

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

PRINTED: 04/29/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495166	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/17/2022
NAME OF PROVIDER OR SUPPLIER STRATFORD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 508 RISON STREET DANVILLE, VA 24541		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 3/15/22 through 3/17/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 3/15/2022 through 3/17/2022. Corrections are required for compliance with 42 CFR Part 483 Requirements for Long Term Care Facilities. The Life Safety Code survey/report will follow.	F 000			
F 689 SS=D	The census in this 60 certified bed facility was 41 at the time of the survey. The survey sample consisted of 12 current Resident reviews and 2 closed record reviews. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure the resident environment remains as free of accident hazards as is possible for 1 of 12	F 689	1. Cigarettes and lighter secured for Resident #22 and locked in lock box at nurses station on 3/19/2022. 2. Residents that smoke in the facility have a potential to be affected by this	5/1/22	

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

TITLE

(X6) DATE

Electronically Signed

04/14/2022

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

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F 689	<p>Continued From page 1</p> <p>residents in the survey sample, Resident #22.</p> <p>For Resident #22, the facility staff failed to secure the resident's cigarettes and lighter.</p> <p>The findings included:</p> <p>Resident #22's diagnosis list indicated diagnoses, which included, but not limited to Dementia with Behavioral Disturbance, Anxiety Disorder, Osteoarthritis of Hip, Thoracic, Thoracolumbar and Lumbosacral Intervertebral Disc Disorder, Peripheral Vascular Disease, History of Falling, Muscle Weakness, and Nicotine Dependence.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 2/02/22 assigned the resident a BIMS (brief interview for mental status) summary score of 10 out of 15 indicating the resident was moderately cognitively impaired. Resident #22 was coded as being independent with bed mobility, transfers, walking, bathing and required supervision only with dressing, eating, toileting, and personal hygiene.</p> <p>Resident #22's current comprehensive person-centered plan of care included a focus area stating "Resident is a smoker / nicotine dependent" with an intervention initiated 10/12/16 and revised 1/30/20 stating "cigarettes, lighters, and matches are to be kept by appropriate staff only" and an intervention dated 8/11/20 stating "Notify staff immediately if it is suspected or observed that the resident is violating smoking policy".</p> <p>On 3/15/22 at 2:20 pm, surveyor spoke with Resident #22 in the day room, he/she stated they</p>	F 689	<p>deficient practice. Director of Nursing and/or Designee completed audit of residents that smoke in the facility to ensure all smoking materials were secured by facility on 3/19/2022.</p> <p>3. Director of Nursing and/or Designee re-educated facility staff regarding F689-Free of Accident Hazards/Supervision/Devices to ensure resident's smoking materials were secured by facility staff.</p> <p>4. Director of Nursing and/or Designee will complete audit of smoking residents in the facility one time a week x 3 months to ensure smoking materials are secured by facility staff. Results of Audit will be brought to monthly Quality Assurance and Performance Improvement (QAPI) Meetings for review and revisions as necessary.</p>		

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F 689	<p>Continued From page 2</p> <p>could smoke outside on the side porch anytime. Surveyor asked where their cigarettes and lighter were kept and Resident #22 showed the surveyor a pack of cigarettes in their shirt pocket and removed a red lighter from their pants pocket.</p> <p>On 3/15/22 at 2:31 pm, surveyor spoke with RN (registered nurse) #1 regarding resident smoking times and storage of smoking supplies. RN #1 stated if a resident is a safe smoker, they can go anytime and can keep cigarettes and lighters with them. RN #1 stated only one resident in the facility required supervision while smoking, this was not Resident #22.</p> <p>Surveyor reviewed Resident #22's clinical record and the most recent smoking assessment was dated 12/12/20. This assessment stated in part that Resident #22 "may smoke unsupervised in designated smoking area" and "resident/representative/family have been informed of smoking policies/procedures".</p> <p>Resident #22's clinical record also included a smoking contract signed by the resident on 9/28/21 stating in part "supervision not required at this time", there were "no specific time" for designated smoking times, and "Residents residing in the long-term care units are prohibited from keeping smoking materials in their rooms or in their possession and smoking materials, cigarettes and lighters must be kept secured by facility".</p> <p>Surveyor requested and received the facility policy entitled "Resident Smoking Policy" effective 7/01/08 and last revised 1/10/22 which read in part:</p> <p>A) Upon admission to the facility, all residents</p>	F 689			

