

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

PRINTED: 05/13/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495247	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/10/2022
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NAME OF PROVIDER OR SUPPLIER NANS POINTE REHABILITATION AND NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WEST CONSTANCE ROAD SUFFOLK, VA 23434
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(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	<p>INITIAL COMMENTS</p> <p>An unannounced Medicaid/Medicare abbreviated complaint survey was conducted on 02/08/22 through 02/10/22. Six complaints were investigated during this survey: Complaints #VA 00054041, VA 00053884, VA00053834, VA00053503, VA00053406 and VA00053098. The facility was not in compliance with 42 CFR 483 Federal Long Term Care requirements and Corrections are required.</p> <p>The census in this 148 bed facility was 116 at the time of the survey. The survey sample consisted of 9 resident reviews.</p>	F 000		
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all</p>	F 550		3/25/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 03/09/2022
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 550	<p>Continued From page 1 residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview and staff interview, the facility's staff failed to ensure one resident was treated with dignity and respect by entering the resident's room without knocking, startling him for 1 of 19 residents (Resident #2), in the survey sample.</p> <p>The findings included: Resident #2 was originally admitted to the facility on 02/04/2022 after an acute care hospital stay. The current diagnoses included; Pressure Ulcer of Other Site, Stage 4 and Cellulitis of the Left Lower Limb.</p> <p>The admission, Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 2/10/22. The Brief Interview for Mental Status (BIMS) was not completed.</p>	F 550	<p>F550 Staff failed to ensure one resident #2 was treated with dignity and respect by entering the resident's room without knocking, startling him.</p> <ol style="list-style-type: none"> The staff CNA was educated regarding resident rights and the need to knock on resident's door prior to entering on 2/9/22. All residents have the potential to be affected by this deficient practice. Staff members were provided an educational In-service on Resident Rights. DON and/or designee reviewed expectations to treat all residents with dignity and respect by knocking on 		

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F 550	Continued From page 2 In section"G"(Physical functioning). Was not completed. A review of the Admissions Assessment completed on 2/04/22 Section "E" Neurological Reads: LOC (Level of Consciousness) is Alert. Orientation: to person, place, time and situation. Verbally: Appropriate. A review of the Admissions Assessment completed on 2/04/22 Section "B" ADLs (Activity of Daily Living). Total Dependence for transfers, dressing, toilet use, personal hygiene and bathing. Independent with eating. On 2/09/22 at approximately 3:45 PM an interview was conducted with Resident #2 concerning his care. Immediately thereafter LPN #5 entered the room without knocking. He handed Resident #7 a KN95 mask. Resident #2 stated, "Man you got to identify yourself. You scared me last night. You a big tall dude but you walk light. You gotta knock man." LPN #5 stated, "Last night at the end of shift, the door was open so I just came on in." On 2/09/22 at 3:55 PM an interview was conducted with LPN #5 concerning the above incident. He stated, "I should have knocked before entering the room." The above findings were shared with the Administrator, Director of Nursing and Corporate staff on 2/10/22 at approximately 4:30 PM. No comments were voiced.	F 550	resident's door prior to entering room. 4. DON or designee will audit 5 employee or agency staff members weekly for 8 weeks. This will be done per observation on different days and shifts. 5. Results of these audits will be reported to the QAPI committee for oversight. The QAPI committee will be responsible for ongoing monitoring for compliance.		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)	F 580		3/25/22	

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F 580	Continued From page 3 §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).	F 580			

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F 580	<p>Continued From page 4</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interviews, clinical record review and facility document review, the facility staff failed to notify the physician and resident's representative of ten (10) missed doses of his scheduled medication (Clonazepam tablet 0.5 mg) per physician's orders for 1 out of 9 residents (Resident #9) in the survey sample.</p> <p>The findings included:</p> <p>Resident #9 was admitted to the nursing facility on 06/23/21. Diagnosis for Resident #9 included but not limited to Encephalopathy.</p> <p>Resident #9 was discharged from the facility before the resident's Minimum Data Set (MDS) assessment was due.</p> <p>Review of the Order Summary Report from 06/01/21 - 07/31/21 revealed the following order: Clonazepam 0.5 mg tablet - give 1 tablet by mouth at bedtime for sleep.</p> <p>During the review of resident #9's clinical record revealed the following nurses notes entered related to the medication Clonazepam tablet 0.5 mg:</p>	F 580	<p>F580 The facility staff failed to notify the physician and resident representative of missed doses of medication.</p> <ol style="list-style-type: none"> No immediate correction can be initiated or completed for this area due to resident #9 discharged from the facility in 2021. All residents have the potential to be affected by this deficient practice. Education will be provided to licensed nursing staff on medication administration and documentation and notification of MD if medication is unable to be given. DON or designee will conduct audits of 5 medications on 10 residents weekly x 4 weeks comparing MAR against medication availability. Results of these audits will be reported to the QAPI committee for oversight and any recommended changes. 		

