: 10/18/2021...Bowel Elimination Alteration; Constipation Bowel incontinence at times. Date Initiated: 02/04/2022 ...Administer medications per physician order & observe effectiveness. Date Initiated: 02/04/2022..."

On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it was not documented on the eMAR. LPN #1 stated that multiple residents had reported to him that they had not received their medications on 2/13/2022 when he returned to work the next week. LPN #1 stated that the residents told him that they did not get their evening medications. LPN #1 stated that he did not know of any adverse events from the residents not getting their medications. LPN #1 stated that medications should be administered within an hour before or after the scheduled time, and documented at the time of administration. LPN #1 stated that the physician or nurse practitioner and the responsible party were notified if the



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medications until the next day. ASM #2 stated that she had contacted the physician and responsible parties of the residents who had missed their evening medications on 2/13/22 to notify them, and that no one had suffered any adverse effects. ASM #2 stated that she had spoken directly with Resident #2 regarding the missed medications on 2/13/2022.

The facility policy "Medication and Treatment Administration Guidelines" documented in part, "...Medications are administered in accordance with standards of practice and state specific and federal guidelines...Medications and treatments administered are documented immediately following administration or per state specific standards...Medications not administered according to medical practitioner's orders are reported to the attending medical practitioner and documented in the clinical record including the name and dose of the medication and reason the medication was not administered...The licensed nurse is responsible for validating documentation is completed for any medication administered during the shift..."

On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant, were notified of the findings.

No further information was provided prior to exit.

Complaint deficiency

2. The facility staff failed to administer medications and treatments as ordered for Resident #11.

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Resident #11 was admitted to the facility with diagnoses that included but were not limited to type 2 diabetes.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section J documented Resident #11 receiving scheduled pain medications. Section N documented Resident #11 receiving insulin, antipsychotic, antianxiety, antidepressant and opioid medications.

On 2/23/2022 at approximately 2:00 p.m., an interview was conducted of Resident #11 in her room. Resident #11 stated that she had an open area on her buttock and that she put cream on the area that her family brought in for her. Resident #11 stated that the physician looked at the area when they came in and told the nurses how to treat the area. Resident #11 stated that some of the nurses came in to put a cream on the area but there were times when no one put anything on the area for days so she put her own cream on the area and that it was healing. Resident #11 proceeded to show pictures of the area on her cell phone and stated she had asked the nurse to take pictures of the area for her. Resident #11 stated that there were times when she did not receive her medications and would get them when the next shift came in to work. Resident #11 stated that on 2/13/2022 they did not receive any evening medications because the nurse had left and they had to wait for the night nurse to come in to get them. Resident #11 stated that this was not the only occasion that had

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happened to her. F 684

The eMAR (electronic medication administration record) for Resident #11 dated 12/1/2021-12/31/2021 failed to evidence the following medications administered on the following dates and times:

- "Basaglar KwikPen solution (for diabetes) Pen injector 100 unit/ml (milliliter) Inject 70 unit subcutaneously at bedtime for DM 2 (diabetes type 2)." On 12/2/2021 9:00 p.m. and 12/10/2021 at 9:00 p.m.
- "Insulin Lispro Solution (for diabetes) Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for Diabetes mellitus type 2." On 12/2/2021 9:00 p.m. and 12/10/2021 9:00 p.m..."
- "Atorvastatin Calcium Tablet (for high cholesterol) 40 mg (milligram) Give 40 mg by mouth at bedtime for hyperlipidemia." On 12/10/2021 at 9:00 p.m.
- "Metformin HCL tablet (for diabetes) 500 mg Give 1000 mg by mouth at bedtime for DM." On 12/10/2021 9:00 p.m.
- "Ascorbic Acid (Vitamin C) Tablet Give 500 mg by mouth two times a day for wound management." On 12/10/2021 at 6:00 p.m.
- "Clonazepam tablet (for anxiety) disintegrating 0.125 mg by mouth two times a day related to anxiety disorder." On 12/10/2021 at 5:00 p.m.
- "Docusate sodium tablet (for constipation) 100 mg Give 1 tablet by mouth two times a day for bowel regimen hold for loose stools." On 12/10/2021 at 5:00 p.m.
- "Gabapentin capsule (for nerve pain) 100 mg give 2 capsule by mouth two times a day for neuropathic pain." On 12/10/2021 at 6:00 p.m.
- "Oxycontin Tablet ER (extended release) 12

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hour abuse-deterrent (for pain) 10 mg. Give 10 mg by mouth every 12 hours related to encounter for orthopedic aftercare following surgical amputation." On 12/10/2021 at 9:00 p.m.  
 - "Prosourc plus liquid nutritional supplements (protein supplement) give 30 ml by mouth two times a day for aid wound healing." On 12/10/2021 at 5:00 p.m.  
 - "Seroquel tablet (for depression) 25 mg give 1 tablet by mouth two times a day for depression." On 12/10/2021 at 5:00 p.m.  
 - "Topiramate tablet (for seizures) 25 mg Give 25 mg by mouth two times a day for seizures." On 12/10/2021 at 5:00 p.m.  
 - "Methocarbamol tablet (muscle relaxer) 500 mg Give 1000 mg by mouth every 8 hours related to central cord syndrome at unspecified level of cervical spinal cord, sequela." On 12/10/2021 at 5:00 p.m.

The eMAR (electronic medication administration record) for Resident #11 dated 1/1/2022-1/31/2022 failed to evidence the following medications administered on the following dates and times:  
 - "Insulin Lispro Solution Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for Diabetes mellitus type 2." On 1/2/2022 at 6:30 a.m., 1/2/2022 at 11:30 a.m., 1/8/2022 at 9:00 p.m., 1/14/2022 at 6:30 a.m., 1/19/2022 at 11:30 a.m., 1/25/2022 at 6:30 a.m., 1/27/2022 at 4:30 p.m., 1/27/2022 at 9:00 p.m., 1/28/2022 at 11:30 a.m., 1/29/2022 at 11:30 a.m., and 1/30/2022 at 9:00 p.m.  
 - "Vitamin D3 tablet (vitamin supplement) 1000 unit Give 1000 unit by mouth every shift for supplement for 14 days." On 1/2/2022 at 7:15

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<p>F 684</p> <p>Continued From page 47</p> <p>a.m. and 1/12/2022 at 11:15 a.m.</p> <p>- "Methocarbamol tablet 500 mg Give 1000 mg by mouth every 8 hours related to central cord syndrome at unspecified level of cervical spinal cord, sequela." On 1/27/2022 at 5:00 p.m., and 1/29/2022 at 9:00 p.m.</p> <p>- "Seroquel tablet 25 mg give 1 tablet by mouth two times a day for depression." On 1/27/2022 at 5:00 p.m. and 1/29/2022 at 9:00 a.m.</p> <p>- "Topiramate tablet 25 mg Give 25 mg by mouth two times a day for seizures." On 1/27/2022 at 5:00 p.m. and 1/29/2022 at 9:00 a.m.</p> <p>- "Pyridium tablet (for urinary pain) 100 mg give 1 tablet by mouth two times a day for genitourinary agents for 3 days." On 1/27/2022 at 5:00 p.m. and 1/29/2022 at 9:00 a.m.</p> <p>- "Docusate sodium tablet 100 mg Give 1 tablet by mouth two times a day for bowel regimen hold for loose stools." On 1/27/2022 at 5:00 p.m. and 1/29/2022 at 9:00 a.m.</p> <p>- "Gabapentin capsule 100 mg give 2 capsule by mouth two times a day for neuropathic pain." On 1/27/2022 at 6:00 p.m. and 1/29/2022 at 10:00 a.m.</p> <p>- "Oxycontin Tablet ER 12 hour abuse-deterrent 10 mg Give 10 mg by mouth every 12 hours related to encounter for orthopedic aftercare following surgical amputation." On 1/27/2022 at 9:00 p.m. and 1/29/2022 at 9:00 a.m.</p> <p>- "Prosource plus liquid nutritional supplements give 30 ml by mouth two times a day for aid wound healing." On 1/27/2022 at 5:00 p.m. and 1/29/2022 at 9:00 a.m.</p> <p>- "Ascorbic Acid Tablet Give 500 mg by mouth two times a day for wound management." On 1/27/2022 at 6:00 p.m.</p> <p>- "Clonazepam tablet disintegrating 0.125 mg by mouth two times a day related to anxiety disorder." On 1/27/2022 at 5:00 p.m.</p>	<p>F 684</p>
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- "Atorvastatin Calcium Tablet 40 mg (milligram) Give 40 mg by mouth at bedtime for hyperlipidemia." On 1/27/2022 at 9:00 p.m.
- "Basaglar KwikPen solution Pen injector 100 unit/ml Inject 70 unit subcutaneously at bedtime for DM 2." On 1/27/2022 at 9:00 p.m.
- "Aspirin Tablet chewable 81 mg give 81 mg by mouth one time a day for CVA (cerebrovascular accident) prophylaxis. "On 1/29/2022 at 10:00 a.m.
- "Ferrous Sulfate (iron supplement) tablet 325 mg give 325 mg by mouth one time a day for anemia." On 1/29/2022 at 9:00 a.m.
- "Icy Hot Patch (menthol) (for pain) apply to right shoulder blade topically one time a day for pain and remove per schedule. On 1/29/2022 Remove 8:59 a.m. Apply 9:00 a.m."
- "Loratadine tablet (for allergies) Give 10 mg by mouth one time a day for allergy symptoms." On 1/29/2022 at 9:00 a.m.
- "Medroxyprogesterone acetate tablet (hormone replacement) 10 mg give 2 tablet by mouth one time a day for menstruation." On 1/29/2022 at 9:00 a.m.
- "Metformin HCL tablet 500 mg give 500 mg by mouth one time a day for DM." On 1/29/2022 at 9:00 a.m.
- "Multivitamin-minerals tablet give 1 tablet by mouth one time a day for wound management." On 1/29/2022 at 9:00 a.m.
- "Paxil tablet (for depression) 20 mg Give 40 mg by mouth one time a day for depression." On 1/29/2022 at 9:00 a.m.
- "Trijenta tablet (for diabetes) Give 5 mg by mouth one time a day for diabetes mellitus type 2." On 1/29/2022 at 10:00 a.m.
- "Trospium chloride ER capsule (for overactive bladder) extended release 24 hour 60 mg Give 60 mg by mouth one time a day for bladder spasms."

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F 684	Continued From page 49 On 1/29/2022 at 9:00 a.m. - "Zinc tablet (mineral replacement) Give 220 mg by mouth one time a day for supplement." On 1/29/2022 at 9:00 a.m.  The eMAR (electronic medication administration record) for Resident #11 dated 2/1/2022-2/28/2022 failed to evidence the following medications administered on the following dates and times: - "Insulin Lispro Solution Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for Diabetes mellitus type 2." On 2/5/2022 at 6:30 a.m., 2/9/2022 at 11:30 a.m., 2/13/2022 at 4:30 p.m., and 2/16/2022 at 9:00 p.m. - "Methocarbamol tablet 500 mg Give 1000 mg by mouth every 8 hours related to central cord syndrome at unspecified level of cervical spinal cord, sequela." On 2/13/2022 at 5:00 p.m. - "Seroquel tablet 25 mg give 1 tablet by mouth two times a day for depression." On 2/13/2022 at 5:00 p.m. - "Topiramate tablet 25 mg Give 25 mg by mouth two times a day for seizures." On 2/13/2022 at 5:00 p.m. - "Clonazepam tablet disintegrating 0.125 mg by mouth two times a day related to anxiety disorder." On 2/13/2022 at 5:00 p.m. - "Docusate sodium tablet 100 mg Give 1 tablet by mouth two times a day for bowel regimen hold for loose stools." On 2/13/2022 at 5:00 p.m. - "Gabapentin capsule 100 mg give 2 capsule by mouth two times a day for neuropathic pain." On 2/13/2022 at 6:00 p.m. - "Oxycontin Tablet ER 12 hour abuse-deterrent 10 mg Give 10 mg by mouth every 12 hours related to encounter for orthopedic aftercare	F 684			

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F 684	<p>Continued From page 50</p> <p>following surgical amputation." On 2/13/2022 at 9:00 p.m.</p> <ul style="list-style-type: none"> <li>- "Prosource plus liquid nutritional supplements give 30 ml by mouth two times a day for aid wound healing." On 2/13/2022 at 5:00 p.m.</li> <li>- "Ascorbic Acid Tablet Give 500 mg by mouth two times a day for wound management." On 2/13/2022 at 6:00 p.m.</li> <li>- "Metformin HCL tablet 500 mg Give 1000 mg by mouth at bedtime for DM." On 2/13/2022 at 9:00 p.m. and 2/16/2022 at 9:00 p.m.</li> <li>- "Atorvastatin Calcium Tablet 40 mg (milligram) Give 40 mg by mouth at bedtime for hyperlipidemia." On 2/13/2022 at 9:00 p.m.</li> <li>- "Basaglar KwikPen solution Pen injector 100 unit/ml Inject 70 unit subcutaneously at bedtime for DM 2." On 2/13/2022 at 9:00 p.m.</li> </ul> <p>The eTAR (electronic treatment administration record) for Resident #11 dated 1/1/2022-1/31/2022 failed to evidence the following treatments administered on the following dates and times:</p> <ul style="list-style-type: none"> <li>- "Aquaphor Ointment (for dry skin) apply to leg- both topically every day and evening shift for skin alteration leave a bedside per MD." On 1/3/2022, 1/4/2022, 1/5/2022, 1/15/2022, 1/16/2022, 1/20/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 7:15 a.m. On 1/3/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/2022, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 3:15 p.m.</li> <li>- "Balsam Peru-Castor Oil Ointment (combination medicine to treat skin ulcers) apply to buttocks and left thigh topically two times a day for skin alteration 1 application to sites as ordered." On 1/3/2022, 1/4/2022, 1/5/2022, 1/8/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/22, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022,</li> </ul>	F 684		

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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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F 684	<p>Continued From page 51</p> <p>1/30/2022 and 1/31/2022 at 9:00 a.m. On 1/3/2022, 1/8/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/2022, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022, 1/30/2022 and 1/31/2022 at 5:00 p.m.</p> <p>- "Diclofenac Sodium Gel 1% (for pain) Apply to shoulder both topically every day and evening shift for pain apply 4 g (gram)." On 1/3/2022, 1/4/2022, 1/5/2022, 1/15/2022, 1/16/2022, 1/20/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 7:15 a.m. On 1/3/2022, 1/11/2022, 1/17/2022, 1/19/2022, 1/20/2022, 1/21/2022, 1/23/2022, 1/26/2022, 1/29/2022, 1/30/2022 and 1/31/2022 at 3:15 p.m.</p> <p>The eTAR for Resident #11 dated 2/1/2022-2/28/2022 failed to evidence the following treatments being administered on the following dates and times:</p> <p>- "Aquaphor Ointment apply to leg- both topically every day and evening shift for skin alteration leave a bedside per MD." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 7:15 a.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 3:15 p.m.</p> <p>- "Balsam Peru-Castor Oil Ointment apply to buttocks and left thigh topically two times a day for skin alteration 1 application to sites as ordered." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 9:00 a.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 5:00 p.m.</p> <p>- "Cleanse open area to left buttock, pat dry, apply skin prep to peri wound, apply silva sorb gel (antimicrobial wound gel) apply gauze affix with</p>	F 684
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<p>F 684 Continued From page 52</p> <p>island dressing BID (twice a day) and prn (as needed) until healed. Every evening shift and night shift for wound care." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 3:15 p.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 11:15 p.m.</p> <p>The physician orders for Resident #11 documented the medications and treatments as listed above.</p> <p>The progress notes for Resident #11 documented in part, - "1/31/2022 00:40 (12:40 a.m.) Resident noted with 3 x 1.5 x 0.1 open area to left buttocks. Peri wound has maceration wound bed beef red. No odor present. No drainage present. Area cleansed with NS (normal saline), patted dry, skin prep to peri wound, applied silva sorb wound gel to wound bed covered with gauze covered with island dressing. MD (medical doctor) informed. Resident is own RP (responsible party) and is aware." - "2/14/2022 18:24 (6:24 p.m.) MD (medical doctor) and RP (responsible party) notified of meds (medications) not given on 2/13 (2/13/2022) evening shift. Resident monitored with no adverse effects." The progress notes failed to evidence documentation regarding the additional dates listed above.</p> <p>The comprehensive care plan for Resident #2 documented in part, "The resident is on insulin r/t (related to) diabetes Date Initiated: 09/12/2019 ...meds (medications) as MARs (medication administration records) Date Initiated: 03/20/2020, monitor blood sugar, lab results as</p>	<p>F 684</p>
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F 684 Continued From page 53 F 684

ordered by physician. Dated Initiated: 09/12/2019...At risk for changes in mood r/t anxiety, Date Initiated: 09/20/2019, At risk for changes in mood r/t depression, Date Initiated: 09/20/2019, and At risk for changes in mood r/t bipolar, Date Initiated: 09/20/2019...Administer medication per physician orders. Date Initiated: 9/20/2019...Open area left buttocks, Date Initiated: 01/31/2022 ...Administer treatment per physician orders, Date Initiated: 01/31/2022."

On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it was not documented on the eMAR. LPN #1 stated that multiple residents had reported to him that they had not received their medications on 2/13/2022 when he returned to work the next week. LPN #1 stated that the residents told him that they did not get their evening medications. LPN #1 stated that he did not know of any adverse events from the residents not getting their medications. LPN #1 stated that medications should be administered within an hour before or after the scheduled time and documented at the time of administration. LPN #1 stated that the physician or nurse practitioner and the responsible party were notified if the medication was given late, refused or not given for any reason.