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F 689	<p>Continued From page 3</p> <p>who smoke will have a Safe Smoking Evaluation completed by the Social Worker/Designee and be asked to sign a Smoking Contract.</p> <p>1. The evaluation will be completed with readmission, quarterly, and with any significant change in the resident's condition.</p> <p>C) Resident smoking materials will be retained and distributed by the facility staff to the residents during the designated smoking times and/or when independent resident choses to smoke.</p> <p>1. No resident is permitted to maintain or store smoking materials on their person or in their room</p> <p>On 3/15/22 at 4:41 pm, surveyor met with the administrator and DON (director of nursing) and discussed the concern of the observation of Resident #22 with cigarettes and a lighter on their person. Administrator stated this has been addressed multiple times with Resident #22 and they become very aggressive and at times will put themselves in the floor.</p> <p>On 3/16/22 at 11:24 am, surveyor again observed Resident #22 sitting in the day room and asked the resident if they had their cigarettes and lighter, the resident stated yes and showed surveyor a pack of cigarettes in their shirt pocket and removed a red lighter from their pants pocket.</p> <p>Surveyor spoke with the facility social worker on 3/16/22 at 1:00 pm regarding resident smoking. Social worker stated they only do the smoking contracts with the residents. Surveyor asked if residents were allowed to keep smoking materials on their person and they stated "yes, as far as I know". Social worker further stated Resident #22 gets extremely hostile if you try to take theirs.</p>	F 689			

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F 689	Continued From page 4 On 3/16/22 at 1:02 pm, surveyor spoke with CNA (certified nursing assistant) #1 and asked where residents keep their cigarettes and lighters, CNA #1 stated "on themselves". On 3/16/22 at 1:06 pm, surveyor spoke with the DON who stated resident smoking assessments were not being done and they initiated the process of smoking assessments being completed by nursing on admission and quarterly on 12/06/21. On 3/16/22 at 1:15 pm, surveyor notified the administrator and DON of Resident #22 again having cigarettes and a lighter on their person. On 3/16/22 at 6:24 pm, survey team met with the administrator and DON and discussed of concern of Resident #22 keeping smoking materials in their possession and the administrator stated they are planning to sit down with all residents that smoke and go over with them that smoking supplies will be kept at the nurse's station. Resident #22's clinical record included a social services progress note dated 3/17/22 9:31 am stating in part "writer and administrator (name omitted) reviewed smoking policy with resident. Res (resident) understands policy and agrees to terms: cigarettes and lighter to be given to (administrator) to be kept at nurse's station for res". No further information regarding this concern was presented to the survey team prior to the exit conference on 3/17/22.	F 689			
F 842 SS=E	Resident Records - Identifiable Information	F 842		5/1/22	

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F 842	<p>Continued From page 5</p> <p>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; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (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</p>	F 842			

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F 842	<p>Continued From page 6</p> <p>a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> (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. <p>§483.70(i)(5) The medical record must contain-</p> <ul style="list-style-type: none"> (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (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. <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, Resident interview and clinical record review the facility staff failed to ensure a complete and accurate clinical record for 4 out of 12 residents, Resident #8, Resident #14, Resident #28 and Resident #37.</p> <p>For Resident #8 the facility staff failed to document blood sugar levels and the administration of insulin on one occasion and failed to document a weekly ordered weight on</p>	F 842	<p>1. Resident #8's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Resident #14's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Resident #28's documentation reviewed on 3/16/2022. Unable to complete late entry documentation. Resident #37's documentation reviewed on 3/16/2022.</p>		

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F 842	<p>Continued From page 7 one occasion.</p> <p>For Resident #14 the facility staff failed to document the administration of the medications Prevacid and Neurontin for one occasion and failed to document tube feeding water flushes for one occasion.</p> <p>For Resident #28 the facility staff failed to document the administration of the medications Levothyroxine and Prilosec on one occasion, and failed to document blood sugar levels and insulin administered on two occasions.</p> <p>For Resident #37 the facility staff failed to document the administration of the medication Ascorbic Acid on one occasion, the medication iron tablet on two occasions, the nutritional supplements Magic cup and Pro Stat AWC for one occasion each. The facility staff also failed to document the application of skin prep on two occasions, treatment for a pressure ulcer for three occasions, application of zinc oxide ointment on six occasions, and the application of a heel boot on 3 occasions.</p> <p>The findings included:</p> <p>1. Resident #8's face sheet listed diagnoses which included but not limited to dysphagia, type 2 diabetes mellitus, heart failure, morbid obesity, hypertension, acute respiratory failure, depression and atrial fibrillation.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 01/07/22 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, cognitive patterns. This indicates</p>	F 842	<p>Unable to complete late entry documentation.</p> <p>Counseling/Education completed with Resident #8, #14, #28, and #37's nurses regarding documentation protocol and ensuring accuracy and completion of medical records.</p> <p>2. Residents that reside in the facility have the potential to be affected by this deficient practice. Director of Nursing and/or Designee completed audit of the past 30 days of Medication Administration Records to ensure the facility provides a complete and accurate medical record for residents that reside in the facility.</p> <p>3. Director of Nursing and/or Designee re-educated licensed nursing staff regarding F842- Resident Records-Identifiable Information regarding documentation protocol and ensuring accuracy and completion of medical records.</p> <p>4. Director of Nursing and/or Designee will complete audit of resident's Medication Administration Record once a week x 3 months to ensure resident's records are accurate and complete. Results of Audit will be brought to monthly Quality Assurance and Performance Improvement (QAPI) Meetings for review and revisions as necessary.</p>		