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F 580	<p>Continued From page 5</p> <p>-06/24/21 at approximately 11:23 p.m., entered by License Practical Nurse (LPN) #1 read: Clonazepam tablet 0.5 mg - give 1 tablet by mouth at bedtime for sleep, on order - new order from pharmacy.</p> <p>-06/27/2021 at approximately 9:18 p.m., entered by LPN #2 read: Clonazepam tablet 0.5 mg at bedtime for sleep - on order.</p> <p>-06/28/2021 at approximately 9:47 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg at bedtime for sleep - new order awaiting.</p> <p>-06/29/2021 at approximately 9:41 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg at bedtime for sleep - will clarify with pharmacy.</p> <p>-07/01/2021 at approximately 8:28 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg - give 1 tablet by mouth at bedtime for sleep - will clarify.</p> <p>-07/02/2021 at approximately 9:45 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg give 1 tablet by mouth at bedtime for sleep - need script, left in communication book for MD and will notify.</p> <p>A phone interview was conducted with LPN #1 on 02/10/21 at approximately 8:20 a.m., who stated, "I cannot recall back that far, I do not remember Resident #9." She said I may have put in the entries mentioned above but I still do not remember Resident #9."</p> <p>On 02/10/22 at approximately 12:05 p.m., the facility provided a copy of the medication packing slips for Resident #9 which revealed the medication (Clonazepam) was never delivered to the facility.</p> <p>On 02/10/22 at approximately 12:40 p.m., the Regional Director of Clinical Services informed</p>	F 580			

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F 580	Continued From page 6 the surveyor that the pharmacy was not able to locate where the Clonazepam 0.5 mg tablets were ever delivered or pulled from the STAT box. A phone interview was conducted with (pharmacy tech) on 02/10/22 at approximately 3:13 p.m., who stated, "We never received a hard script from the facility for Resident #9's Clonazepam 0.5 mg tablet." She said the orders in Point Click Care (PCC) does not cross over into our system, so a hard script or a printed order for the controlled medication must be faxed over before the medication can be sent to the facility." The facility provided a copy of pharmacy's Manifest for Resident #9's which revealed the medication (Clonazepam) was never delivered to the facility. On 02/10/22 at approximately 2:40 p.m., the above findings were discussed with Administrator, Director of Nursing and Regional Director of Clinical Services. The DON stated the physician and the resident's representative should have been notified that Resident #9 missed his scheduled medication (Clonazepam tablet 0.5 mg) from 06/23/21 through 07/02/21. Definitions -Clonazepam used alone or in combination with other medications to control certain types of seizures. It is also used to relieve panic attacks - sudden, unexpected attacks of extreme fear and worry about these attacks (https://medlineplus.gov/druginformation.html).	F 580			
F 684 SS=E	Quality of Care CFR(s): 483.25	F 684		3/25/22	

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F 684	<p>Continued From page 7</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interviews, clinical record review and facility document review, the facility staff failed to ensure physician's orders were followed for 1 of 9 residents (Resident #9) in the survey sample.</p> <p>The findings included:</p> <p>The facility staff failed to ensure the following medication (Clonazepam) was administered to Resident #9 from 06/23/21 until 07/02/21 per physician's order. Resident #9 was admitted to the nursing facility on 06/23/21. Diagnosis for Resident #9 included but not limited to Encephalopathy.</p> <p>Resident #9 was discharged from the facility before the resident's Minimum Data Set (MDS) assessment was due.</p> <p>Review of the Order Summary Report from 06/01/21 - 07/31/21 revealed the following order: Clonazepam 0.5 mg tablet - give 1 tablet by mouth at bedtime for sleep.</p> <p>During the review of resident #9's clinical record revealed the following nurses notes entered related to the medication Clonazepam tablet 0.5</p>	F 684	<p>F684 Staff failed to ensure the medication Clonazepam was administered to resident #9 per physician order.</p> <ol style="list-style-type: none"> No immediate correction can be initiated or completed for this area due to resident #9 discharged from the facility in 2021. All residents have the potential to be affected by this deficient practice. Education will be provided to all licensed nursing staff on medication administration to include the five rights of medication administration. DON or designee will conduct med pass observation on five residents 3X per week x 4 weeks to verify correct medications are being administered. Results of audits will be reported monthly to the QAPI Committee. The QAPI committee is responsible for the on-going monitoring for compliance. 		