On 2/24/2022 at 1:15 p.m., an interview was conducted with LPN #5. LPN #5 stated that medications not signed off on the eMAR meant that they were not given. LPN #5 stated that there should be a progress note documenting why the medications were not administered in the record. LPN #5 stated that they were pulled over to Unit 1 to administer medications on 2/13/2022

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F 684	Continued From page 54 around 8:45 p.m. and was only able to administer medications to some of the residents. LPN #5 stated that they did not administer any medications to Resident #11.	F 684		
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On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that if the eMAR or eTAR were not signed off they would assume that it was not done because it was not signed as completed. ASM #2 stated that they were notified of the nurse leaving on 2/13/2022 and had attempted to contact agencies and off duty staff to fill in the shift but were unsuccessful. ASM #2 stated that they had asked LPN #5 to move to Unit 1 when they were finished with their hall on Unit 2. ASM #2 stated that they had asked the other nurse on Unit 2 to come to help LPN #5 administer medications on Unit 1, but she had not done this. ASM #2 stated that she was not aware of this until the next day. ASM #2 stated that she had contacted the physician and responsible parties of the residents who had missed their evening medications on 2/13/22 to notify them, and that no one had suffered any adverse effects. ASM #2 stated that they were working to get a wound program up and running and was setting up a new unit manager to work with her to oversee the wound program, along with a wound nurse practitioner who would be coming in April of 2022. ASM #2 stated that they were also working to modify their wound documentation.

On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.

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F 684 Continued From page 55 F 684  
No further information was provided prior to exit.

3.a. The facility staff failed to follow physician orders for peritoneal dialysis site care for Resident #10.  
Resident #10 was admitted to the facility on 9/29/21 with diagnosis that included but were not limited to: end stage renal disease, peripheral vascular disease, diabetes mellitus and congestive heart failure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/19/21, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.

A review of the comprehensive care plan dated 11/1/21 documented in part, "FOCUS: Renal insufficiencies related to end stage renal disease ...Peritoneal dialysis catheter and site care per physician orders."

A review of the physician orders dated 9/29/21 revealed the following, "Peritoneal dialysis site care. Cleanse area with normal saline and pat dry. Apply dry dressing daily as needed to maintain dry and infection free peritoneal dialysis insertion site."

A review of Resident #10's TAR (treatment administration record) from 1/1/22-2/24/22, revealed missing documentation of treatments for peritoneal dialysis site care, on five of 31 opportunities in January 2021, and ten out of 23 opportunities in February 2021.

An interview was conducted on 2/23/22 at 2:06 PM with Resident #10. When asked if she was



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F 684 Continued From page 56

F 684

receiving peritoneal site care, Resident #10 stated, "No, I am not receiving it daily. I worry about getting an infection. I understand that the infection can be bad. I have not used the peritoneal catheter for dialysis since I started hemodialysis."

An interview was conducted on 2/24/22 at 10:36 AM with LPN #1. When asked if he had observed Resident #10's peritoneal catheter site, LPN #1 stated, "Yes, I have. It looks okay, there is no sign of infection, redness/swelling. It is to be dressed daily." When shown the TAR for Resident #10's peritoneal site care and asked what the blanks mean, "LPN #1 stated, "Blanks mean that the care was not provided." When asked if care was not provided, were the physician orders followed, LPN #1 stated, "No, they were not followed."

An interview was conducted on 2/24/22 at 1:15 PM with LPN #5. When asked what the blanks in the wound care documentation means, LPN #5 stated, "if there are blanks and it was not signed off, then it was not done."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2, the interim director of nursing. When asked what the blanks on the TAR mean, ASM #2 stated, "It means that the care was not given." When asked if the care was not given, were the physician orders followed, ASM #2 stated, "No, they were not followed."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

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F 684 Continued From page 57 F 684

On 2/25/22 at 8:30 AM, ASM #3, the regional quality consultant stated, "The standard of practice for the facility is our policies and procedures."

No further information was provided prior to exit.

3.b. The facility staff failed to follow physician orders for medication administration for Resident #10.

A review of the comprehensive care plan dated 9/29/21 documented in part, "FOCUS:

Hyperlipidemia, congestive heart failure and hypertension. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

The physician orders dated 12/9/21 documented:

- For 5:00 PM administration time: "Ondansetron (antiemetic) 8 milligram, given by mouth before meals before nausea and vomiting ...Midodrine (antihypotensive) 5 milligram by mouth three times a day for low blood pressure ...Blood sugar checks before meals and at bedtime."

- For 9:00 p.m. administration time: "Atorvastatin (antihyperlipidemic) 80 milligram daily for heart and blood pressure. Blood sugar checks before meals and at bedtime."

A review of the February 2022 MAR evidenced a blood sugar of 123 2/13/22 at 11:30 AM, no blood sugar at 2/13/22 at 4:30 PM, no blood sugar at 9:00 PM and a blood sugar of 91 at 2/14/22 at 6:00 AM. The MAR also evidenced a blood pressure of 130/62 on 2/13/22 at 12:20 PM and a blood pressure of 128/64 at 11:38 PM on 2/14/22.

A review of the nursing progress note by ASM

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F 684	Continued From page 58 (administrative staff member) #2, the interim director of nursing, dated 2/14/22 at 6:21 PM, revealed, "Physician and RP (responsible party) notified of meds not given on 2/13 evening shift. Resident monitored with no adverse effects."  An interview was conducted on 2/23/22 at 2:06 PM with Resident #10. When asked if there had been any missed medication doses, Resident #10 stated, "Yes, It was Superbowl Sunday, the agency nurse on evenings left and we did not get out medications that shift. I let the dialysis center know I had missed medications."  An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave Resident #10 her day shift medications and then handed off to the evening nurse." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given." When asked if blanks on the MAR indicate the physician orders were followed, LPN #1 stated, "No, they were not followed."  An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM. When asked if there were blanks on the MAR, was the medication given, ASM #2 stated, "No, the medications were not given if there were blanks." When asked if blanks on the MAR indicate the physician orders were followed, ASM #2 stated, "No, the orders were not followed."	F 684			

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On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

No further information was provided prior to exit.

4. The facility staff failed to follow physician orders for medication administration for Resident #1

Resident #1 was admitted to the facility on 10/15/21 with diagnosis that included but were not limited to: peripheral vascular disease, diabetes mellitus and atrial fibrillation. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 1/20/22, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.

The physician orders dated 11/19/21 documented:

- For 5:00 p.m. administration: "Monitor blood sugar twice daily, notify physician if fasting blood sugar less than 100 ...Metoprolol (antihypertensive) 12.5 milligram twice daily for hypertension ...Eliquis (anticoagulant) 5 mg twice daily for blood thinner."

- For 9:00 p.m. administration: "Lantus (insulin) 100 UNIT/MILLILITER Inject 10 unit subcutaneously at Bedtime ...Lidocaine Patch 4 % Apply to chest topically every 12 hours for pain and remove per schedule ...Gabapentin (antiepileptic) 100 milligram at bedtime for

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F 684	Continued From page 60 neuropathy."	F 684		
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A review of the February 2022 MAR (medication administration record) evidenced a blood sugar of 100 on 2/13/22 at 6:30 AM, no blood sugar on 2/13/22 at 4:30 PM, and a blood sugar of 145 at 2/14/22 at 6:30 AM. The MAR evidenced a blood pressure of 103/64 on 2/8/22.

A review of the nursing progress note dated 2/14/22 at 6:22 PM, written by ASM (administrative staff member) #2, the interim director of nursing, revealed, "Physician and RP (responsible party) notified of meds (medications) not given on 2/13 evening shift. Resident monitored with no adverse effects."

A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Peripheral vascular disease, atrial fibrillation, hypertension and deep vein thrombosis. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

An interview was conducted with Resident #1 on 2/23/22 at 12:56 PM. When asked if he had missed any medication doses, Resident #1 stated, "Yes, there was an evening where there was not a nurse to give the medications and I did not get any till the next day." When asked if there were staff to give the medications that evening, Resident #1 stated, "No there was not a nurse. We had CNA's (certified nursing assistant) to care for us, but no nurse."

An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "When I

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F 684

came back on Tuesday 2/15/22, Resident #1 told me he had not received his evening medicines on Sunday." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given." When asked if there are blanks and medications have not been given, then have the physician orders been followed, LPN #1 stated, "No, the orders were not followed."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM. I called for staff and we had a plan to move staff around so the residents would receive their medications and care. When asked about the blanks on the TAR and MAR, ASM #2 stated, "It means the care was not given." When asked if holes in documentation are indicative of physician orders being followed, ASM #2 stated, "No, it does not indicate that the orders were followed."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

No further information was provided prior to exit.

5. For Resident #4, the facility staff failed to clarify, transcribe and follow a physician's order for the treatment of a urinary tract infection.

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Resident #4 was admitted to the facility on 6/19/14 and was discharged on 8/8/21. Resident #4 had the diagnoses of but not limited to multiple sclerosis, peripheral vascular disease, and pressure injury. On the most recent MDS (Minimum Data Set) a quarterly assessment with an ARD (Assessment Reference Date) of 6/1/21, the resident scored a "99" out of 15 on the BIMS (brief interview for mental status), indicating the resident was unable to complete the interview for cognitive status due to being severely cognitively impaired for making daily decisions.

A review of the clinical record revealed a physician's order dated 7/15/21 for "UA (urinalysis) (1) and Culture and Sensitivity (2) ....per family request...."

A nurse's note dated 7/16/21 documented, "UA was obtained."

Review of the clinical record revealed a UA result dated 7/23/21 that documented, "Aerococcus urinae (3)" as the organism identified in the lab sample. On this result, the physician had hand written, "UTI (urinary tract infection) Amoxicillin (4) 875 mg bid x 5 days" and signed underneath.

Further review of the clinical record failed to reveal any evidence that the notation the physician wrote on the lab form for the Amoxicillin was ever transcribed to an order form in the paper record, and/or entered into the electronic health record order system, and administered.

On 2/24/22 at 10:35 AM an interview was conducted with LPN #1 (Licensed Practical Nurse). When asked if a physician writes at the bottom of a lab result a diagnosis, medication

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name, dose, route, and frequency, did that constitute an order, he stated, "My guess, before I clarify it, I would not consider it to be an order. I would call to clarify." When asked if all the components of an order was present, he stated, "If it was on a T.O. (telephone order sheet) it would have more stuff on it like a date, etc. It needs to be clarified. I would clarify it, put it on a T.O. order form, and put it in [name of electronic health record]."

On 2/24/22 at 2:35 PM in an interview with ASM #2 (Administrative Staff Member) the Director of Nursing, she stated that the order should have been clarified.

The facility policy Medication and Treatment Guidelines was reviewed. This policy documented, "Orders are transcribed or electronically entered then noted by the licensed nurse. The licensed nurse noting an order is responsible for accurate transcription and initiation of orders...."

The facility policy Laboratory Guidelines was reviewed. This policy documented, "Lab test results received from an external lab...Will be forwarded to and, or communicated with the ordering physician for results evaluation before the end of the shift during which the results were received. Will indicate the date, time and name of the licensed nurse communicating the results to the physician and any additional orders given by the physician..."

On 2/24/22 at 4:45 PM, ASM #1, ASM #2, and ASM #3, the Administrator, Director of Nursing, and Regional Quality Consultant, respectively, were made aware of the findings. No further



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F 684	Continued From page 64 information was provided by the end of the survey.	F 684		
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COMPLAINT DEFICIENCY

References:

1. Urinalysis - A urinalysis is a test of your urine. It is often done to check for a urinary tract infections, kidney problems, or diabetes. You may also have one during a checkup, if you are admitted to the hospital, before you have surgery, or if you are pregnant. It can also monitor some medical conditions and treatments. Information obtained from <https://medlineplus.gov/urinalysis.html>
2. Culture and Sensitivity - If bacteria grow in the urine culture test and you have symptoms of an infection or bladder irritation, it means you have a UTI. This result is a positive urine culture test or abnormal test result. The lab conducts an antibiotic sensitivity test on the bacteria in the cultured sample. Also called an antibiotic susceptibility test, this test identifies the type of bacteria causing the infection and which antibiotics the bacteria is sensitive to, meaning which antibiotics will kill the bacteria. This information helps your healthcare provider select the most effective antibiotic medicine. Certain antibiotics only work against certain bacteria. And some bacteria have antibiotic resistance. This means the antibiotic no longer can stop that type of bacteria from growing. Antibiotic-resistant infections are harder to treat. Information obtained from <https://my.clevelandclinic.org/health/diagnostics/2126-urine-culture#results-and-follow-up>

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3. Aerococcus urinae - "Aerococcus urinae is increasingly recognized as a potentially significant urinary tract bacterium. A. urinae has been isolated from urine collected from both males and females with a wide range of clinical conditions, including urinary tract infection (UTI), urgency urinary incontinence (UUI), and overactive bladder (OAB). A. urinae is of particular clinical concern because it is highly resistant to many antibiotics and, when undiagnosed, can cause invasive and life-threatening bacteremia, sepsis, or soft tissue infections."

Information obtained from  
<https://journals.asm.org/doi/10.1128/JB.00170-20?cookieSet=1>

4. Amoxicillin is an antibiotic.  
Information obtained from  
<https://medlineplus.gov/druginfo/meds/a685001.html>

6. The facility staff failed to administer an antidepressant and a laxative per the physician orders for Resident #5.

Resident #5 was admitted to the facility on 1/13/2022. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 1/18/2022, the resident scored a 7 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is severely cognitively impaired for making daily decisions. In Section N, the resident was coded as receiving five doses of an antidepressant medication during the look back period.

The physician orders dated 1/13/2022

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documented, "Mirtazapine Tablet (used to treat depression) (1) 7.5 mg (milligrams); give 7.5 mg by mouth at bedtime for depression." The physician order dated, 1/14/2022 documented, "Senna Tablet (used to treat constipation) (2) 8.6 mg; Give 1 tablet by mouth at bedtime for constipation."

The February 2022 MAR (medication administration record) documented the above physician orders. There was nothing documented for the 9:00 p.m. doses of Mirtazapine and Senna on 2/9/2022. The boxes were blank.

Review of the nurse's notes for 2/9/2022 failed to evidence documentation related to the above medications.

The comprehensive care plan dated, 1/14/2022 documented in part, "Focus: Bowel Elimination Alteration: Constipation ...Administer medication per physician order and observe effectiveness ...Focus: At risk for adverse effects related to use of antidepressant medication."

An interview was conducted with LPN (licensed practical nurse) #1, on 2/24/2022 at 10:34 a.m. When asked what a blank on the MAR indicated, LPN #1 stated it wasn't done, or not clicked off in [name of computer program].

An interview was conducted with LPN #5 on 2/24/2022 at 1:16 p.m. When asked what a blank on the MAR indicated, LPN #5 stated if it isn't signed off it wasn't done.

ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, regional quality consultant, and ASM #4, the divisional

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F 684 Continued From page 67  
quality regulatory consultant, were made aware of the above concern on 2/24/2021 at 4:56 p.m.  
  
No further information was obtained prior to exit.

References:

- (1) This information was obtained from the following website:  
<https://medlineplus.gov/druginfo/meds/a697009.html>
- (2) This information was obtained from the following website:  
<https://medlineplus.gov/druginfo/natural/652.html>

F 686 Treatment/Svcs to Prevent/Heal Pressure Ulcer  
SS=E CFR(s): 483.25(b)(1)(i)(ii)

§483.25(b) Skin Integrity  
§483.25(b)(1) Pressure ulcers.  
Based on the comprehensive assessment of a resident, the facility must ensure that-  
(i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and  
(ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing.

This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, resident interview, clinical record review, facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to maintain a complete pressure injury/wound prevention and care program, and

F 684

Tag F686 – Failed to provide Services to Prevent/Heal Pressure Ulcers.

F 686

1. Resident # 12 wound was assessed by nursing on 2/28/22. Resident # 11 wound was assessed by nursing on 2/25/22. Resident # 4 no longer resides at the facility.
2. The DON or designee reviewed patients in the center with wounds to validate documentation.
3. The DON or designee re-educated licensed nurses on the skin management guidelines to include wound documentation and documenting treatments on the treatment administration record.
4. The DON or designee will review residents with wounds weekly times 4 weeks to validate appropriate documentation is in place. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.
5. The facility's alleged date of compliance will be April 4, 2022. 4/4/2022

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failed to provide care and services to prevent and/or treat pressure injuries for 3 of 14 residents in the survey sample, Residents #12, #4, and #11.

The findings include:

1. For Resident #12, the facility staff failed to evidence that wound tracking, monitoring, and treatment evaluation was provided, and that physician ordered treatments were completed.

Resident #12 was admitted to the facility on 4/27/15 and had the diagnoses of, but not limited to, pressure injury (1). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/17/21, the resident scored 7 out of 15 on the BIMS (brief interview for mental status, indicating the resident was severely cognitively impaired for making daily decisions. The resident was coded as having a stage 2 pressure injury.

A review of the clinical record revealed the following notes and assessments:

- A nurses' note dated 12/2/21 documented, "weekly wound note: sacral wound presenting as a stage 2 (2) at this time. 100% granulation tissue present to wound bed. 5.4x3.6x0.1. edges well defined. Peri-wound intact. Will change treatment to Santyl daily and PRN (as needed). Noted her right heel is boggy with blanchable red area. Skin prep (3) will be initiated for prevention."

- A nurses' note dated 12/7/21 documented, "weekly wound notes: pressure wound to sacrum with no open areas noted. Area is macerated and skin is fragile. Treatment changed."

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- A nurses' note dated 12/14/21 documented, "weekly wound notes: pressure wound to sacral area 3.0x2.5x0.1 with maceration noted to peri-wound. Epithelial tissue to wound bed. Denuded edges. Treatment change."

- A nurses' note dated 12/22/21 documented, "weekly wound notes: pressure wound to sacrum with 100% epithelial tissue present to wound bed. Edges well defined and peri-wound intact. 4.0x2.5x0.1."

- A Wound assessment dated 2/23/22 documented "Sacrum: 1.5 x 1.6 no drainage." This assessment was approximately 2 months after the previous (above) wound assessment.

A review of the clinical record revealed the following orders and treatment administration:

- A physician's order dated 12/2/21 for "Apply skin prep to right heel daily and PRN (as needed) every night shift for preventive." A review of the December 2021 MAR and TAR (Medication Administration Record and Treatment Administration Record) revealed there was no documentation it was completed on 12/10/21, 2/10/22 and 2/17/22.