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F 842	<p>Continued From page 8 that the resident is cognitively intact.</p> <p>Resident #8's clinical record was reviewed and contained a physician's order summary for the month of March 2022 which read in part, "Weigh once a week. Call MD if resident has a weight gain of 5 lbs. in one week one time a day every WED for MONITORING", "Accuchecks AC (before meals), HS (bedtime) before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9)" and "Humalog Solution Cartridge 100 UNIT/ML (Insulin Lispro) Inject 6 unit subcutaneously before meals related to TYPE 2 DIABETES MELLITUS WITH FOOT ULCER" (E11.621)".</p> <p>Resident #8's eMAR (electronic medication administration record) for the month of March 2022 was reviewed and contained entries as above. The entry for weigh weekly was blank on 03/09/22. The entry for Humalog insulin was blank on 03/10/22 at 4:30 pm, and the entry for accuchecks was blank on 03/10/22 at 4:00 pm.</p> <p>Surveyor spoke with Resident #8 on 03/16/22 at 5:10 pm regarding medications. Surveyor asked Resident #8 if they received their insulin like they should, and Resident #8 stated, "Oh yeah, they check my sugar and give me my insulin every day". Surveyor then asked Resident #8 about weights, and Resident stated, "I don't like to be weighed".</p> <p>Surveyor spoke with the DON (director on nursing) on 03/16/22 at 5:30 pm regarding blanks on Resident #8's eMAR's. DON stated there should not be any blanks on the eMAR. DON also stated they would look for the information on the</p>	F 842			

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F 842	<p>Continued From page 9</p> <p>daily report sheets and provide it to the surveyor. DON also stated they were bringing in the nurse who worked that day to re-educate on signing eMARs.</p> <p>The concern of the resident's eMARs not being signed was discussed with the administrator and DON on 03/16/22 at 6:10 pm.</p> <p>On 03/17/22 the DON provided the survey team with a daily report sheet for 03/10/22, which contained Resident #8's blood sugar readings for the day. DON also provided the survey team with a copy of a "Disciplinary Action Form" dated 03/17/22 which read in part "Written warning. Detailed description of incident-Failure to complete documentation as required-Holes on MARS/TARS (medication administration record/treatment administration record)...Description of counseling received by Employee: Education one-on-one on important responsibility of care and documentation of such. Notify supervisor immediately if unable to complete task." This form was signed by the DON, administrator and LPN (licensed practical nurse).</p> <p>No further information was provided prior to exit.</p> <p>2. Resident #14's face sheet listed diagnoses which included but not limited to dysphagia, hypertension, gastroesophageal reflux disease, anxiety, gastrostomy, depression and heart failure.</p> <p>Resident #14's admission MDS (minimum data set) with an ARD (assessment reference date) of 01/17/22 assigned the resident a BIMS (brief interview for mental status) score of 9 out of 15 in</p>	F 842			