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F 684	<p>Continued From page 8</p> <p>mg: -06/24/21 at approximately 11:23 p.m., entered by LPN #1 read: read: Clonazepam tablet 0.5 mg - give 1 tablet by mouth at bedtime for sleep, on order - new from pharmacy. -06/27/2021 at approximately 9:18 p.m., entered by LPN #2 read: Clonazepam tablet 0.5 mg at bedtime for sleep - on order. -06/28/2021 at approximately 9:47 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg at bedtime for sleep - new order awaiting. -06/29/2021 at approximately 9:41 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg at bedtime for sleep - will clarify with pharmacy. -07/01/2021 at approximately 8:28 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg - give 1 tablet by mouth at bedtime for sleep - will clarify. -07/02/2021 at approximately 9:45 p.m., entered by LPN #1 read: Clonazepam tablet 0.5 mg give 1 tablet by mouth at bedtime for sleep - need script, left in communication book for MD and will notify.</p> <p>A phone interview was conducted with LPN #1 on 02/10/21 at approximately 8:20 a.m., who stated, "I cannot recall back that far, I do not remember Resident #9." She said I may have put in the entries mentioned above but I still do not remember."</p> <p>On 02/10/22 at approximately 12:05 p.m., the facility provided a copy of the medication packing slips for Resident #9 which revealed the medication (Clonazepam) was never delivered to the facility.</p> <p>On 02/10/22 at approximately 12:40 p.m., the Regional Director of Clinical Services informed</p>	F 684			

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F 684	<p>Continued From page 9</p> <p>the surveyor that the pharmacy was not able to locate where the Clonazepam was every delivered or pulled from the STAT box.</p> <p>A phone interview was conducted with (pharmacy tech) on 02/10/22 at approximately 3:13 p.m., who stated, "We never received a hard script from the facility." She said the orders in Point Click Care (PCC) does not cross over to our system, so a hard script or a printed order before any controlled medication must be faxed over before the medication can be sent to the facility."</p> <p>The facility provided a copy of pharmacy's Manifest for Resident #9's which revealed the medication (Clonazepam) was never delivered to the facility.</p> <p>On 02/10/22 at approximately 2:40 p.m., the above findings were discussed with Administrator, Director of Nursing and Regional Director of Clinical Services. The DON stated the residents orders are faxed to the pharmacy but if a controlled medication is ordered then a hard script is required before the pharmacy will deliver the medication. She said the pharmacy will call requesting a hard script, then nurse will call the physician for the hard script and fax the hard script to the pharmacy. She said once the pharmacy receives the hard script, the nurse can call put the pharmacy and the medication can be pulled from the STAT box.</p> <p>Definitions -Clonazepam used alone or in combination with other medications to control certain types of seizures. It is also used to relieve panic attacks - sudden, unexpected attacks of extreme fear and worry about these attacks, sleep</p>	F 684			

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F 684	Continued From page 10 (https://medlineplus.gov/druginformation.html).	F 684			
F 688 SS=D	<p>Complaint deficiency</p> <p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by: Based on staff interviews, facility documentation and during the course of a complaint investigation the facility staff failed to consistently provide ongoing restorative nursing care services for 1 resident (Resident #7, a closed record resident) in a survey sample of 19 residents.</p> <p>The findings included;</p> <p>Resident #7 was admitted to the facility on 07/17/20 and readmitted from an acute care facility on 7/05/21 and discharged on 7/18/21 to</p>	F 688	<p>F688 Facility staff failed to consistently provide ongoing restorative nursing care services for one resident #7</p> <p>1. No immediate correction can be initiated or completed for this area due to resident #7 discharged from the facility in 2021.</p> <p>2. All residents who are ordered to have restorative care program services have the potential to be affected by this</p>	3/25/22	