- A physician's order dated 12/7/21 for "Cleanse wound to sacrum with wound cleanser, pat dry, apply skin prep to area. apply calcium alginate (4) and optifoam (5) dressing every 3 days and PRN every day shift every 3 day(s) for wound care." A review of the December 2021, January 2022 and February 2022 MAR and TAR revealed there was no documentation it was completed on 12/13/21, 12/22/21, 12/25/21, 1/3/22, 1/9/22, 1/18/22,

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F 686	Continued From page 70 1/24/22, 1/27/22, 1/30/22, 2/5/22 and 2/20/22.	F 686		
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- A new order dated 2/23/22 for "Cleanse wound to sacrum with wound cleanser, pat dry, apply skin prep to area. Apply Venelex (6) ointment and optifoam dressing every other days and PRN as needed." This was the first treatment change in approximately 2 months since the previous (above) wound care order was initiated.

On 2/24/22 at approximately 1:00 PM an observation was made with LPN #3 performing wound care for Resident #12. The wound was noted to be clean and free of odor. There were no concerns identified with the wound care process.

On 2/24/22 at 10:35 AM an interview was conducted with LPN #1 (Licensed Practical Nurse). When asked what it means if areas were blank on the MAR or TAR, he stated, "That means it wasn't done. It wasn't clicked off in [name of electronic health record]." When asked if that means that the care wasn't provided, he stated, "Yes."

There was no documentation regarding any evaluation of the wound for any treatment changes between 12/22/21 and 2/23/22, a period of approximately 2 months, and any indication of what, if any, impact the missed treatments had on the wound, as there was no documentation regarding the size, staging, and progress of this wound between 12/22/21 and 2/23/22, a period of approximately 2 months.

On 2/23/22 at approximately 3:00 PM, an interview was conducted with ASM #2 (Administrative Staff Member) the Director of

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Nursing. When asked about the lack of measurements and tracking of the wound, she stated that there was no wound program and no wound nurse. She stated that she had been at the facility since 1/24/22. She stated, "When I got here, I asked them "where is all your wound stuff?" She stated, "When I was here a year ago I had a wound program running. When I came back, there was not one, and no unit managers." She stated, "I know the nurses are doing the treatments. I have not had a chance to go around with them yet." For Resident #12 she stated that she "just looked at the wound for the first time yesterday (2/22/22)."

A review of the comprehensive care plan revealed the following:

- A care plan dated 4/28/15 for "At risk for alteration in skin integrity related to: impaired mobility, impaired cognition, incontinence." This care plan included the intervention, dated 4/17/17, for "Provide preventative skin care routinely and prn."

- A care plan dated 10/14/21 for "Resident has pressure ulcer to coccyx related to immobility." This care plan included the intervention, dated 10/14/21, for "Administer treatment per physician orders."

The facility policy, "Skin Management Guidelines," documented as follows:

"PURPOSE: To describe the process steps required for identification of patients at risk for the development of skin alterations, identify prevention techniques and interventions to assist with the management of pressure injuries and



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F 686	<p>Continued From page 72</p> <p>skin alterations.</p> <p>Pressure Injury: Localized damage to the skin and underlying soft tissue, usually over a bony prominence or related to a medical or other device.</p> <ul style="list-style-type: none"> <li>- Can present as intact skin or an open ulcer and may be painful</li> <li>- Injury occurs because of intense and, or prolonged pressure or pressure in combination with shear...Skin alterations and pressure injuries are evaluated and documented by the licensed nurse:</li> <li>- Using the Admission/Readmission Evaluation upon admission with a head-to-toe skin evaluation and completion of the Braden Scale for Predicting Pressure Sore Risk</li> <li>- Using the Braden Scale, weekly X 3 after admission for a total of 4 weekly evaluations</li> <li>- Using the PUSH Tool and Skin/wound application in PCC (if enabled) weekly by the wound team for pressure injuries or complex wounds</li> <li>- Using the Skin Alteration Record or Skin/wound application in PCC (if enabled) weekly by the licensed nurse for non-pressure injuries</li> <li>- Whenever there is a significant change in condition or clinically indicated</li> <li>- Quarterly, in coordination with the MDS/RAI process ...</li> </ul> <p>Body audits are completed:</p> <ul style="list-style-type: none"> <li>- By the licensed nurse daily for patients with pressure injuries and documented on the eTAR; new findings are documented in a progress note</li> <li>- By the licensed nurse weekly for patients without pressure injuries and documented on the eTAR; new findings are documented in a progress note</li> <li>- By the nursing assistant during scheduled baths/showers, and if indicated during routine</li> </ul>	F 686		
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daily care and documented on the Skin Worksheet ...The Braden Scale is the clinically validated tool used to identify potential levels of risk for pressure injury development. The scale includes six (6) sub-scales for determining skin risk....The Braden Scale is completed at the time of admission and is also available as an independent assessment under the Assessment tab in PCC. The PCC Skin and Wound application, if enabled, also includes the Braden Scale which can be entered within the application ...The Pressure Ulcer Scale for Healing (PUSH Tool) is used to document the healing status of pressure injuries. It is initiated upon identification of a pressure injury and is updated weekly by the wound team during wound rounds until the wound heals....The Skin Alteration Record is used to document healing status of non-pressure injuries. The PCC Skin and Wound application, if enabled, allows for electronic entry of non-pressure injury healing status ...

The Skin Worksheet is used by the nursing assistant to document skin observations. The worksheet is completed at least twice/week with the patient's bath/shower. Completed worksheets are given to the licensed nurse for validation and action planning as indicated ...

Treatment options are selected based upon the type of wound, tissue type, exudate, condition of the peri-wound, pain, the need for protection of the wound bed, the goal of treatment and manufacturer's recommendations for product utilization....Wound rounds are completed weekly on pressure injuries and complex wounds ...The wound team consists of the unit manager, licensed nurse, and nursing assistant. The director of nursing, medical practitioners, rehabilitation team members and the registered dietitian may participate in wound rounds if

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available ...Wound rounds should be held on a consistent day of the week and time of day to assure wounds are evaluated no less often than weekly. The role of the wound team is to provide assistance with ongoing management and monitoring of pressure injuries and complex wounds, determining wound etiology, selecting the most optimal treatment strategies and evaluation and revision of the patient specific plan of care. One member of the wound team documents wound evaluations in a Pressure Ulcer Weekly Note in PCC or within the Skin/wound application of PCC (if enabled). Documentation should include wound location, etiology, presence of exudate/odor, tissue type, measurements, presence of undermining or tunneling, description of peri-wound, PUSH score, indications of pain or infection, notifications to medical practitioner and patient/responsible party, education provided and any changes in treatment or care plan interventions....The individualized comprehensive care plan addresses the skin management program, the goal for prevention and treatment, individualized interventions to address the patient's specific risk factors and the plan for reduction of risk...."

On 2/24/22 at 4:45 PM, ASM #1, ASM #2, and ASM #3 (Administrative Staff Member) the Administrator, Director of Nursing, and Regional Quality Consultant, respectively, were made aware of the findings. No further information was provided by the end of the survey.

References:

According to the U.S. Department of Health and Human Services Public Health Service, Agency

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for Health Care Policy and Research, Clinical Practice Guidelines, Treatment of Pressure Ulcers, Number 15 an AHCPR Publication No. 95-0652 page 24: The Clinical Practice Guidelines Treatment of Pressure Ulcers revealed in part the following information regarding pressure sore treatment: "7. Assessment of pressure sore healing. Progress toward healing should be evaluated weekly. If signs of ulcer deterioration are observed sooner (e.g. during daily dressing changes), steps to reverse them should be taken immediately. 9. Reassessment of Treatment Plan and evaluation of Adherence. If the ulcer is not healing, the clinician must reassess the treatment plan and determine whether it is being followed. In particular the clinician should assess whether tissue load management is adequate and should evaluate the extent of adherence to cleansing and dressing ... Pressure ulcers should be uniformly described to facilitate communication amongst staff and to ensure adequate monitoring of the progress toward healing."

1. Pressure injury: A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue. Information obtained from [https://cdn.ymaws.com/npiap.com/resource/resmgr/online\\_store/npiap\\_pressure\\_injury\\_stages.pdf](https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf)

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2. Stage 2 Pressure Injury: Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis. Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).  
Information obtained from [https://cdn.ymaws.com/npiap.com/resource/resmgr/online\\_store/npiap\\_pressure\\_injury\\_stages.pdf](https://cdn.ymaws.com/npiap.com/resource/resmgr/online_store/npiap_pressure_injury_stages.pdf)

3. Skin Prep - "A liquid protective barrier wipe designed to form protective film to reduce friction during removal of tapes and films as well as prep skin for drainage tubes, external catheters, surrounding ostomy sites and adhesives formulated to help skin breathe so tape and film adheres better indicated for use on intact skin only."  
Information obtained from <https://www.mcdline.com/jump/product/x/Z05-PF32716#mrkDocumentation>

4. "Alginate wound dressings are non-woven, non-adhesive pads and ribbons composed of natural polysaccharide fibers or xerogel derived from seaweed. On contact with exudate, these dressings form a moist gel through a process of ion exchange. They are soft and conformable,

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easy to pack, tuck or apply over irregular-shaped wounds. Indicated for wounds with moderate to heavy exudate, such as pressure ulcers, infected wounds and venous insufficiency ulcers. Alginates generally require a secondary dressing." Information obtained from <https://www.woundsource.com/product-category/dressings/alginate>

5. Optifoam dressing - "Optifoam® Adhesive is a hydrolymer, adhesive foam island dressing that is waterproof and has a high fluid-handling capacity. Improved thin film backing for longer wear time." Information obtained from <https://www.woundsource.com/product/optifoam-adhesive>

6. Venelex ointment - is used to promote wound healing and the treatment of decubitus ulcers, varicose ulcers and dehiscent wounds. Information obtained from <https://www.drugs.com/pro/venelex-ointment.html>

2. For Resident #4, the facility staff failed to evidence that physician ordered treatments were completed.

Resident #4 was admitted to the facility on 6/19/14 and was discharged on 8/8/21. Resident #4 had the diagnoses of but not limited to multiple sclerosis, peripheral vascular disease, and pressure injury. On the most recent MDS (Minimum Data Set) a quarterly assessment with an ARD (Assessment Reference Date) of 6/1/21, the resident scored a "99" out of 15 on the BIMS

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(brief interview for mental status), indicating the resident was unable to complete the interview for cognitive status due to being severely cognitively impaired for making daily decisions. The resident was coded as having a Stage 3 pressure injury.

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Sacral wound:

- A nurses' note dated 6/14/21 documented, "MASD (moisture associated dermatitis) noted to sacrum, coccyx, bilateral buttocks, with 100% scar tissue noted. Resident is a healing Stage 3. Inferior sacrum 0.2cm (centimeters) x 0.2cm x 0.1cm. Superior inferior sacrum 2.0cm x 1.5cm x 0.1cm. No drainage noted to inferior and Sacrum and 100% granulation."

- A nurses' note dated 6/16/21 documented, "Wound rounds performed MASD noted to sacrum, coccyx, bilateral buttocks with 100% scar tissue noted. Resident is a healing Stage 3. Inferior sacrum 0.2cm (centimeter) x (by) 0.2cm x 0.1cm. Superior inferior sacrum 2.0 cm x 1.5cm x 0.1cm. No drainage noted to inferior and sacrum and 100% granulation. Measurements noted the same. DTI (deep tissue injury) noted to right foot. Area measures 2cm x 3cm. Area is dark, that is boggy. See new order for skin prep."

- A nurses' note dated 6/29/21 documented, "Writer and Unit Manager spoke with residents daughters [name] and [name] concerning the residents wounds (sacrum and right foot), preventative measures are in place. The status of the sacrum being a healing stage 3 as well as Measurements were given to daughters for both areas. Resident has a follow-up with the vascular surgeon on 8/6/14 @ 11 am [address]. Daughters would like therapy to follow up with providing resident with cushion for bony predominance of

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her leg where her legs meet her w/c (wheel chair) to prevent bruising. Requesting that a Care Plan Meeting be held near the end of July. Unit Manager to follow-up with the Social Worker."

These notes evidence the presence of a Stage 3 wound in addition to MASD for which the resident was being treated, as well as the foot wound (addressed separately).

A review of the clinical record revealed the following order: "6/14/21 Sacrum - cleanse with normal saline, apply small amount of hydrogel (1) and puracol (2) plus to any open area, cover with dry protective dressing. Change every shift and prn (as needed) if dressing becomes soiled, wet, or removed, as needed for skin alteration."

A review of the June 2021 MAR and TAR (Medication Administration Record and Treatment Administration Record) revealed there was no documentation that this order was completed on day shift on 6/17/21, day evening or night shift on 6/18/21, evening shift on 6/19/21, day or evening shift on 6/20/21, day shift on 6/24/21, day shift on 6/24/21, and night shift on 6/25/21.

On 2/24/22 at 10:35 AM an interview was conducted with LPN #1 (Licensed Practical Nurse). When asked what it means if areas were blank on the MAR or TAR, he stated, "That means it wasn't done. It wasn't clicked off in [name of electronic health record]." When asked if that means that the care wasn't provided, he stated, "Yes."

The above review of the MAR and TAR and LPN interview evidenced that, sporadically, the wound care was not done.

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Foot wound:

A review of the clinical record revealed the following:

- A nurses' note dated 6/16/21 that documented, "Writer in to do dressing change to sacrum when CNA (Certified Nursing Assistant) report that resident had an area to her foot upon assessment noted that there was a dark area that is spongy in center to right foot just below great toe area cleanse with wound cleanse and skin prep applied RP (responsible party) and NP (nurse practitioner) notified wound nurse to evaluate and treat."

- Another nurses' note dated 6/16/21 documented, "RP notified of arterial ultrasound of right leg and that maintenance looked at wheelchair and will fix it. Claim number for ultrasound of right leg is [number] and called to [name of X-ray Company]."

- Another nurses' note dated 6/16/21 documented, "NP (nurse practitioner) notified of Doppler results, will confer with MD (medical doctor)."

- A nurses' note dated 6/17/21 documented, "Conversation had with Resident's daughters regarding results of arterial Doppler performed yesterday and Dr (doctor) [name] recommendation for a vascular consult. Daughters are in agreement with the appointment. Facility to set up appointment with Dr [name] office for first available stressing importance due to severity of results of Doppler."

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- Another nurses' note dated 6/17/21 documented, "Arterial study to right leg showed little blood flow. Per NP (nurse practitioner) area is related to peripheral vascular disease. Pt has Prevalon boot for prevention."

- A physician's progress note dated 6/17/21 documented, "...is being seen today per nursing request due to acute wound to ball of right foot that was noted yesterday. Wound is a purple open blister measuring 2cm (centimeter) by 3cm with no drainage. Condition associated with mild discomfort and exacerbated by peripheral artery disease."

A review of the clinical record revealed an ultrasound result dated 6/16/21 that documented: "DUPLEX LOWER EXTREMITY ARTERIAL UNILATERAL, RIGHT: FINDINGS: Right Lower Extremity Arterial Duplex Ultrasound: there is complex plaquing. Ankle brachial index was not obtained. No flow was generally demonstrated from the proximal femoral artery through the lower extremity. Mild flow was demonstrated within distal femoral artery and within dorsalis pedis artery. Visualized arteries had monophasic waveforms. Pieces stolid velocities in cm/sec are as follows: common femoral 147, profunda femoral 35, distal femoral 6, dorsalis pedis 30. CONCLUSION: The right lower extremity demonstrates little blood flow. There was some flow at the dorsalis pedis artery, likely from collaterals."

The above notes and results evidenced presence of the foot wound and etiology.

Wound care of foot:

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F 686	Continued From page 82 A review of the clinical record revealed the following:  - A physician's order dated 6/16/21 for "Clean area to bottom right foot with NS (normal saline) and apply skin prep (3) q (every) shift for wound care." A review of the June 2021 MAR and TAR revealed there was no documentation that it was completed on day shift on 6/17/21, day, evening or night shift on 6/18/21, evening shift on 6/19/21, day or evening shift on 6/20/21, day shift on 6/24/21, and day shift on 6/29/21.  - A physician's order dated 6/29/21 for "Right foot skin prep every shift for wound treatment." A review of the July 2021 MAR and TAR revealed there was no documentation it was completed on night shift on 7/4/21, day shift on 7/11/21, evening shift on 7/18/21, and day shift on 7/21/21.  - A physician's order dated 7/14/21 for "Santyl (4) Ointment 250 unit/gram (Collagenase). Apply to right foot topically every day shift every Mon (Monday), Wed (Wednesday), Fri (Friday) for wound, clean with NS, apply Santyl and cover with foam dressing." A review of the July 2021 MAR and TAR revealed there was no documentation it was completed on 7/16/21, 7/21/21, and 7/23/21.  On 2/24/22 at 10:35 AM an interview was conducted with LPN #1 (Licensed Practical Nurse). When asked what it means if areas were blank on the MAR or TAR, he stated, "That means it wasn't done. It wasn't clicked off in [name of electronic health record]." When asked if that means that the care wasn't provided, he stated, "Yes."	F 686			

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F 686 Continued From page 83  
The above review of the MAR and TAR and LPN interview evidenced that, sporadically, the wound care was not done.

F 686

A review of the comprehensive care plan revealed the following:

- A care plan dated 12/3/14 for "At risk for alteration in skin integrity related to: impaired mobility, altered cognition, MS (multiple sclerosis) and incontinence." This care plan included the intervention, dated 3/20/20, for "Administer treatment per physician orders."

- A care plan dated 3/1/21 for "Open area at the sacrum related to: impaired mobility, incontinence, nutritional deficit." This care plan included the intervention, dated 3/1/21, for "Administer treatment per physician orders."

- A care plan dated 6/16/21 for "Area to bottom of right foot." This care plan included the intervention, dated 6/16/21, for "Administer treatment per physician orders."

On 2/24/22 at 4:45 PM, ASM #1, ASM #2, and ASM #3 (Administrative Staff Member) the Administrator, Director of Nursing, and Regional Quality Consultant, respectively, were made aware of the findings. No further information was provided by the end of the survey.