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F 842	<p>Continued From page 10</p> <p>section C, cognitive patterns. This indicates that the resident moderately cognitively impaired.</p> <p>Resident #14's clinical record was reviewed and contained a physician's order summary for the month of March 2022, which read in part "Flush tube with 60 cc of H2O (water) every 4 hours for hydration via pump", "Neurontin Capsule 100 mg (Gabapentin) Give 1 tablet via PEG (percutaneous endoscopic gastrostomy)-tube three times a day for neuropathy", and Prevacid Capsule Delayed Release 30 mg (Lansoprazole) Give 1 capsule via PEG-tube in the morning for GERD (gastroesophageal reflux disease)".</p> <p>Resident #14's eMAR (electronic medication administration record) for the month of March 2022 was reviewed and contained entries as above. The entries for Prevacid 30 mg and Neurontin 100 mg were blank on 03/13/22 at 6 am. The entry for 60 cc water was blank on 03/10/22 at 5 pm.</p> <p>Surveyor observed Resident #14 on 03/15/22 at 1:25 pm. Resident's tube feeding was running with correct formula and rate, with correct water flushes. Surveyor observed Resident #14 again on 03/16/22 at 10:30 am. Tube feeding was running with water flushes correct.</p> <p>Surveyor spoke with the DON (director on nursing) on 03/16/22 at 5:30 pm regarding blanks on Resident 14's eMAR's. DON stated there should not be any blanks on the eMAR. DON also stated they would look for the information on the daily report sheets and provide it to the surveyor. DON also stated they were bringing in the nurse who worked that day to re-educate on signing eMARs.</p>	F 842			

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F 842	<p>Continued From page 11</p> <p>The concern of the resident's eMARs not being signed was discussed with the administrator and DON on 03/16/22 at 6:10 pm.</p> <p>On 03/17/22 the DON provided the survey team with a copy of Resident #14's narcotics sign out sheet for Neurontin. This form indicated that the Neurontin was signed out on 03/13/22 at 5:16 am. DON also provided the survey team with a copy of a "Disciplinary Action Form" dated 03/17/22 which read in part "Written warning. Detailed description of incident-Failure to complete documentation as required-Holes on MARS/TARS (medication administration record/treatment administration record)...Description of counseling received by Employee: Education one-on-one on important responsibility of care and documentation of such. Notify supervisor immediately if unable to complete task." This form was signed by the DON, administrator and LPN (licensed practical nurse).</p> <p>No further information was provided prior to exit.</p> <p>3. Resident #28's face sheet listed diagnoses which included but not limited to metabolic encephalopathy, hypothyroidism, type 2 diabetes mellitus, hypertension, depression, dementia, and Parkinson's disease.</p> <p>Resident #28's most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 02/04/22 assigned the resident a BIMS (brief interview for mental status) score of 3 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively</p>	F 842			

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F 842	<p>Continued From page 12 impaired.</p> <p>Resident #28's clinical record was reviewed and contained a physician's order summary for the month of March 2022, which read in part "Levothyroxine Sodium Tablet 50 mcg. Give 1 tablet by mouth one time a day for Hypothyroidism", "Novolog FlexPen Solution Pen-Injector 100 unit/ml (Insulin Aspart). Inject as per sliding scale...subcutaneously before meals and at bedtime related to TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS (E11.9) hold less than 100 call md > (greater than) 400" and "Prilosec Capsule Delayed Release 20 mg (Omeprazole). Give 1 capsule by mouth one time a day for GERD (gastroesophageal reflux disease)".</p> <p>Resident #28's eMAR (electronic medication administration record) for the month of March 2022 was reviewed and contained entries as above. The entries for Levothyroxine and Prilosec were blank on 03/13/22 at 6 am. Then entry for Novolog was blank on 03/10/22 at 4 pm and 03/13/22 at 6 am.</p> <p>Surveyor spoke with the DON (director on nursing) on 03/16/22 at 5:30 pm regarding blanks on Resident 28's eMAR's. DON stated there should not be any blanks on the eMAR. DON also stated they would look for the information on the daily report sheets and provide it to the surveyor. DON also stated they were bringing in the nurse who worked that day to re-educate on signing eMARs.</p> <p>The concern of the resident's eMARs not being signed was discussed with the administrator and DON on 03/16/22 at 6:10 pm.</p>	F 842			

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F 842	<p>Continued From page 13</p> <p>On 03/17/22 the DON provided the survey team with a copy of the daily report sheets for 03/10/22 and 03/13/22 with Resident #28's blood sugars listed. DON also provided the survey team with a copy of a "Disciplinary Action Form" dated 03/17/22 which read in part "Written warning. Detailed description of incident-Failure to complete documentation as required-Holes on MARS/TARS (medication administration record/treatment administration record)...Description of counseling received by Employee: Education one-on-one on important responsibility of care and documentation of such. Notify supervisor immediately if unable to complete task." This form was signed by the DON, administrator and LPN (licensed practical nurse).</p> <p>No further information was provided prior to exit.</p> <p>4. Resident #37's face sheet listed diagnoses which included but not limited to anemia, hypothyroidism, depression, insomnia, peripheral vascular disease, chronic obstructive pulmonary disease, and dementia.</p> <p>Resident #37's most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 03/03/22 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact.</p> <p>Resident #37's clinical record was reviewed and contained a physician's order summary for the month of March 2022, which read in part "HHL Magic Cup one time a day for supplement to be</p>			F 842			

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F 842	<p>Continued From page 14</p> <p>served on dinner tray", "Pro-Stat AWC (advance wound care) two times a day for Give 30 ml p.o. (by mouth) wound healing", "Apply skin prep to left toes every day shift for protection", "Apply zinc oxide cream to buttocks and scrub every shift for protection every shift for redness", "Cleanse stage 4 ulcer to left heel with NS (normal saline). Pat dry. Cover with calcium alginate plus silver, apply foam dressing with adhesive border OR secure with kerlix every day shift for wound", "Heel boot to left heel at all times as resident allows. Check for placement and encourage use every shift for wound care", "Ascorbic Acid Tablet 500 mg. Give 1 tablet by mouth one time a day for Supplement" and "Iron (Ferrous Sulfate) Tablet 325 mg (65 Fe) MG (Ferrous Sulfate). Give 1 tablet by mouth two times a day for Anemia".</p> <p>Resident #37's eMAR (electronic medication record) for the month of March 2022 was reviewed and contained entries, which read in part ""HHL Magic Cup one time a day for supplement to be served on dinner tray", "Pro-Stat AWC (advance wound care) two times a day for Give 30 ml p.o. (by mouth) wound healing", "Ascorbic Acid Tablet 500 mg. Give 1 tablet by mouth one time a day for Supplement" and "Iron (Ferrous Sulfate) Tablet 325 mg (65 Fe) MG (Ferrous Sulfate). Give 1 tablet by mouth two times a day for Anemia". The entry for HHL Magic Cup was blank on 03/10/22 at 5 pm. The entries for Pro-Stat, Ascorbic Acid and Iron were blank on 03/11/22 at 9:00 am.</p> <p>Resident #37's eTAR (electronic treatment administration record) was reviewed and contained entries, which read in part ""Apply skin prep to left toes every day shift for protection",</p>	F 842			

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F 842	<p>Continued From page 15</p> <p>"Apply zinc oxide cream to buttocks and scum every shift for protection every shift for redness", "Cleanse stage 4 ulcer to left heel with NS (normal saline). Pat dry. Cover with calcium alginate plus silver, apply foam dressing with adhesive border OR secure with kerlix every day shift for wound", and "Heel boot to left heel at all times as resident allows. Check for placement and encourage use every shift for wound care". The entry for skin prep was blank on 03/11/22 and 03/15/22 for day shift. The entries for cleanse stage 4 pressure ulcer, zinc oxide, and heel boot were blank on 03/09/22, 03/11/22, and 03/15/22 for day shift.</p> <p>Surveyor spoke with Resident #37 on 03/15/22 at 12:40 pm. Surveyor asked resident about the wound on their heel, and resident stated, "They come in here every day and change that dressing. I see the wound care doctor couple of times a week. It's getting better". Surveyor observed heel boot in place at this time.</p> <p>Surveyor spoke with Resident #37 again on 03/16/22 at 10:30 am. Surveyor asked resident if they received the medications as they should, and resident stated, "I always get my pills". Surveyor observed heel boot in place at this time.</p> <p>Surveyor spoke with the DON (director on nursing) on 03/16/22 at 5:30 pm regarding blanks on Resident 37's eMAR's. DON stated there should not be any blanks on the eMAR. DON also stated they would look for the information on the daily report sheets and provide it to the surveyor. DON also stated they were bringing in the nurse who worked that day to re-educate on signing eMARs.</p>	F 842			

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F 842	<p>Continued From page 16</p> <p>The concern of the resident's eMARs not being signed was discussed with the administrator and DON on 03/16/22 at 6:10 pm.</p> <p>On 03/17/22 the DON provided the survey team with a copy of a "Disciplinary Action Form" dated 03/17/22 which read in part "Written warning. Detailed description of incident-Failure to complete documentation as required-Holes on MARS/TARS (medication administration record/treatment administration record)...Description of counseling received by Employee: Education one-on-one on important responsibility of care and documentation of such. Notify supervisor immediately if unable to complete task." This form was signed by the DON, administrator and LPN (licensed practical nurse).</p> <p>No further information was provided prior to exit.</p>	F 842			