COMPLAINT DEFICIENCY

References:

1. "Hydrogel dressings are in many respects ideal for wound dressings. When applied to dry wounds, as well as sloughing or necrotic wounds,

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F 686	<p>Continued From page 84</p> <p>they can make and keep them clean by promoting the removal of infected or necrotic tissue via autolysis. Hydrogel dressings keep the wound warm, moist, and close. Also, they do not react with or irritate tissue. When applied, they do not adhere to wound surfaces and allow metabolites to pass freely. These dressings help provide a cooling effect on the wound, which makes them very pleasant for patients." Information obtained from <a href="https://www.news-medical.net/health/Hydrogel-Dressings.aspx">https://www.news-medical.net/health/Hydrogel-Dressings.aspx</a></p> <p>2. "Puracol is a primary wound dressing for all drainage types. Puracol is highly absorbent material that converts to soft, gel sheet that stays in contact with wound bed as it absorbs exudate. Puracol features 100% pure native collagen, helps restore chemical balance in the wound bed, absorbent collagen sheets manage wound moisture, and gel sheet stays in contact with wound bed as it absorbs exudate." Information obtained from <a href="https://www.allegromedical.com/products/puracol-collagen-microscaffold-wound-dressing/">https://www.allegromedical.com/products/puracol-collagen-microscaffold-wound-dressing/</a></p> <p>3. Skin Prep - "A liquid protective barrier wipe designed to form protective film to reduce friction during removal of tapes and films as well as prep skin for drainage tubes, external catheters, surrounding ostomy sites and adhesives formulated to help skin breathe so tape and film adheres better indicated for use on intact skin only." Information obtained from <a href="https://www.medline.com/jump/product/x/Z05-PF32716#mrkDocumentation">https://www.medline.com/jump/product/x/Z05-PF32716#mrkDocumentation</a></p> <p>4. Santyl - "Collagenase SANTYL Ointment</p>	F 686	

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F 686 Continued From page 85  
("SANTYL") is indicated for debriding chronic dermal ulcers and severely burned areas." Information obtained from <https://santyl.com/hcp>

F 686

3. The facility staff failed to provide treatment/services to promote healing of a pressure ulcer for Resident #11.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section M documented Resident #11 being at risk of developing pressure ulcers but not having any pressure ulcers during the assessment period.

On 2/23/2022 at approximately 2:00 p.m., an interview was conducted of Resident #11 in her room. Resident #11 stated that she had an open area on her buttock and that she put cream on the area that her family brought in for her. Resident #11 stated that the physician looked at the area when they came in and told the nurses how to treat the area. Resident #11 stated that some of the nurses came in to put a cream on the area but there were times when no one put anything on the area for days so she put her own cream on the area and that it was healing. Resident #11 proceeded to show pictures of the area on her cell phone and stated she had asked the nurse to take pictures of the area for her. Resident #11 stated that the nurse had come in to do the treatment that morning and she had to show them where it was.

Resident #11 refused to allow observation of wound care to the left buttock wound by survey

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F 686	Continued From page 86 staff.  The physician orders for Resident #11 documented in part, - "Body audit every evening shift every Thu (Thursday) for skin observation. Order Date: 5/11/2021." - "Cleanse open area to left buttock, pat dry, apply skin prep to peri wound, apply Silva sorb gel apply gauze affix with island dressing BID (twice a day) and PRN (as needed) until healed. Order Date: 1/31/2022."  The progress notes for Resident #11 documented in part: "1/31/2022 00:40 (12:40 a.m.) Resident noted with 3 x 1.5 x 0.1 open area to left buttocks. Peri wound has maceration wound bed beef red. No odor present. No drainage present. Area cleansed with NS (normal saline), patted dry, skin prep to peri wound, applied Silva sorb wound gel to wound bed covered with gauze covered with island dressing. MD (medical doctor) informed. Resident is own RP (responsible party) and is aware."  The eTAR for Resident #11 dated 2/1/2022-2/28/2022 failed to evidence the following treatments being administered on the following dates and times: "Cleanse open area to left buttock, pat dry, apply skin prep to peri wound, apply Silva sorb gel apply gauze affix with island dressing BID (twice a day) and prn (as needed) until healed. Every evening shift and night shift for wound care." On 2/4/2022, 2/10/2022, 2/12/2022, 2/17/2022, 2/21/2022 at 3:15 p.m. On 2/1/2022, 2/2/2022, 2/6/2022, 2/8/2022, 2/11/2022, 2/12/2022, 2/13/2022, 2/16/2022, 2/17/2022, 2/20/2022, 2/22/2022 at 11:15 p.m., the eTAR was blank.	F 686			

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The clinical record failed to evidence any additional wound assessments other than the progress note dated 1/31/2022.

The comprehensive care plan for Resident #2 documented in part, "Open area left buttocks, Date Initiated: 01/31/2022 ... Administer treatment per physician orders, Date Initiated: 01/31/2022... "Noncompliant with smoking, removes dressing from wounds several times throughout the day... Date Initiated: 05/28/2020."

On 2/24/2022 at approximately 1:00 p.m., a request was made to ASM (administrative staff member) #2, the interim director of nursing for all wound documentation for the left buttock wound on Resident #11.

On 2/24/2022 at 3:45 p.m., ASM #3, the regional quality consultant provided the progress note dated 1/31/2022 regarding the left buttock wound and stated that was everything that they had to provide.

On 2/23/2022 at approximately 3:00 p.m., an interview was conducted with ASM #2, the interim director of nursing. ASM #2 stated that there was no wound program and no wound nurse at the facility. ASM #2 stated that she had been at the facility since 1/24/22 and had a wound program running when she was at the facility a year ago. ASM #2 stated that the nurses were doing the treatments but she had not had a chance to go around with them yet.

On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it



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was not documented on the eTAR. LPN #1 stated that the physician or nurse practitioner and the responsible party were notified if a treatment was not completed. LPN #1 stated that he was not aware of Resident #11 applying their own treatment to the area on the left buttock. LPN #1 stated that at times Resident #11 would have them do the treatment later in the shift but she did not do it herself. LPN #1 stated that the area was healing.

On 2/24/2022 at 1:15 p.m., an interview was conducted with LPN #5. LPN #5 stated that treatments not signed off on the eTAR meant that they were not done. LPN #5 stated that there should be a progress note documenting why the treatments were not administered in the record. LPN #5 stated that they were pulled over to Unit 1 to administer medications on 2/13/2022 around 8:45 p.m. and was only able to administer medications to some of the residents. LPN #5 stated that they did not administer any treatments to Resident #11.

On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that if the eTAR was not signed off they would assume that it was not done because it was not signed as completed. ASM #2 stated that they were working to get a wound program up and running, and was setting up a new unit manager to work with her to oversee the wound program along with a wound nurse practitioner who would be coming in April of 2022. ASM #2 stated that they were also working to get their wound documentation the way it needed to be done.

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F 686	<p>Continued From page 89</p> <p>The facility policy "Skin management guidelines" documented in part, "...Skin alterations and pressure injuries are evaluated and documented by the licensed nurse: ...Using the PUSH (Pressure Ulcer Scale for Healing) Tool and Skin/wound application in PCC (if enabled) (electronic medical record) weekly by the wound team for pressure injuries or complex wounds. Using the Skin Alteration record or Skin/wound application in PCC (if enabled) weekly by the licensed nurse for non-pressure injuries..."</p> <p>On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.</p> <p>No further information was provided prior to exit.</p>	F 686	
F 725 SS-E	<p>Sufficient Nursing Staff</p> <p>CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with</p>	F 725	<p><b>Tag F725 – Failed to provide Sufficient Staffing</b></p> <ol style="list-style-type: none"> <li>1. Resident # 2 was offered a shower on 2/25/22 and Resident # 11 received a shower on 2/25/22. Resident # 1 blood sugars were reviewed by provider on 2/25/22. Resident # 10 discharged from the center on 2/24/22.</li> <li>2. The Director of Nursing or designee has reviewed resident's that receive blood sugars to validate completion and shower schedules for residents in the center..</li> <li>3. The Administrator re-educated the DON and Scheduler on the facility scheduling process to meet sufficient staffing levels each day.</li> </ol>

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resident care plans:  
(i) Except when waived under paragraph (e) of this section, licensed nurses; and  
(ii) Other nursing personnel, including but not limited to nurse aides.

§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.  
This REQUIREMENT is not met as evidenced by:  
Based on resident interview, staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to provide sufficient staffing for 4 of 14 residents in the survey sample, Residents #2, #11, #1, and #10; and on 1 of 2 units in the facility, Unit 1.

The findings include:

1. The facility staff failed to provide sufficient CNA (certified nursing assistant) staffing to provide showers to Resident #2.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/22/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section G documented Resident #2 being totally dependent on staff for bathing, having functional limitation in range of motion to both upper and lower extremities and requiring a wheelchair.

On 2/23/2022 at approximately 12:05 p.m., an interview was conducted of Resident #2 in her

F 725 4. The Administrator or designee will review nursing staffing 5 times weekly for 4 weeks to validate appropriate levels of staffing are in place. The Administrator or designee will randomly interview 5 residents weekly times 4 weeks regarding staff availability. The Administrator will submit audit findings for review and further recommendations.

5. The facility's alleged date of compliance will be April 4, 2022. 4/4/2022

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room. Resident #2 stated that they did not receive any showers. Resident #2 stated that she had met with the staff and the ombudsman recently and verbalized wishes to receive showers, but was still not getting them. Resident #2 stated that the CNAs had to use a mechanical lift to get her out of bed due to her paralysis, and told her that they do not have enough time to take her to the shower because they are understaffed. Resident #2 stated that she did refuse bed baths at times because they became angry that the staff would not take her to the shower.

The comprehensive care plan for Resident #2 documented in part, "ADL self care deficit related to paraplegia. Date Initiated: 10/18/2021 ...Assist to bathe/shower as needed. Date Initiated: 10/18/2021..."

The Documentation survey report dated 11/1/2021-11/30/2021 documented "NA" under Shower/Bath on 11/22/2021 and 11/25/2021.

The Documentation survey report dated 12/1/2021-12/31/2021 documented "NA" under Shower/Bath on 12/13/2021, 12/16/2021, 12/20/2021 and 12/30/2021.

The Documentation survey report dated 1/1/2022-1/31/2022 documented "NA" under Shower/Bath on 1/9/2022, 1/13/2022, 1/17/2022, 1/20/2022, 1/24/2022, and 1/31/2022.

The Documentation survey report dated 2/1/2022-2/28/2022 documented "NA" under Shower/Bath on 2/3/2022 and 2/7/2022.

The progress notes for Resident #2 failed to evidence documentation of a bed bath or shower

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F 725	<p>Continued From page 92</p> <p>received on the dates listed above.</p> <p>Review of the as worked schedules for January 2022 revealed one CNA scheduled for Unit 1 on day shift on 1/1/2022, 1/2/2022, 1/10/2022, 1/15/2022 and 1/16/2022. It further documented two CNAs scheduled for day shift on 1/17/2022, 1/18/2022, 1/23/2022, 1/24/2022 and 1/29/2022.</p> <p>Review of the as worked schedules for February 2022 at the facility revealed one CNA scheduled for Unit 1 on day shift for 2/5/2022 and 2/6/2022.</p> <p>On 2/23/2022 at 3:30 p.m., an interview was conducted with CNA #1, staffing coordinator. CNA #1 stated that they had been in the position for two weeks and still learning the scheduling. CNA #1 stated that they used a combination of facility staff and agency staff to staff the building. CNA #1 stated that they worked with the director of nursing to complete the schedule. CNA #1 stated that they had not had any shortages and was not aware of any staff walking out. CNA #1 stated that the goal for staffing was to have five CNAs on each unit on day shift, five CNAs on each unit on evening shift, and 3 aides on each unit on night shift. CNA #1 stated that they worked on the unit prior to entering this position and had never had any instance where they could not complete their showers due to staffing. CNA #1 stated that they had not heard any other CNAs telling residents that they could not provide care because of staffing.</p> <p>On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that he had been at the facility for about three weeks, and Resident #2 did not go to the shower. LPN #1 stated that as far as he</p>	F 725	

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knew it was her preference. LPN #1 stated that they worked the evening and day shift at the facility. LPN #1 stated that they were lucky to have three CNAs on Unit 1, and there were shifts when they had one or two CNAs for the entire day shift. LPN #1 stated that they normally had one CNA for the night shift. LPN #1 stated that they had never worked with six CNAs on a unit, and at times, the schedule said they had that many but they were never there.

On 2/24/2022 at 1:40 p.m., an interview was conducted with CNA #3. CNA #3 stated that they worked day shift and night shift as needed. CNA #3 stated that "NA" documented under shower/bath on the Documentation survey report meant not applicable. CNA #3 stated that shower/baths were applicable for all residents and should have been offered. CNA #3 stated that the goal was to have five or six CNAs on the day shift but if they were lucky, they had four. CNA #3 stated they had never worked when there was only one CNA on the unit. CNA #3 stated that they felt like they had enough help at times and other times felt like they did not have enough to get things done and the pandemic had been hard on them all.

On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that the goal was to have 11 CNAs on day shift, 10 on evening shift and 6 on night shift. ASM #2 stated that they were still having trouble on the weekends but staffing was getting better.

On 2/24/2022 at 3:12 p.m., an interview was conducted with CNA #2. CNA #2 stated that they worked the evening shift. CNA #2 stated that

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blank areas or "NA" on the shower/bath section of the Documentation survey report meant that the care was not provided. CNA #2 stated they had more help now than in the past few months. CNA #2 stated that they had worked a unit as the only CNA before, and had continuously gone from one end of the unit to the other end providing incontinence care. CNA #2 stated that normally they had two CNAs on the evening shift on the weekends, and many times someone did not show up to work. CNA #2 stated that there was not always someone available to come in to cover if someone did not show up.

The facility policy, "Pandemic plan, Staffing" documented in part, "...During the pandemic the staffing plan is implemented based on current needs..."

The facility policy "Focus on F725" documented in part, "...The facility must provide services by sufficient numbers of each of the following types on personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: Except when waived under paragraph (e) of this section, licensed nurses; and other nursing personnel, including but not limited to nurse aides..."

On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.

No further information was provided prior to exit.

Complaint deficiency

2. The facility staff failed to provide sufficient

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CNA staffing to provide showers to Resident #11.

F 725

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section G documented Resident #11 requiring physical help of one person with portions of bathing and having functional limitation in range of motion to the lower extremities.

On 2/23/2022 at approximately 2:00 p.m., an interview was conducted of Resident #11 in her room. Resident #11 stated that they preferred to get showers and was scheduled to get them every Wednesday and Saturday. Resident #11 stated that they were never able to get the shower on Saturdays because the CNAs told them they were assigned too many residents and did not have time to do it. Resident #11 stated that the CNAs preferred for her to take a bed bath because they did not have to get her out of the bed to go to the shower room, and they told her it took too long to get her up. Resident #11 stated that she did not mind the bed baths sometimes, but preferred going to the shower, and did not think it was fair that she could not get her showers because of the staffing.

The comprehensive care plan for Resident #11 documented in part, "ADL (activities of daily living) self care deficit as evidenced by inability to perform basic needs related to paraplegia. Date Initiated: 9/12/2019 ...Assist to bathe/shower as needed. Date Initiated: 9/20/2019...."

The Documentation survey report dated



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F 725	<p>Continued From page 96</p> <p>12/1/2021-12/31/2021 failed to evidence documentation of a shower or bed bath on 12/1/2021 and 12/25/2021.</p> <p>The Documentation survey report dated 1/1/2022-1/31/2022 documented "NA" under Shower/Bath on 1/8/2022 and failed to evidence documentation of a shower or bath on 1/1/2022 and 1/29/2022.</p> <p>The Documentation survey report dated 2/1/2022-2/28/2022 documented "NA" under Shower/Bath on 2/19/2022 and failed to evidence documentation of a shower or bath on 2/5/2022, 2/12/2022 and 2/16/2022.</p> <p>The progress notes for Resident #11 failed to evidence documentation of a bed bath or shower received on the dates listed above.</p> <p>Review of the as worked schedules for January 2022 at the facility documented one CNA scheduled for Unit 1 on day shift 1/1/2022, 1/2/2022, 1/10/2022, 1/15/2022 and 1/16/2022. It further documented two CNAs scheduled for day shift on 1/17/2022, 1/18/2022, 1/23/2022, 1/24/2022 and 1/29/2022. Review of the as worked schedules for February 2022 at the facility documented one CNA scheduled for Unit 1 on day shift for 2/5/2022 and 2/6/2022.</p> <p>On 2/23/2022 at 3:30 p.m., an interview was conducted with CNA (certified nursing assistant) #1, staffing coordinator. CNA #1 stated that they had been in the position for two weeks and still learning the scheduling. CNA #1 stated that they used a combination of facility staff and agency staff to staff the building. CNA #1 stated that they worked with the director of nursing to complete</p>	F 725
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the schedule. CNA #1 stated that they had not had any shortages and was not aware of any staff walking out. CNA #1 stated that the goal for staffing was to have five CNAs on each unit on day shift, five CNAs on each unit on evening shift and 3 aides on each unit on night shift. CNA #1 stated that they worked on the unit prior to entering this position and had never had any instance where they could not complete their showers due to staffing. CNA #1 stated that they had not heard any other CNAs telling residents that they could not provide care because of staffing.

On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that he had been at the facility for about three weeks. LPN #1 stated that they worked the evening and day shift at the facility. LPN #1 stated that they were lucky to have three CNAs on Unit 1 and there were shifts when they had one or two CNAs for the entire day shift. LPN #1 stated that they normally had one CNA for the night shift. LPN #1 stated that they had never worked with six CNAs on a unit and at times the schedule said they had that many but they were never there. LPN #1 stated that they had felt unsafe with the facility and had decided to cut their contract short because of this.

On 2/24/2022 at 1:40 p.m., an interview was conducted with CNA (certified nursing assistant) #3. CNA #3 stated that they worked day shift and night shift as needed. CNA #3 stated that "NA" documented under shower/bath on the Documentation survey report meant not applicable. CNA #3 stated that shower/baths were applicable for all residents and should have been offered. CNA #3 stated that the goal was to

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have five or six CNAs on the day shift, but if they were lucky, they had four. CNA #3 stated they had never worked when there was only one CNA on the unit. CNA #3 stated that they felt like they had enough help at times, and other times felt like they did not have enough to get things done, and the pandemic had been hard on them all. On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that the goal was to have 11 CNAs on day shift, 10 on evening shift and 6 on night shift. ASM #2 stated that they were still having trouble on the weekends but staffing was getting better.

On 2/24/2022 at 3:12 p.m., an interview was conducted with CNA #2. CNA #2 stated that they worked the evening shift. CNA #2 stated that blank areas or "NA" on the shower/bath section of the Documentation survey report meant that the care was not provided. CNA #2 stated they had more help now than in the past few months. CNA #2 stated that they had worked a unit as the only CNA before and had continuously gone from one end of the unit to the other end providing incontinence care. CNA #2 stated that normally they had two CNAs on the evening shift on the weekends and many times someone did not show up to work. CNA #2 stated that there was not always someone available to come in to cover if someone did not show up.

On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.

No further information was provided prior to exit.

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3. The facility staff failed to provide sufficient staffing for Resident #1 on Wing 1 to meet his medication needs.

A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Atrial fibrillation, hypertension and deep vein thrombosis. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

The physician orders dated 11/19/21 documented:

- For 5:00 p.m. administration: "Monitor blood sugar twice daily, notify physician if fasting blood sugar less than 100 ...Metoprolol (antihypertensive) 12.5 milligram twice daily for hypertension ...Eliquis (anticoagulant) 5 mg twice daily for blood thinner."

For 9:00 p.m. administration: "Lantus (insulin) 100 UNIT/MILLILITER Inject 10 unit subcutaneously at Bedtime ...Lidocaine Patch 4 % Apply to chest topically every 12 hours for pain and remove per schedule ...Gabapentin (antiepileptic) 100 milligram at bedtime for neuropathy."

A review of the February 2022 MAR (medication administration record) evidenced a blood sugar of 100 on 2/13/22 at 6:30 AM, no blood sugar on 2/13/22 at 4:30 PM, and a blood sugar of 145 at 2/14/22 at 6:30 AM. The MAR evidenced a blood pressure of 103/64 on 2/8/22.

A review of the nursing progress note dated 2/14/22 at 6:22 PM, written by ASM

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(administrative staff member) #2, the interim director of nursing, revealed, "Physician and RP (responsible party) notified of meds (medications) not given on 2/13 evening shift. Resident monitored with no adverse effects."

On 2/24/22 at 1:15 PM, an interview was conducted with LPN (licensed practical nurse) #5. When asked to describe the staffing events of 2/13/22, LPN #5 stated, "There was no nurse scheduled for Wing 1. I had worked day shift on Wing 2 and signed up to work evening shift on Wing 2. Approximately 8:45 PM, I was pulled to Wing 1 because there were no other nurses there. I had already worked a full day shift, I had to go to 1st unit to be pulled and I called the on call number and left the message. There was to be 4 nurses, two nurses walked out. The agency nurse walked out and the on call nurse did not come back. The Administrator and Director of Nursing told me I had to go over there. The on call person didn't answer the phone. The on call nurse who had the phone was supposed to come back and did not. I locked the keys up for the section of Wing 1 that I could not give meds to the residents. I was to cover a majority of Wing 1 and the other nurse from Wing 2 was to come up and give a section of residents their evening medications. I did not know until the next day the medications were not given."

An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave Resident #1 his day shift medications and then handed off to the evening nurse. I do not know what she did. When I came back on Tuesday 2/15/22, Resident #1 told me he had not received

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his evening medicines on Sunday." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM, I called for staff and we had a plan to move staff around so the residents would receive their medications and care. I did not know until the following morning on 2/14/22, that the one nurse did not come to give medications on Wing 1." When asked about the progress note written on 2/14/22 regarding the physician and RP being notified of Resident's meds not given, ASM #2 stated, "I wrote the note after I found out medications and treatments had not been given to the residents on a part of Wing 1."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

No further information was provided prior to exit.

4. The facility staff failed to provide sufficient staffing for Resident #10 on Wing 1 to meet her medication needs.

Resident #10 was admitted to the facility on 9/29/21 with diagnosis that included but were not limited to: end stage renal disease, peripheral

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vascular disease, diabetes mellitus and congestive heart failure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/19/21, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.

A review of the comprehensive care plan dated 9/29/21 documented in part, "FOCUS: Hyperlipidemia, congestive heart failure and hypertension. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Atrial fibrillation, hypertension and deep vein thrombosis. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

The physician orders dated 11/19/21 documented:  
- For 5:00 p.m. administration: "Monitor blood sugar twice daily, notify physician if fasting blood sugar less than 100 ...Metoprolol (antihypertensive) 12.5 milligram twice daily for hypertension ...Eliquis (anticoagulant) 5 mg twice daily for blood thinner."

For 9:00 p.m. administration: "Lantus (insulin) 100 UNIT/MILLILITER Inject 10 unit subcutaneously at Bedtime ...Lidocaine Patch 4 % Apply to chest topically every 12 hours for pain and remove per schedule ...Gabapentin (antiepileptic) 100 milligram at bedtime for neuropathy."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/25/2022
NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(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)

F 725 Continued From page 103

F 725

A review of the February 2022 MAR (medication administration record) evidenced a blood sugar of 100 on 2/13/22 at 6:30 AM, no blood sugar on 2/13/22 at 4:30 PM, and a blood sugar of 145 at 2/14/22 at 6:30 AM. The MAR evidenced a blood pressure of 103/64 on 2/8/22.

A review of the nursing progress note dated 2/14/22 at 6:22 PM, written by ASM (administrative staff member) #2, the interim director of nursing, revealed, "Physician and RP (responsible party) notified of meds (medications) not given on 2/13 evening shift. Resident monitored with no adverse effects."

An interview was conducted on 2/23/22 at 2:06 PM with Resident #10. When asked if there had been any missed medication doses, Resident #10 stated, "Yes, It was Superbowl Sunday, the agency nurse on evenings left and we did not get out medications that shift."

An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave Resident #10 her day shift medications and then handed off to the evening nurse. I do not know what the nurse did. When I came back on Tuesday 2/15/22, Resident #10 told me she had not received her evening medicines on Sunday." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events



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F 725	<p>Continued From page 104</p> <p>of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM."</p> <p>On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.</p> <p>No further information was provided prior to exit.</p> <p>5. The facility staff failed to provide nursing services to residents on unit one during the evening on the 3:00 p.m. to 11:00 p.m. shift on 02/13/2022.</p> <p>The facility's "Daily Deployment Sheet" dated 02/13/2022 failed to evidence documentation of a nurse assigned to unit one for the 3:00 p.m. to 11:00 p.m. shift. Further review of the sheet revealed a hand written note that documented, "[Name of LPN (licensed practical nurse) # 2]. OFF schedule -agency told leave."</p> <p>The facility's time sheet for LPN # 2 dated 02/12/2022 through 02/15/2022 documented in part, "Sun (Sunday) 2/13. IN 3:14PM (3:14 p.m.). OUT 5:00PM."</p> <p>On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 12/27/2021, Resident # 6 scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions.</p>	F 725		
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F 725 Continued From page 105

F 725

On 02/23/2022 at approximately 2:00 p.m., an interview was conducted with Resident # 6. When asked if they were aware of a nurse walking out on their shift and not administering the resident's medications, Resident # 6 stated, "The nurse came in and waited to see if anyone else was coming in. When she realized that no one else was coming in she called her supervisor at the agency to find out if they had another opening, then she gave her keys to another nurse and just left. She (nurse) said that she was not working on all three halls by herself." When asked how they knew the information stated above Resident # 6 stated, "I was sitting up at the nurse's station when it happened." When asked if they knew what shift the incident occurred Resident # 6 stated, "The overnight shift, 3-11 (3:00 p.m. to 11:00 p.m.)." When asked if they received their medications that evening Resident # 6 stated, "Yes, three or four hours later from the nurse on Unit 2." When asked if they recalled the time they received their medications Resident # 6 stated, "No."

Review of Resident # 6's eMAR (electronic medication administration record) dated 02/13/2022 revealed Resident # 6 received their scheduled evening medications.

On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, Resident # 7 scored 13 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions.

On 02/23/2022 at approximately 2:25 p.m., an interview was conducted with Resident # 7. When asked if they were aware of a nurse

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F 725	Continued From page 106  walking out on their shift and not administering resident's medications Resident # 7 stated, "I heard about it." When asked if they received their medications that evening Resident # 7 stated, "Yes."  Review of Resident # 7's eMAR dated 02/13/2022 revealed Resident # 7 received their scheduled evening medications.  On 02/23/2022 at approximately 3:30 p.m., an interview was conducted with CNA (certified nursing assistant) # 1, staffing coordinator. When asked how long they had been in the position as a staff coordinator CNA # 1 stated, "I just started at the beginning of this week." When asked to describe the minimal and full staffing requirements to provide adequate and consistent resident care, CNA # 1 stated, "The minimal is four nurses, two on each unit and ten CNAs, five on each unit for the 7:00 a.m. to 3:00 p.m. and the 3:00 p.m. to 11:00 p.m. shifts and four nurses, two on each unit and six CNAs, three on each unit for the 11:00 p.m. to 7:00 a.m. shift. Full staffing is five nurses, two on each unit, one floating and eleven CNAs, five on the front unit (Unit 1) and six on the back (Unit 2) each unit for the 7:00 a.m. to 3:00 p.m. and the 3:00 p.m. to 11:00 p.m. shifts and five nurses, two on each unit, one floating and six CNAs, three on each unit for the 11:00 p.m. to 7:00 a.m. shift." When asked if they were aware of a nurse walking out on their shift on 02/13/2022 and not administering resident's medications CNA # 1 stated, "No."  On 02/24/2022 at approximately 10:45 a.m., an interview was conducted with LPN (licensed practical nurse) # 1. When asked about the nurse staffing on 02/13/2022 for the 3:00 p.m. to	F 725			

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F 725 Continued From page 107

F 725

11:00 p.m. shift, LPN # 1 stated that they worked on the 7:00 a.m. to 3:00 p.m. shift and there was one nurse for the 3:00 p.m. to 11:00 p.m. shift for Unit 1. LPN # 1 further stated, "[Name of Administrator] and [Name of Director of Nursing] were calling around to find help for the 3-11 shift. I gave report to the nurse on Unit 1 for the 3-11 shift, and gave them the medication cart keys. When asked if they recalled the name of the nurse they gave report to LPN # 1 stated, "I can't remember."

On 02/24/2022 at approximately 11:39 a.m., a telephone interview was conducted with LPN # 2. When asked to describe the circumstances that occurred on 02/13/2022, LPN # 2 stated, "There were only three nurses on the 3-11 shift and I was the only one on unit one. I called the DON (director of nursing), the on-call called the DON and the nurse from the 7-3 shift called the DON. I explained to the DON that it was unsafe for one nurse to work on the skilled unit (unit one). I told the DON that I was not going to work in an unsafe environment." When asked about the DON's response to them, LPN # 2 stated, "She didn't say much of anything to me and hung up the phone, she yelled at LPN # 1 because they would not stay and work another shift. The on-call left at three (3:00 p.m.) and was scheduled to be back at 5 (5:00 p.m.) but called and said they were not coming back. I called my agency and told them the situation and how unsafe it was and they said okay and they would try to get someone to come in and they told me to leave. I did a medication count with [Name of LPN # 1], handed off the keys to a nurse on unit two and left at about 6 (6:00 p.m.)." When asked if they administered any medications to any of the residents on unit one while they were in the facility LPN # 2 stated,

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F 725	Continued From page 108 "No."  On 02/24/2022 at approximately 1:58 p.m., an interview was conducted with ASM (administrative staff member) # 2, interim director of nursing. When asked to describe the circumstances that occurred on 02/13/2022, ASM # 2 stated, "One of the nurses called me and I came in at about 6:00 p.m., called agencies and nurses. The problem with the agency nurses that were available were not credentialed. I asked people to stay over, come in early and cover the units. I asked one of the nurses on the 3 to 11 shift from unit two to cover and pass meds (medications) on unit one, and they said they would, but I found out later that they never went over to unit one." When asked who called them ASM # 2 stated, "I can't recall which nurse." ASM # 2 further stated, "I heard from residents the next day that they did not get their meds. I notified the physician and the resident's families and told nursing to monitor the residents for adverse effects." When asked to describe the process to fill shifts ASM # 2 stated, "I call available nurses and nursing agencies that I have six that I can pull from, and follow up with them every hour." When asked if the facility was adequately staffed on 02/13/2022 during the 3 to 11 shift to meet the needs of the residents ASM # 2 stated, "I did to the best of my ability."  On 02/24/2022 at approximately 1:00 p.m., ASM # 1, interim administrator, ASM # 2, interim director of nursing, ASM # 3, regional quality consultant, and ASM # 4, division quality regulatory consultant, were made aware of the above findings.  No further information was provided prior to exit.	F 725			

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F 725 Continued From page 109  
Complaint deficiency

F 725

F 727 RN 8 Hrs/7 days/Wk, Full Time DON  
SS=C CFR(s): 483.35(b)(1)-(3)

F 727 Tag F727 – Failed to provide 8 hours of RN coverage.

§483.35(b) Registered nurse  
§483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.

§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.

§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by:

Based on observation, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to provide RN (registered nurse) coverage 8 hours per 24 hours per 7 days a week. Martha, I do not see the observation or clinical record reviews in this citation. Please clarify. Thanks.

The findings include:

The facility staff failed to provide RN (registered nurse) coverage 8 hours per 24 hours per 7 days a week for 6 of 87 days.

During the entrance conference on 2/23/22 at 11:30 AM, ASM (administrative staff member) #1, the interim administrator, was asked to provide as-worked staffing schedules from

1. The Administrator validated current employee schedules for RN coverage on 3/9/22.
2. The Administrator has reviewed the facility nurse master schedule to validate RN staffing levels for the center.
3. The Administrator has re-educated the scheduler and DON on the staffing requirement to schedule an RN for 8 hours per 24 hours per 7 days a week in the center.
4. The Administrator will audit schedules 5 times weekly times 4 weeks to validate that RN minimum staffing requirements are met. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.
5. The facility's alleged date of compliance will be April 4, 2022.

4/4/2022

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<p>F 727 Continued From page 110</p> <p>12/1/21-2/25/22. When asked during the entrance conference if there were any staffing waivers, ASM #1 stated, "No, there are no waivers."</p> <p>As-worked staffing sheets were provided on 2/23/22 at 5:15 PM by ASM #1.</p> <p>A review of the as worked staffing sheets evidenced no RN hours worked on 27 of 87 dates requested (12/1/21-2/25/22): 12/1/21, 12/6, 12/11, 12/12, 12/15, 12/25, 12/26, 12/27, 12/29, 1/4/22, 1/12, 1/17, 1/22, 1/23, 1/26, 1/27, 1/28, 1/29, 1/31, 2/2/22, 2/3, 2/5, 2/6, 2/9, 2/14, 2/19, 2/22.</p> <p>On 2/24/22 at 8:00 AM, a request was made of ASM #1 to provide the name of the RN who worked in the facility on the above 27 dates.</p> <p>On 2/24/22 4:15 PM, ASM #3, the regional quality consultant, provided evidence of RN coverage for 21 dates, with six dates (12/25/21, 12/26/21, 1/22/22, 1/23/22, 1/29/22 and 2/5/22) still missing RN coverage.</p> <p>An interview was conducted on 2/24/22 at 1:58 PM, with ASM #2, the interim director of nursing. When asked the number of hours of RN coverage required per day, ASM #2 stated, "RN coverage should be in in the building 8 hours a day. If there are not 8 hours a day, the standard is not met."</p> <p>On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.</p>	<p>F 727</p>
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F 727 Continued From page 111

F 727

According to the facility's "Registered nurse/8hours/7days week" policy, which reveals, "Except when waived, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week."

No further information was provided prior to exit.

F 760 Residents are Free of Significant Med Errors  
SS=E CFR(s): 483.45(f)(2)

F 760 Tag F760 – Failed to prevent Significant Medication Error

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 observation, staff interview, facility document review, and clinical record review, and in the course of complaint investigation, it was determined the facility staff failed to administer medication in a safe manner to prevent significant medication errors for four of 14 residents in the survey sample, Residents #1, #10, #2 and Resident #11.

The findings include:

1. The facility staff failed to administer medication in a safe manner to prevent significant medication errors on 2/13/22 for Resident #1.

Resident #1 was admitted to the facility on 10/15/21 with diagnosis that included but were not limited to: peripheral vascular disease, diabetes mellitus and atrial fibrillation. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 1/20/22, coded the resident as

1. An incident report for significant medication error for Resident # 1, # 2 and # 11 was created on 3/17/22 with MD and RP notification. Resident # 4 no longer resides at the facility.
2. The DON or designee reviewed residents medication administration records.
3. The DON or designee re-educated licensed nurses on the Medication Administration Guidelines to include administering patient medications as ordered by the physician.
4. The DON or designee will audit medication administration records for completion 5 times weekly times 4 weeks. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.
5. The facility's alleged date of compliance will be April 4, 2022.

4/4/2022



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F 760 Continued From page 112 F 760

scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.

A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Atrial fibrillation, hypertension and deep vein thrombosis. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

The physician orders dated 11/19/21 documented:  
- For 5:00 p.m. administration: "Monitor blood sugar twice daily, notify physician if fasting blood sugar less than 100 ...Metoprolol (antihypertensive) 12.5 milligram twice daily for hypertension ...Eliquis (anticoagulant) 5 mg twice daily for blood thinner."

For 9:00 p.m. administration: "Lantus (insulin) 100 UNIT/MILLILITER Inject 10 unit subcutaneously at Bedtime ...Lidocaine Patch 4 % Apply to chest topically every 12 hours for pain and remove per schedule ...Gabapentin (antiepileptic) 100 milligram at bedtime for neuropathy."

A review of the February 2022 MAR (medication administration record) evidenced a blood sugar of 100 on 2/13/22 at 6:30 AM, no blood sugar on 2/13/22 at 4:30 PM, and a blood sugar of 145 at 2/14/22 at 6:30 AM. The MAR evidenced a blood pressure of 103/64 on 2/8/22.

A review of the nursing progress note dated 2/14/22 at 6:22 PM, written by ASM (administrative staff member) #2, the interim director of nursing, revealed, "Physician and RP

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F 760 Continued From page 113  
(responsible party) notified of meds (medications) not given on 2/13 evening shift. Resident monitored with no adverse effects."

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An interview was conducted on 2/23/22 at 12:56 PM with Resident #1. When asked if he had missed any medication doses, Resident #1 stated, "Yes, there was an evening where there was not a nurse to give the medications and I did not get any till the next day."

An interview was conducted on 2/24/22 at 10:36 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave Resident #1 his day shift medications and then handed off to the evening nurse. I do not know what the nurse did. When I came back on Tuesday 2/15/22, Resident #1 told me he had not received his evening medicines on Sunday." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given."

An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM, I called for staff and we had a plan to move staff around so the residents would receive their medications and care. I did not know until the following morning on 2/14/22 that the one nurse did not come to give medications on Wing 1."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and

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F 760	Continued From page 114 ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.  According to the facility's "Medication and Treatment Administration" policy, "Medications and treatments administered are documented immediately following administration or per state specific standards. Vital signs are taken and recorded prior to the administration of vital sign dependent medications in accordance with medical practitioner's orders. Medications not administered according to medical practitioner's orders are reported to the attending medical practitioner and documented in the clinical record including the name and dose of the medication and reason the medication was not administered."  No further information was provided prior to exit.  2. The facility staff failed to administer medication in a safe manner to prevent significant medication errors on 2/13/22 for Resident #10.  Resident #10 was admitted to the facility on 9/29/21 with diagnosis that included but were not limited to: end stage renal disease, peripheral vascular disease, diabetes mellitus and congestive heart failure. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 11/19/21, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.	F 760			

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F 760 Continued From page 115

A review of the comprehensive care plan dated 9/29/21 documented in part, "FOCUS: Hyperlipidemia, congestive heart failure and hypertension. Endocrine System related to diabetes. INTERVENTIONS: Administer medication per physician orders."

The physician orders dated 12/9/21 documented:

- For 5:00 PM administration time: "Ondansetron (antiemetic) 8 milligram, given by mouth before meals before nausea and vomiting ...Midodrine (antihypotensive) 5 milligram by mouth three times a day for low blood pressure ...Blood sugar checks before meals and at bedtime."
- For 9:00 p.m. administration time: "Atorvastatin (antihyperlipidemic) 80 milligram daily for heart and blood pressure. Blood sugar checks before meals and at bedtime."

A review of the February 2022 MAR evidenced a blood sugar of 123 2/13/22 at 11:30 AM, no blood sugar at 2/13/22 at 4:30 PM, no blood sugar at 9:00 PM and a blood sugar of 91 at 2/14/22 at 6:00 AM. The MAR also evidenced a blood pressure of 130/62 on 2/13/22 at 12:20 PM and a blood pressure of 128/64 at 11:38 PM on 2/14/22.

A review of the nursing progress note by ASM (administrative staff member) #2, the interim director of nursing, dated 2/14/22 at 6:21 PM, revealed, "Physician and RP (responsible party) notified of meds not given on 2/13 evening shift. Resident monitored with no adverse effects."

An interview was conducted on 2/23/22 at 2:06 PM with Resident #10. When asked if there had been any missed medication doses, Resident #10

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F 760	Continued From page 116 stated, "Yes, It was Superbowl Sunday, the agency nurse on evenings left and we did not get out medications that shift. I let the dialysis center know I had missed medications."  An interview was conducted on 2/24/22 at 10:30 AM with LPN (licensed practical nurse) #1. When asked about the events of 2/13/22 including missing medications, LPN #1 stated, "I gave Resident #10 her day shift medications and then handed off to the evening nurse. I do not know what the nurse did. When I came back on Tuesday 2/15/22, Resident #10 told me she had not received her evening medicines on Sunday." When asked what the blanks on the MAR (medication administration record) mean, LPN #1 stated, "It means that the medication was not given."  An interview was conducted on 2/24/22 at 1:58 PM with ASM #2. When asked about the events of 2/13/22 and missing medications on evening shift, ASM #2 stated, "I was told there was no nurse to administer the meds on Wing 1 around 6:00 PM, I called for staff and we had a plan to move staff around so the residents would receive their medications and care. I did not know until the following morning on 2/14/22, that the one nurse did not come to give medications on Wing 1."  On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.  No further information was provided prior to exit.	F 760			

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F 760 Continued From page 117

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3. The facility staff failed to ensure Resident #2 was free of significant medication errors. Resident #2 did not receive medications ordered for blood pressure on multiple dates as ordered.

Resident #2 was admitted to the facility with diagnoses that included but were not limited to hypertension. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/22/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions.

On 2/23/2022 at approximately 12:05 p.m., an interview was conducted of Resident #2 in her room. Resident #2 stated that there were occasions where they did not receive their scheduled medications and times when the medications were not given until the next shift. Resident #2 stated that the evening nurse on 2/13/2022 had walked out and they had not received any medications for the evening shift, and had to wait for the night shift to come in to get medications. Resident #2 stated that that was not the only time they had not gotten their medications and had waited for the next shift to come in to get them.

The eMAR (electronic medication administration record) for Resident #2 dated 12/1/2021-12/31/2021 failed to evidence the following medications administered on the following dates and times:  
- "Metoprolol tartrate tablet (for blood pressure) 25 mg Give 1 tablet by mouth two times a day for

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F 760 Continued From page 118 F 760

HTN (hypertension)." On 12/17/2021 at 8.30 p.m.

The eMAR (electronic medication administration record) for Resident #2 dated 2/1/2022-2/28/2022 failed to evidence the following medications administered on the following dates and times:  
- "Metoprolol tartrate tablet 25 mg Give 1 tablet by mouth two times a day for HTN." On 2/4/2022 at 8:30 p.m. and 2/13/2022 at 8:30 p.m.,

The physician orders for Resident #2 documented the medications as listed above.

The progress notes for Resident #2 documented in part, "2/14/2022 18:22 (6:22 p.m.) MD (medical doctor) and RP (responsible party) notified of meds (medications) not given on 2/13 (2/13/2022) evening shift. Resident monitored with no adverse effects." The progress notes failed to evidence documentation regarding the additional dates listed above.

The comprehensive care plan for Resident #2 documented in part, "Cardiac disease related to Hypertension, Date Initiated: 10/18/2021...Administer medications as ordered. Date Initiated: 10/18/2021..."

On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it was not documented on the eMAR. LPN #1 stated that multiple residents had reported to him that they had not received their medications on 2/13/2022 when he returned to work the next week. LPN #1 stated that the residents told him that they did not get their evening medications. LPN #1 stated that he did not know of any adverse events from the residents not getting

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F 760 Continued From page 119  
 their medications. LPN #1 stated that Resident #2 had reported getting their medications up to six hours after the scheduled time from staff members. LPN #1 stated that Resident #2 frequently refused care and refused to have certain staff give her medications but there should be documentation in the medical record why they were not administered.

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On 2/24/2022 at 1:15 p.m., an interview was conducted with LPN #5. LPN #5 stated that medications not signed off on the eMAR meant that they were not done. LPN #5 stated that there should be a progress note documenting why the medications were not administered in the record. LPN #5 stated that they were pulled over to Unit 1 to administer medications on 2/13/2022 around 8:45 p.m. and was only able to administer medications to some of the residents. LPN #5 stated that they did not administer any medications to Resident #2.

On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that if the eMAR was not signed off they would assume that it was not done because it was not signed as completed. ASM #2 stated that they were notified of the nurse leaving on 2/13/2022 and had attempted to contact agencies and off duty staff to fill in the shift, but were unsuccessful. ASM #2 stated that they had asked LPN #5 to move to Unit 1 when they were finished with their hall on Unit 2. ASM #2 stated that they had asked the other nurse on Unit 2 to come to help LPN #5 administer medications on Unit 1, but she had not done this. ASM #2 stated that she was not aware of this until the next day. ASM #2 stated that she had contacted the



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F 760	Continued From page 120 physician and responsible parties of the residents who had missed their evening medications on 2/13/22 to notify them, and that no one had suffered any adverse effects. ASM #2 stated that she had spoken directly with Resident #2 regarding the missed medications on 2/13/2022.  The facility policy "Medication and Treatment Administration Guidelines" documented in part, "...Medications are administered in accordance with standards of practice and state specific and federal guidelines...Medications and treatments administered are documented immediately following administration or per state specific standards...Medications not administered according to medical practitioner's orders are reported to the attending medical practitioner and documented in the clinical record including the name and dose of the medication and reason the medication was not administered...The licensed nurse is responsible for validating documentation is completed for any medication administered during the shift..."  On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.  No further information was provided prior to exit.  Complaint deficiency  4. The facility staff failed to ensure Resident #11 was free of significant medication errors. Resident #11 did not receive medications ordered for diabetes and seizures on multiple dates as ordered.	F 760			

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Resident #11 was admitted to the facility with diagnoses that included but were not limited to type 2 diabetes. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 12/15/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section N documented Resident #11 as receiving insulin, antipsychotic, antianxiety, antidepressant and opioid medications.

On 2/23/2022 at approximately 2:00 p.m., an interview was conducted of Resident #11 in her room. Resident #11 stated that there were times when she did not receive her medications and would get them when the next shift came in to work. Resident #11 stated that on 2/13/2022 they did not receive any evening medications because the nurse had left and they had to wait for the night nurse to come in to get them. Resident #11 stated that this was not the only occasion that had happened to her.

The eMAR (electronic medication administration record) for Resident #11 dated 12/1/2021-12/31/2021 failed to evidence the following medications administered on the following dates and times:

- "Basaglar KwikPen solution Pen injector (for diabetes) 100 unit/ml (milliliter) Inject 70 unit subcutaneously at bedtime for DM 2 (diabetes type 2)." On 12/2/2021 9:00 p.m. and 12/10/2021 at 9:00 p.m.
- "Insulin Lispro Solution (for diabetes) Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for

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Diabetes mellitus type 2." On 12/2/2021 9:00 p.m. and 12/10/2021 9:00 p.m."  
- "Metformin HCL tablet (for diabetes) 500 mg Give 1000 mg by mouth at bedtime for DM." On 12/10/2021 2100.  
- "Topiramate tablet (for seizures) 25 mg Give 25 mg by mouth two times a day for seizures." On 12/10/2021 at 5.00 p.m.

The eMAR (electronic medication administration record) for Resident #11 dated 1/1/2022-1/31/2022 failed to evidence the following medications administered on the following dates and times:

- "Insulin Lispro Solution Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for Diabetes mellitus type 2." On 1/2/2022 at 6:30 a.m., 1/2/2022 at 11:30 a.m., 1/8/2022 at 9:00 p.m., 1/14/2022 at 6:30 a.m., 1/19/2022 at 11:30 a.m., 1/25/2022 at 6:30 a.m., 1/27/2022 at 4:30 p.m., 1/27/2022 at 9:00 p.m., 1/28/2022 at 11:30 a.m., 1/29/2022 at 11:30 a.m., and 1/30/2022 at 9.00 p.m.
- "Topiramate tablet 25 mg Give 25 mg by mouth two times a day for seizures." On 1/27/2022 at 5:00 p.m. and 1/29/2022 at 9:00 a.m.
- "Basaglar KwikPen solution Pen injector 100 unit/ml Inject 70 unit subcutaneously at bedtime for DM 2." On 1/27/2022 at 9:00 p.m.
- "Metformin HCL tablet 500 mg give 500 mg by mouth one time a day for DM." On 1/29/2022 at 9:00 a.m.
- "Tradjenta tablet (for diabetes) Give 5 mg by mouth one time a day for diabetes mellitus type 2." On 1/29/2022 at 10:00 a.m.

The eMAR (electronic medication administration

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record) for Resident #11 dated 2/1/2022-2/28/2022 failed to evidence the following medications administered on the following dates and times:  
- "Insulin Lispro Solution Inject as per sliding scale: If 150-200=4 units; 201-250=6 units; 251-300=8 units; 301-350=10; 351-400=12; subcutaneously before meals and at bedtime for Diabetes mellitus type 2." On 2/5/2022 at 6:30 a.m., 2/9/2022 at 11:30 a.m., 2/13/2022 at 4:30 p.m., and 2/16/2022 at 9:00 p.m.  
- "Topiramate tablet 25 mg Give 25 mg by mouth two times a day for seizures." On 2/13/2022 at 5:00 p.m.  
- "Melformin HCL tablet 500 mg Glve 1000 mg by mouth at bedtime for DM." On 2/13/2022 at 9:00 p.m. and 2/16/2022 at 9:00 p.m.  
- "Basaglar KwikPen solution Pen injector 100 unit/ml Inject 70 unit subcutaneously at bedtime for DM 2." On 2/13/2022 at 9:00 p.m.

The physician orders for Resident #11 documented the medications and treatments as listed above.

The progress notes for Resident #11 documented in part, "2/14/2022 18:24 (6:24 p.m.) MD (medical doctor) and RP (responsible party) notified of meds (medications) not given on 2/13 (2/13/2022) evening shift. Resident monitored with no adverse effects." The progress notes failed to evidence documentation regarding the additional dates listed above.

The comprehensive care plan for Resident #11 documented in part, "The resident is on insulin r/t (related to) diabetes Date Initiated: 09/12/2019 ...meds (medications) as MARs (medication administration records) Date Initiated:

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<p>F 760 Continued From page 124 03/20/2020, monitor blood sugar, lab results as ordered by physician. Dated Initiated: 09/12/2019..."</p> <p>On 2/24/2022 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the care was not provided if it was not documented on the eMAR. LPN #1 stated that multiple residents had reported to him that they had not received their medications on 2/13/2022 when he returned to work the next week. LPN #1 stated that the residents told him that they did not get their evening medications. LPN #1 stated that he did not know of any adverse events from the residents not getting their medications.</p> <p>On 2/24/2022 at 1:15 p.m., an interview was conducted with LPN #5. LPN #5 stated that medications not signed off on the eMAR meant that they were not done. LPN #5 stated that there should be a progress note documenting why the medications were not administered in the record. LPN #5 stated that they were pulled over to Unit 1 to administer medications on 2/13/2022 around 8:45 p.m., and was only able to administer medications to some of the residents. LPN #5 stated that they did not administer any medications to Resident #11.</p> <p>On 2/24/2022 at 2:00 p.m., an interview was conducted with ASM (administrative staff member) #2, the interim director of nursing. ASM #2 stated that if the eMAR was not signed off they would assume that it was not done because it was not signed as completed. ASM #2 stated that they were notified of the nurse leaving on 2/13/2022, and had attempted to contact agencies and off duty staff to fill in the shift but</p>	<p>F 760</p>
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F 760	<p>Continued From page 125</p> <p>were unsuccessful. ASM #2 stated that they had asked LPN #5 to move to Unit 1 when they were finished with their hall on Unit 2. ASM #2 stated that they had asked the other nurse on Unit 2 to come to help LPN #5 administer medications on Unit 1, but she had not done this. ASM #2 stated that she was not aware of this until the next day. ASM #2 stated that she had contacted the physician and responsible parties of the residents who had missed their evening medications on 2/13/22 to notify them, and that no one had suffered any adverse effects.</p> <p>On 2/24/2022 at approximately 4:30 p.m., ASM #1, the interim administrator, ASM #2, the interim director of nursing and ASM #3, the regional quality consultant were notified of the findings.</p> <p>No further information was provided prior to exit.</p> <p>F 842 Resident Records - Identifiable Information SS=D CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§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 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. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are: (i) Complete;</p>	F 760	<p>Tag F842 – Failed to maintain Complete /Accurate Medical Record</p> <ol style="list-style-type: none"> <li>1. Resident # 4 was discharged on 8/8/21. The Director of Nursing or designee completed incident reports for Resident # 1 for missing treatment record signatures for December, January, and February regarding the patient wound care.</li> <li>2. The DON or designee has reviewed patient medical records for accuracy.</li> <li>3. The DON or designee re-educated licensed nurses on documentation guidelines to include entering orders into EHR (Electronic Health Record) by the licensed nurse, documenting treatments on TAR's (Treatment Administration Records) and incontinence care in POC (Point of Care).</li> </ol>	

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F 842 Continued From page 126

- (ii) Accurately documented;
- (iii) Readily accessible; and
- (iv) Systematically organized

§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-

- (i) To the individual, or their resident representative where permitted by applicable law;
- (ii) Required by Law;
- (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
- (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.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-

- (i) The period of time required by State law; or
- (ii) Five years from the date of discharge when there is no requirement in State law; or
- (iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-

- (i) Sufficient information to identify the resident;
- (ii) A record of the resident's assessments;

F 842 4. The DON or designee will audit 5 random patient medical records weekly times 4 weeks to validate for accuracy. The Administrator will submit audit findings to the QAPI committee for further review and recommendations.

5. The facility's alleged date of compliance will be April 4, 2022.

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(iii) The comprehensive plan of care and services provided;

(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;

(v) Physician's, nurse's, and other licensed professional's progress notes; and

(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:

Based on staff interview, clinical record review, facility document review, and in the course of a complaint investigation, it was determined that the facility staff failed to ensure a complete and accurate clinical record for 2 of 14 residents in the survey sample, Residents #4 and #1.

The findings include:

1. For Resident #4, the facility staff failed to document a physician's order for a lab test that was obtained.

Resident #4 was admitted to the facility on 6/19/14 and was discharged on 8/8/21. Resident #4 had the diagnoses of but not limited to multiple sclerosis, peripheral vascular disease, and pressure injury. On the most recent MDS (Minimum Data Set) a quarterly assessment with an ARD (Assessment Reference Date) of 6/1/21, the resident scored a "99" out of 15 on the BIMS (brief interview for mental status), indicating the resident was unable to complete the interview for cognitive status due to being severely cognitively impaired for making daily decisions.

A review of the clinical record revealed a nurse's note dated 8/8/21 that documented, "Resident

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F 842	<p>Continued From page 128</p> <p>with poor PO (oral) intake and altered mental status earlier in shift. Per family request UA (urinalysis) (1) collected and lab called for pick up. MD (medical doctor) called new order send resident to er (Emergency Room) for eval (evaluation). Resident admitted altered mental status."</p> <p>A review of the clinical record failed to reveal any evidence of a physician's order for the UA.</p> <p>On 2/24/22 3:39 PM an interview was conducted with LPN #3 (Licensed Practical Nurse), who was the nurse that wrote the above note sending the resident to the hospital. She stated that she "Got the order from the doctor and the family was here. I did not get the order into the system because the family was adamant about the resident going out. I forgot to put the order in afterwards."</p> <p>The facility policy Documentation Guidelines was reviewed. This policy documented, "Physician orders are either hand-written with the medical practitioner wet signature or entered electronically. Only a licensed nurse can obtain and transcribe a verbal order."</p> <p>On 2/24/22 at 4:45 PM, ASM #1, ASM #2, and ASM #3 (Administrative Staff Member) the Administrator, Director of Nursing, and Regional Quality Consultant, respectively, were made aware of the findings. No further information was provided by the end of the survey.</p> <p>References:</p> <p>1. Urinalysis - A urinalysis is a test of your urine. It is often done to check for a urinary tract</p>	F 842		
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F 842 Continued From page 129  
infections, kidney problems, or diabetes. You may also have one during a checkup, if you are admitted to the hospital, before you have surgery, or if you are pregnant. It can also monitor some medical conditions and treatments.  
Information obtained from  
<https://medlineplus.gov/urinalysis.html>

F 842:

2.a. The facility staff failed to provide a complete and accurate medical record for wound care administered to Resident #1.

Resident #1 was admitted to the facility on 10/15/21 with diagnosis that included but were not limited to: peripheral vascular disease, diabetes mellitus and atrial fibrillation. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 1/20/22, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired.

A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Open area to sacrum. INTERVENTIONS: Administer treatment per physician orders."

A review of the physician orders dated 12/22/21, revealed the following, "Cleanse wound to tailbone with wound cleanser, pat dry, apply skin prep, apply santyl to wound bed and cover with dry dressing daily."

A review of Resident #1's TAR (treatment administration record) from 12/1/21-2/25/22, revealed missing documentation of treatments for

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F 842	<p>Continued From page 130</p> <p>wound care to coccyx/tailbone on one out of 9 opportunities in December 2021, seven out of 31 opportunities in January 2021, and seven out of 25 opportunities in February 2021.</p> <p>An interview was conducted on 2/23/22 at 12:56 PM with Resident #1. When asked if he was receiving wound care, Resident #1 stated, "Yes, they are givng me wound care. I think it is every day. They put something on the wound and then a new dressing. It is healing up nicely."</p> <p>An interview was conducted on 2/24/22 at 10:36 AM with LPN #1. When asked if he had observed Resident #1's wound to his tailbone, LPN #1 stated, "Yes, I have. It is healing. We dress it daily." When shown the TAR for Resident #1's wound care to coccyx/tailbone and asked what the blanks mean, "LPN #1 stated, "Blanks mean that the care was not provided and it was not documented in the medical record."</p> <p>An interview was conducted on 2/24/22 at 1:15 PM with LPN #5. When asked what the blanks in the wound care documentation means, LPN #5 stated, "If there are blanks and it was not signed off, then it was not done." When asked if holes in documentation indicate a complete medical record, LPN #5 stated, "No, it is not a complete medical record."</p> <p>An interview was conducted on 2/24/22 at 1:58 PM with ASM #2, the interim director of nursing. When asked what the blanks on the TAR mean, ASM #2 stated, "It means that the care was not given."</p> <p>On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and</p>	F 842		
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F 842 Continued From page 131

ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

On 2/25/22 at 8:30 AM, ASM #3, the regional quality consultant stated, "The standard of practice for the facility is our policies and procedures "

According to the facility's "Documentation Guidelines" policy, "All treatments ordered/completed are documented in the Treatment Administration Record- paper or electronic."

No further information was provided prior to exit.

2.b. The facility staff failed to provide a complete and accurate medical record for Resident #1 on Wing 1 to document his incontinence care.

A review of the comprehensive care plan dated 10/27/21 documented in part, "FOCUS: Urinary incontinence related to Impaired Mobility. INTERVENTIONS: Provide incontinent care as needed."

A review of Resident #1's ADL (activities of daily living) records from 12/1/21-2/25/22, reveals missing documentation of incontinence care for eight of 93 shifts in December, 22 of 93 shifts in January, and 13 out of 75 shifts in February.

An interview was conducted with Resident #1 on 2/23/22 at 12:56 PM. When asked if his needs are met quickly, Resident #1 stated, "Most of the time yes they do. There are some times that I have to wait for an hour to get cleaned up."

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F 842 Continued From page 132

F 842

An interview was conducted on 2/24/22 at 3:14 PM with CNA (certified nursing assistant) #2. When asked the frequency of incontinence rounds, CNA #2 stated, "They are every two hours. If the resident needs changed before then, we adjust to meet their needs." When asked what it means if there are blanks in the documentation, CNA #2 stated, "If there are blanks, then it was not done." When asked if that is complete documentation, when there are holes, CNA #2 stated, "No."

An interview was conducted on 2/24/22 at 3:29 PM with CNA #1. When asked the process for incontinence rounds, CNA #1 stated, "Incontinence care is supposed to be provided every two hours." When asked how frequently incontinence care is provided, CNA #1 stated, "No, not usually every two hours. We do it in morning, before lunch and before you leave your shift."

On 2/24/22 at 4:30 PM, ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the regional quality consultant and ASM #4, the regional director of risk management, quality and compliance, were made aware of the above concern.

No further information was provided prior to exit.

F 880 Infection Prevention & Control  
SS=E CFR(s): 483.80(a)(1)(2)(4)(e)(f)

F 880

§483.80 Infection Control  
The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and

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F 880	<p>Continued From page 133</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the least restrictive possible for the resident under the</li> </ul> </li> </ul>	F 880	<p><b>Tag F880 – Failed to maintain Infection Control Program</b></p> <ol style="list-style-type: none"> <li>1. Resident # 8, # 9, # 13, and # 14 were each placed on isolation 2/24/22.</li> <li>2. The DON has reviewed all current residents to validate isolation guidelines related to newly admitted and re-admitted residents are in place and formulated infection surveillance logs.</li> <li>3. The DON or designee has re-educated facility staff on the infection control program as it relates to isolation guidelines for newly admitted and re-admitted residents, location of isolation supplies and process for verification of vaccination status of residents on admission or re-admission. The Administrator or designee has re-educated the Nursing Management staff and the Infection Preventionist on developing and maintaining infection surveillance logs and antibiotic stewardship program.</li> <li>4. The DON or designee will complete infection control rounds weekly times 4 to validate that isolation guidelines are being followed for newly admitted and re-admitted residents. The Administrator or designee will audit the infection control surveillance logs weekly x 4 weeks and monthly x 2 months to validate compliance. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.</li> <li>5. The facility's alleged date of compliance will be April 4, 2022.</li> </ol>	4/4/2022

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F 880	<p>Continued From page 134</p> <p>circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined the facility staff failed to maintain a complete infection control program. The facility staff failed to implement isolation procedures on new admissions for four of five new admissions, Residents #8, #9, #13 and #14; and failed to formulate infection control tracking logs for three of the past six months.</p> <p>The findings include:</p> <p>1. a. The facility staff failed to implement their policy and initiate isolation precautions for four of five new admissions reviewed, Residents #8, #9, #13 and #14. These residents were not placed in</p>	F 880		
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isolation for possible COVID-19 when they were initially admitted to the facility.

The entrance conference with the ASM (administrative staff member) #1, the interim administrator and ASM #2, the interim director of nursing, was conducted on 2/23/2022 at 11:30 a.m. ASM #1 and ASM #2 were asked if any residents were currently on isolation. ASM #2 stated that they had several residents on isolation due to being new admissions. ASM #2 stated she would provide a list of those residents.

Observation was made of the entire facility on 2/23/2022 at 12:15 p.m. There were no signs on doors or carts for the isolation supplies outside of any room.

Observation was made on 2/23/2022 at 12:40 p.m. of two resident rooms, Resident #8 and Resident #9. At this time, each room door now contained a sign regarding Contact Precautions, Droplet Precautions and Airborne Precautions. LPN (licensed practical nurse) #6 was observed putting a cart outside a resident's door. The cart contained isolation supplies for the staff to put on prior to entering the room.

Resident #8 was admitted to the facility on 2/14/2022. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 2/20/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.

Review of Resident #8's physician orders on 2/23/2022 at 1:00 p.m. failed to evidence an order



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F 880	Continued From page 136 for isolation. The clinical record failed to evidence documentation of COVID - 19 vaccination status.	F 880		
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On 2/23/2022 at 2:09 p.m. an interview was conducted with Resident #8. When asked when the staff started wearing gowns before entering his room, Resident #8 stated the staff just started this practice before lunch that day. When asked if the signs on the door were there since admission, Resident #8 stated they were just put up today. Observation of the room at that time failed to evidence disposal receptacles for the trash and linens. When asked if he was vaccinated against COVID-19, Resident #8 stated he did not take the vaccinations, and that he didn't want them.

An interview was conducted with LPN (licensed practical nurse) #6 on 2/23/2022 at 2:15 p.m. When asked if Resident #8 was on isolation, LPN #6 stated, "Yes, he came to us from the hospital." When informed about the observation of her putting the cart outside the resident's door, LPN #6 stated, "I put one there this morning." When asked when the signs were put up, LPN #6 stated she couldn't say. LPN #6 further stated that she had not put them up. When asked how long the resident had been in the facility, LPN #6 stated he had been there a week. LPN #6 stated she called [name of director of environmental services]. LPN #6 stated she didn't know all new residents had to be on isolation. When asked whose responsibility is it to ensure the residents that required isolation are on isolation, LPN #6 stated, "It was everyone's."

An interview was conducted with OSM (other staff member) #3, the director of environmental services on 2/23/2022 at 2:30 p.m. When asked

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how she is notified that a resident who is newly admitted, or newly readmitted, is to be on isolation, OSM #3 stated "They give me the admission form." When asked if she kept these forms, OSM #3 stated that she discards them. When asked if she was notified that Resident #9 was supposed to be on isolation, OSM #3 stated, "No." When asked if she put the trash and linen disposal bins in the room, OSM #3 stated no, and that that they were in the process of cleaning them. When asked what time the last person leaves from her department each day, OSM #3 stated the last person leaves at 4:00 p.m. When asked how isolation is put into place if an admission comes in after 4:00 p.m., OSM #3 stated, "When we come in in the morning we would put it out." When asked if this means the resident is not on isolation precautions between time they enter the facility after 4:00 p.m. on one day and the time the environmental services staff come in the building at 6:00 a.m. on the following day, OSM #3 stated, "Yes."

1. b. Resident #9 was readmitted to the facility on 2/17/2022. On the most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment reference date) of 10/12/2022, the resident scored a 5 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely cognitively impaired for making daily decisions.

Review of the physician orders on 2/23/2022 at 1:00 p.m. failed to evidence an order for isolation. The clinical record documented the resident received COVID vaccinations on 1/12/2021 and on 2/2/2021. There was no documentation of a booster given.

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On 2/23/2022 at 2:09 p.m. Resident #9's room was observed. The signs for Contact Precautions, Droplet Precautions and Airborne Precautions were now present on the door. There was a cart containing isolation supplies for the staff located outside the resident's door. There were no trash and linen disposal containers noted in the room.

An interview was conducted with LPN #6 on 2/23/2022 at 2:15 p.m. When asked if Resident #9 was on isolation prior to lunch time, LPN #6 stated she had place the carts outside the door this afternoon.

An interview was conducted with RN (registered nurse) #1 on 2/23/2022 at 2:19 p.m. When asked if Resident #9 was on isolation, RN #1 stated, "I don't believe so." When asked why the resident has outside her door, and signs on her door than indicate she is on isolation, RN #1 did not respond.

An interview was conducted with LPN (licensed practical nurse) #4 on 2/23/2022 at 2:22 p.m. When asked if Resident #9 was on isolation, LPN #4 stated "Yes, she should be, as she went to the hospital and returned." LPN #4 stated when a resident returns from the hospital they are put on isolation for 14 days. When asked when Resident #9 returned from the hospital, LPN #4 looked in the computer and stated the resident had returned on 2/17/2022, six days earlier. When asked whose responsibility is it to get the isolation supplies in place, LPN #4 stated it is housekeeping's responsibility. When asked if a resident returns or is admitted after housekeeping staff members leave for the day, how the nursing staff obtains isolation supplies, LPN #4 stated the

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nurses leave a note for housekeeping, and housekeeping arrives at the facility between 5:00 a.m. and 6:00 a.m. the following morning. LPN #4 stated the nurses do not have access to isolation equipment. LPN #4 stated, "I still let my staff know they are on isolation." When asked where she disposes of used isolation equipment when she leaves the room, LPN #4 stated there should be isolation trash and linen cans in the room.

An interview was conducted with OSM #3 on 2/23/2022 at 2:32 p.m. When asked if she was aware Resident #9 was supposed to be on isolation, OSM #3 stated she was just notified that day. When asked who gives her the information regarding a new or readmission that requires isolation, OSM #3 stated [the name of the admissions coordinator].

An interview was conducted with OSM #5, the admissions coordinator, on 2/23/2022 at 3:17 p.m. When asked the process for notifying the staff a new admission or readmission needs isolation, OSM #5 stated all residents go on isolation if they are not boosted. If the new admission is not vaccinated, the resident must be in a private room on isolation for ten days. When asked how the information is communicated with the staff, OSM #5 stated it goes out in an email to all administrative staff, and then an "Admission Notification" goes on the front of the documents sent to the units. When asked who sets up isolation, OSM #5 stated the nurses on the unit. When asked if the nurses have access to the isolation supplies after 4:00 p.m., OSM #5 stated they should have.

1. c. A tour was made throughout the facility on 2/24/2022 at 8:45 a.m. In the front unit, there

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were three rooms with isolation carts and signs on the doors. These carts were present the previous day. One of these rooms was Resident #14's room.

Resident #14 was admitted to the facility on 2/16/2022. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 2/23/2022, the resident scored a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.

The physician order dated 2/23/2022 at 3:15 p.m., documented: "Airborne and Droplet Precautions for total of 10 days; admission date 2/16/2022 every shift until 2/26/2022."

An interview was conducted with Resident #14 on 2/24/2022 at 9:00 a.m. When asked when he entered the facility, Resident #14 stated, last Wednesday [2/16/2022]. When asked if he had been on isolation, Resident #14 stated he had not been on isolation. He stated the signs went up yesterday, sometime between lunch and dinner, and he was told not to go out of his room. Observation of the room failed to evidence any disposal containers for the isolation trash or linens. Resident #14 stated he was upset because he can't go out of his room and go outside, which he has done since admission to the facility. Since his admission, he had received therapy in the gym, but now is getting it in his room. When asked if he was vaccinated against COVID, Resident #14 stated he was not vaccinated against COVID.

1. d. A tour was made throughout the facility on

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2/24/2022 at 8:45 a.m. In the front unit, there were three rooms with isolation carts and signs on the doors. These carts were present the previous day. One of these rooms was Resident #14's room.

Resident #13 was readmitted to the facility on 2/15/2022. On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 2/9/2022, the resident scored a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.

The physician order dated, 2/23/2022 at 3:15 p.m., documented: "Airborne and Droplet Precautions for total of 10 days; admission date 2/15/2022 every shift until 2/25/2022."

An interview was conducted with Resident #13 on 2/24/2022 at 9:10 a.m. When asked if he had been on isolation since his readmission to the facility, Resident #13 stated he had not been on isolation until yesterday. Resident #13 stated he had gone to the therapy gym up until yesterday. Observation of the room failed to show any disposal containers for trash or linens. When asked if he was vaccinated against COVID, Resident #13 stated he has had two doses of the Pfizer vaccine.

A CNA (certified nursing assistant) #5 was observed entering Resident #13's room on 2/24/2022 at 9:12 a.m. She wore a mask, gown, face shield and gloves. She exited the room at 9:16 a.m. An interview was conducted with CNA #5 at this time. When asked if she had been taking care of Resident #13 for the past few days,

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CNA #5 stated she had. When asked if he had been on isolation since his return to the facility, CNA #5 stated he didn't have an isolation cart until yesterday [2/23/2022] and she had not been using any isolation equipment other than her mask and face shield.

An interview was conducted with LPN #1 on 2/24/2022 at 10:34 a.m. When asked how the nurses are notified that a new admission needs isolation, LPN #1 stated, "I look through the chart, the paperwork that came from the hospital with the resident, and the DON (interim director of nursing) or admissions tells us." LPN #1 stated if a resident comes from the hospital and is COVID positive, then they automatically go on precautions.

An interview was conducted with ASM (administrative staff member) #2, the interim director of nursing, on 2/24/2022 at 11:25 a.m. When asked the process for isolation for new admissions or readmissions, ASM #2 stated that admissions sends out a notice to all departments. The notice will say if the residents are supposed to be on isolation. ASM #2 stated, "It is brought up in [name of room for morning meetings] to make sure we have everyone on isolation that should be on isolation." When asked if new admissions should be on isolation precautions, ASM #2 stated the new admissions should be for 10 days. When ASM #2 was informed about the initial tour observation of no isolation carts, along with the subsequent identification of five isolation rooms, ASM #2 was asked to speak to this. ASM #2 did not respond. A second request was made for the list of residents on isolation.

On 2/24/2022 at 2:00 p.m. ASM #2 presented a

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list of residents requiring isolation. Residents # 8, #9, #13 and #14 were on the list.

The facility presented an algorithm for COVID - 19 Admission Criteria that documented if a resident did not have COVID and was up to date in the vaccination status (up to date, per this form, was a person received all recommended COVID 19 vaccines, including any booster doses when eligible), the resident would be quarantined for 10 days. If the resident was unvaccinated, then the resident required a private room, and to be in quarantine for ten days. This form was updated on 2/14/2022.

ASM #1, the interim administrator, ASM #2, and ASM # 3, the regional quality consultant, were made aware of the above concerns.

No further information was provided prior to exit.

2. The facility staff failed to complete infection control surveillance for five of the past six months reviewed.

The entrance conference with the ASM (administrative staff member) #1, the interim administrator and ASM #2, the interim director of nursing, was conducted on 2/23/2022 at 11:30 a.m. At this time a request was made for the past six months of infection control surveillance logs.

A second request was made on 2/24/2022 at approximately 8:15 a.m. for the infection control surveillance logs.

On 2/24/2022 at 2:00 p.m. ASM #2 presented infection control surveillance logs for the past six

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F 880	<p>Continued From page 144</p> <p>months. The August 2021 tracking logs were completed. For September 2021, there was only one entry documented. There were no tracking logs for October or November of 2021. For December 2021, there were only seven entries. Those were dated 12/18/2021 through 12/30/2021. The January 2022 tracking logs documented three entries dated 1/2/2022 through 1/4/2022. There were no further entries documented.</p> <p>An interview was conducted with ASM #2 on 2/24/2022 at 2:00 p.m. When asked where the missing information was, ASM #2 stated this was all the information she could find. When asked whose responsibility it was for completing the infection control surveillance, ASM #2 stated she will be doing it in the future, but she just started working in the facility on 1/24/2022. When asked who was responsible prior to her arrival, ASM #2 stated she could not answer that.</p> <p>An interview was conducted with ASM #3, the regional quality consultant, on 2/24/2022 at 3:39 p.m. When asked about the above surveillance logs for the past six months, ASM #3 stated, "That is all we have." ASM #3 stated there has been interim directors of nursing in the facility for the past six months. ASM #3 was asked to obtain documentation from the pharmacy regarding the use of antibiotics from September 2021 through January 2022.</p> <p>Onn 2/24/2022 at 4:30 p.m. ASM #3 presented the Anti-Infective Utilization reports from the pharmacy for September 2021 through January 2022. The September 2021 form documented the anti-infective utilization summary of the 95 residents reviewed, 26 have received an</p>	F 880	

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anti-infective medications. For the month of October 2021, 41 of the 99 residents reviewed have received an anti-infective medication. For the month of November 2021, 38 of the 110 residents reviewed had received an anti-infective medications. The December 2021 summary, of the 105 residents reviewed, 34 had received an anti-infective medications. For January 2022, of the 114 residents reviewed, 32 had received an anti-infective medication.

F 880

The facility policy, "Surveillance" documented in part, "Information about infections is gathered, monitored and tracked throughout the month. [Name of computer program] is the electronic system utilized to enter infection control trends. The date entered generates surveillance reports which is reviewed by the Infection Preventionist for trend identification included trends that may require initiating outbreak investigations. Results are reviewed and discussed during the Eagle Room process and QAPI (quality assurance performance improvement) Infection Control Committee meetings."

ASM #1, ASM #2 and ASM #3 were made aware of the above concern on 2/24/2022 at 4:56 p.m.

No further information was provided prior to exit.

"Empiric use of Transmission-Based Precautions (quarantine) is recommended for residents who are newly admitted to the facility and for residents who have had close contact with someone with SARS-CoV-2 infection if they are not up to date [Up to date means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible, with all recommended COVID-19 vaccine doses.] This

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F 880 Continued From page 146  
information was obtained from the following website:  
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

"In general, quarantine is not needed for asymptomatic residents who are up to date with all COVID-19 vaccine doses or who have recovered from SARS-CoV-2 infection in the prior 90 days; potential exceptions are described in the guidance. However, some of these residents should still be tested as described in the testing section of the guidance." This information was obtained from the following website:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

F 881 Antibiotic Stewardship Program  
SS=E CFR(s): 483.80(a)(3)

§483.80(a) Infection prevention and control program.  
The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.  
This REQUIREMENT is not met as evidenced by:

Based on staff interview and facility document review, it was determined the facility staff failed to provide evidence of the antibiotic stewardship program. The facility staff failed to have antibiotic stewardship reports for three of the past six months.

The findings include:

F 880

**Tag F881 – Failed to maintain Antibiotic Stewardship Program**

1. The facility completed an antibiotic stewardship meeting on 3/17/22.
- F 881 2. The DON or designee reviewed current residents on antibiotics and formulated antibiotic stewardship reports for tracking and trending.
3. The Administrator re-educated Nursing Management staff and the Infection Preventionist on the antibiotic stewardship program.
4. The DON or designee will review new antibiotic orders during the daily clinical meeting 5 times a week for 4 weeks to identify any trends. The Administrator or designee will review antibiotic stewardship reports monthly x 2 months to verify compliance. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.
5. The facility's alleged date of compliance will be April 4, 2022.

4/4/2022

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F 881 Continued From page 147

F 881

The entrance conference with the ASM (administrative staff member) #1, the interim administrator and ASM #2, the interim director of nursing, was conducted on 2/23/2022 at 11:30 a.m. At this time a request was made for the past six months of the antibiotic stewardship program.

On 2/24/2022 at 2:00 p.m. ASM #2 presented Antibiotic Stewardship Reports for October 2021, December 2021 and January 2022. There were no reports for August 2021, September 2021 and November 2021. When asked where the rest of the months were, ASM #2 stated this was all of the documentation she could find. When asked who is responsible for completing the antibiotic stewardship reports, ASM #2 stated she will be doing it in the future, but she just started working at the facility on 1/124/2022. When asked who was responsible for the antibiotic stewardship program prior to her coming to the facility, ASM #2 stated she couldn't answer that.

An interview was conducted with ASM #3, the regional quality consultant, on 2/24/2022 at 3:39 p.m. When asked for the remainder of the antibiotic stewardship documentation, ASM #3 stated that was all they had. ASM #3 stated that she has had interim directors of nursing in the past six months.

Onn 2/24/2022 at 4:30 p.m. ASM #3 presented the Anti-Infective Utilization reports from the pharmacy for September 2021 through January 2022. The September 2021 form documented the anti-infective utilization summary of the 95 residents reviewed, 26 have received an anti-infective medications. For the month of October 2021, 41 of the 99 residents reviewed

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F 881 Continued From page 148  
have recieved an anti-infective medication. For the month of November 2021, 38 of the 110 residents reviewed had received an anti-infective medications. The December 2021 summary, of the 105 residents reviewed, 34 had received an anti-infective medications. For January 2022, of the 114 residents reviewed, 32 had received an anti-infective medication

The facility policy, "Antibiotic Stewardship" documented in part, "Tracking is demonstrated by monitoring various measures of antibiotic use by auditing available reports and individual patient clinical record...Monitoring outcomes of antibiotic use by auditing available reports and individual patient clinical records."

ASM #1, ASM #2 and ASM #3 were made aware of the above concern on 2/24/2022 at 4:56 p.m.

No further information was provided prior to exit.

F 883 Influenza and Pneumococcal Immunizations  
SS=E CFR(s): 483.80(d)(1)(2)

- §483.80(d) Influenza and pneumococcal immunizations  
§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-
- (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;
  - (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;
  - (iii) The resident or the resident's representative

F 881

F 883; Tag F883 – Failed to maintain Flu/PNA Program

1. Resident # 5 was assessed on 2/28/22 for the Flu and Pneumonia vaccine. Resident # 9 was assessed on 3/18/22 for Flu and Pneumonia vaccine. Resident # 12 was assessed on 3/18/22 for Flu and Pneumonia vaccine. Resident # 14 was assessed on 2/28/22 for Flu, Pneumonia and on 3/8/22 for COVID 19 vaccine. Resident # 8 was assessed on 2/28/22 for Flu, Pneu-monia and COVID 19..
2. Current Residents have been reviewed to validate Flu, Pneumonia and COVID 19 screening and vaccination status.

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F 883 Continued From page 149  
has the opportunity to refuse immunization; and  
(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:  
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and  
(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-

(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;

(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;

(iii) The resident or the resident's representative has the opportunity to refuse immunization; and  
(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:  
(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and  
(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.

F 883 3. The DON or designee has re-educated licensed nurses on the Flu, Pneumonia and COVID 19 screening and vaccination process.

4. The DON or designee will audit new admits weekly times 4 to validate Flu, Pneumonia and COVID 19 screening and vaccination status. The Administrator will submit audit findings to the QAPI committee for review and further recommendations.

5. The facility's alleged date of compliance will be April 4, 2022.

4/4/2022

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F 883	Continued From page 150	F 883		
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This REQUIREMENT is not met as evidenced by:  
Based on resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to implement a complete immunization program for five of five record reviews for immunizations, Residents #5, #9, #12, #14 and # 8.

The findings include:

1. For Resident #5, the facility staff failed to provide evidence of the vaccination status of the influenza vaccination or the pneumococcal vaccination.

Resident #5 was admitted to the facility on 1/13/2022. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 1/18/2022, the resident scored a 7 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is severely cognitively impaired for making daily decisions. In Section O - Special Treatments, Programs and Procedures, the resident was coded as not having an influenza vaccine or pneumococcal vaccine, and it was coded as not offered.

Review of the clinical record failed to evidence documentation of the administration or the refusal of the influenza or pneumococcal vaccinations.

The Admission Evaluation dated 1/13/2022 documented the resident was not vaccinated or it was unknown if the resident was vaccinated against influenza and pneumococcal pneumonia.

An interview was conducted with LPN (licensed

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F 883 Continued From page 151

practical nurse) #1 on 2/24/2022 at 11:10 a.m. When asked the process to determine a resident's vaccination status for influenza, pneumococcal pneumonia and COVID vaccinations, LPN #1 stated the nurse looks at the paperwork from the hospital and the admission packet. When asked where vaccinations are documented, LPN #1 stated it should be entered in the immunization tab on the computer. When asked what process the nurse follows if there is no documentation of the vaccinations, LPN #1 stated it depended on the resident's alertness status. She stated the nurse should go back through the hospital records, because usually these records contain this information. LPN #1 stated, "Or you can contact the resident's family to find out the information." When asked if all resident should have documentation of their vaccination status, LPN #1 stated they should.

F 883

An interview was conducted with ASM (administrative staff member) #2, the interim director of nursing, on 2/24/2022 at 11:25 a.m. When asked who tracks the vaccination status of the residents in the facility, ASM #2 stated she has completed the COVID tracking to determine who needs a booster. ASM #2 stated she has not completed the tracking for influenza and pneumococcal vaccination status. When asked the process a nurse follows to determine the vaccination status of a resident, ASM #2 stated during the admission process, the nurse asks the resident if they want any of the vaccines. When asked where the education and consent for the vaccinations is documented, ASM #2 stated, "It should be in the chart, which is one thing I am working on."



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F 883 Continued From page 152

The facility policy, Screening and Vaccinations, documented in part, "Upon admission, a patient's immunization status is reviewed to determine the need for the following vaccinations: influenza, pneumonia, shingles. Every vaccine offered requires screening for eligibility and contraindications, distribution of the Vaccine Information System which explain the risks and benefits of the vaccine, completion of an informed vaccine acknowledgement or signed consent (if required by the state) and an order to administer the vaccine....Additional vaccinations may be offered dependent on current potential risk of exposure or spread of other diseases, including novel diseases such as COVID 19."

On 2/24/2022 at 1:01 p.m. a request was made to ASM (administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional quality consultant and ASM #4, the divisional quality regulatory consultant, for documentation of Resident #5's influenza and pneumococcal vaccination status.

On 2/24/2022 at 4:12 p.m. ASM #3 stated the facility had nothing in the clinical record for the status of Resident #5's influenza or pneumococcal vaccination status.

ASM #1, ASM #2 and ASM #3 were made aware of the above concern on 2/24/2022 at 4:56 p.m.

No further information was provided prior to exit.

2. For Resident #9, the facility staff failed to provide evidence of education and consent prior to administering an influenza vaccination and a pneumococcal vaccination.

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F 883 Continued From page 153

F 883

Resident #9 was readmitted to the facility on 2/17/2022. On the most recent MDS (minimum data set), a quarterly assessment, with an ARD (assessment reference date) of 10/12/2022, the resident scored a 5 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely cognitively impaired for making daily decisions. In Section O - Special Treatments, Procedures and Programs, the resident was coded as having received an influenza vaccination on 11/8/2021.

The clinical record documented Resident #9 received an influenza vaccination on 11/8/2021, and received a Prevnar 13 (pneumococcal vaccine) on 6/29/2021. Further review of the clinical record failed to evidence documentation of the education and consent prior to the administration of these vaccines.

A request was made on 2/24/2022 at 1:01 p.m. of ASM #1, the interim administrator, ASM #2, ASM #3, the regional quality consultant, and ASM #4, the divisional quality regulatory consultant, for the evidence of the education and the consent for the above vaccinations.

On 2/24/2022 at 3:48 p.m. ASM #3 stated the facility did not have evidence of the education and consent for the influenza and pneumococcal vaccinations administered to Resident #9.

ASM #1, ASM #2 and ASM #3 were made aware of the above concern on 2/24/2022 at 4:56 p.m.

No further information was provided prior to exit.

#3. The facility staff failed to provide education and obtain consent for the influenza vaccination

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F 883 Continued From page 154 and pneumococcal vaccinations for Resident #12.	F 883
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Resident #12 was admitted to the facility on 4/17/2015 with a readmission on 1/1/2020. On the most recent MDS assessment, a quarterly assessment, with an ARD of 12/17/2021, the resident scored a 7 out of 15 on the BIMS score, indicating the resident is severely cognitively impaired for making daily decisions. In Section O - Special Treatments, Programs and Procedures, the resident was coded as receiving an influenza vaccination on 11/8/2021 and receiving a pneumococcal vaccination on 4/15/2021.

The clinical record documented the influenza vaccination was administered on 11/8/2021. The pneumococcal vaccination was administered on 4/15/2021. There was no documented evidence of the education provided to the resident prior to the administration of both the influenza and pneumococcal vaccinations. There was no documented evidence of consent for the administration of the pneumococcal vaccination.

A request was made on 2/24/2022 at 1:01 p.m. of ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional quality consultant, and ASM #4, the divisional quality regulatory consultant, for the evidence of the education and the consent for the above vaccinations.

On 2/24/2022 at 3:48 p.m. ASM #3 stated the facility did not have evidence of the education and consent for the influenza and pneumococcal vaccinations administered to Resident #12.

ASM #1, ASM #2 and ASM #3 were made aware

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F 883 Continued From page 155 of the above concern on 2/24/2022 at 4:56 p.m.

F 883

No further information was provided prior to exit.

4. The facility staff failed to evidence documentation of education provided prior to the refusal of the influenza and pneumococcal vaccinations, and failed to evidence the status of the COVID vaccination for Resident #14.

Resident #14 was admitted to the facility on 2/16/2022. The Admission Evaluation dated 2/16/2022 documented the resident was alert to person, place and time. Review of the clinical record failed to evidence education was provided to the resident prior to the refusal of the influenza and pneumococcal vaccinations. The review failed to evidence documentation of Resident #14's COVID vaccination status.

The Admission Evaluation dated, 2/16/2022 documented Resident #14's COVID vaccination status as unable to be determined. It further documented the resident had not received the influenza vaccination, and documented the vaccination status was unknown. The form further documented the vaccine was recommended to be given. The form also documented the resident had not received the pneumococcal vaccination, and documented the vaccine status was unable to be determined. It further documented that the vaccine was recommended to be given.

An interview was conducted with Resident #14 on 2/24/2022 at 9:00 a.m. When asked when he entered the facility, Resident #14 stated, last Wednesday [2/16/2022]. When asked if he was vaccinated against COVID, Resident #14 stated he was not vaccinated against COVID.

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F 883 Continued From page 156

F 883

A request was made on 2/24/2022 at 1:01 p.m. of ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional quality consultant, and ASM #4, the divisional quality regulatory consultant, for the evidence of the education provided prior to the refusal of the influenza and pneumococcal vaccination, and documentation to evidence the status of the COVID vaccination for Resident #14.

On 2/24/2022 at 3:48 p.m. ASM #3 stated the facility did not have evidence of the education prior to the refusal of the vaccinations, and did not have any documentation regarding the resident's COVID vaccination status for Resident #14.

ASM #1, ASM #2 and ASM #3 were made aware of the above concern on 2/24/2022 at 4:56 p.m.

No further information was provided prior to exit.

5. The facility staff failed to evidence documentation of influenza, pneumococcal or COVID vaccinations for Resident #8.

Resident #8 was admitted to the facility on 2/14/2022. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 2/20/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions. In Section O - Special Treatments, Procedures and Programs, the resident was coded as not having received the influenza and pneumococcal vaccinations. For each vaccination documented, the resident was

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/25/2022
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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227
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(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
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not offered the vaccinations.

F 883

The Admission Evaluation, dated 2/14/2022, documented "unable to determine" the COVID vaccination status of Resident #8. It also documented the resident had not received the influenza or pneumococcal vaccinations, but the area for recommendations was left blank.

On 2/23/2022 at 2:09 p.m. an interview was conducted with Resident #8. When asked if he was vaccinated against COVID, Resident #8 stated he did not take the vaccinations, and he didn't want them.

A request was made on 2/24/2022 at 4:59 p.m. of ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional quality consultant, and ASM #4, the divisional quality regulatory consultant, for the evidence of Resident #8's vaccinations status.

ASM #1, ASM #2 and ASM #3 were made aware of the above concern on 2/24/2021 at 4:56 p.m.

On 2/25/2022 at 8:51 a.m. ASM #3 stated the facility had no documentation of Resident #8's status of all of his vaccinations.

No further information was obtained prior to exit.