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F 688	<p>Continued From page 11</p> <p>an acute care facility. Diagnosis for Resident #7 included but not limited to Dissociative Identity Disorder, Panic Disorder, Suicidal Ideations, Bipolar Disorder and Muscle Weakness.</p> <p>The current Minimum Data Set (MDS), a Quarterly assessment with an Assessment Reference Date (ARD) of 05/22/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #7 cognitive abilities for daily decision making were moderately impaired.</p> <p>In section "G" (Physical functioning) the resident was coded as requiring extensive assistance of one person with bed mobility, dressing and personal hygiene. Requiring total dependence of one person with toilet use and bathing. Requires Total dependence of two persons with transfers. Coded as independent requiring set-up help only with eating.</p> <p>In section "O" (O0500) Restorative Nursing Programs. A review of MDS's from 7/2020-7/2021 reveal no codes for Restorative Nursing Programs.</p> <p>A review of the POS (Physician Order Summary) for March 2021 reveal no orders for Restorative Nursing.</p> <p>The Care plan reads: Focus: Resident has an ADL Self Care Performance Deficit r/t (related/to) decreased mobility, weakness, history of falls. Goals: Resident will improve current level of function in (Bed Mobility, Transfers, Eating, Dressing, Toilet Use and Personal Hygiene, ADL Score) through the review date. Interventions:</p>	F 688	<p>deficient practice.</p> <p>3. Nursing and Rehab leadership met to discuss restorative care program viability since critical staffing could prohibit meeting program requirements. Restorative care program has been terminated at this time based on critical staffing challenges due to pandemic. Nursing and Rehab leadership were educated on the need for the team to review staffing resources prior to restarting the restorative care program.</p> <p>4. DON or designee will ensure restorative care program is audited on 100% of residents weekly for 8 weeks to ensure schedule requirements are met if program is reactivated.</p> <p>5. Results of these audits will be reported to the QAPI committee for oversight and any recommended changes.</p>		

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F 688	<p>Continued From page 12</p> <p>Place personal items and assistive devices within reach and requires staff participation with transfers.</p> <p>According to the anonymous complainant, the resident received inconsistent restorative therapy due to staffing shortages.</p> <p>A review of the Restorative Nursing Program Flow sheet reveal that Resident missed the following days of Restorative therapy for ROM (Range of Motion, Active) and Ambulation during the month of May 2021 due to Restorative CNA (Certified Nursing Aide) being pulled to work the floor: 5/04, 5/10-5/14, 5/17, 5/18, 5/24 and 5/28/21.</p> <p>Received Rehabilitation and Nursing report from Administrative Staff #3/ADON (Assisting Director of Nursing) on 2/10/22 at approximately 3:15 PM., She stated, "When resident return to the facility from the hospital; she is evaluated by physical therapy. The highlighted areas on the form show when resident was evaluated by therapy."</p> <p>A review of the Therapy Minutes Report: 1/08/21 Evaluated by PT (Physical Therapy) for 85 minutes. 1/12/21 Evaluated by OT (Occupational Therapy) 75 minutes. 3/26/21 Evaluated by OT for 75 minutes and PT for 45 minutes. 6/15/21 Evaluated by PT for 52 minutes. 6/17/21 Evaluated by OT 45 minutes.</p> <p>A review of the Restorative Care Program document dated 2/21/21 reads: Patient is discharged from PT and OT. Help with: Transfers and Walking. These programs are designed to maintain patient's ability to walk, transfer, perform activities of daily living, prevent further</p>	F 688			

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F 688	<p>Continued From page 13</p> <p>contractures, and preserve skin condition and/or to maintain a patient's quality of life. Programs are to be performed with or without the addition of therapy services. Goals for Restorative Program: WC (Wheel Chair) transfers with SBA/CGA (Standby Assist/Contact Guard Assist) 2 x 10. Gait training with Rolling walker 70-90 feet with rolling walker SBA/CGA followed by WC (Wheel Chair). Signed by PTA/OSM (Physical Therapy Assistant/Other Staff Member) #5. Nurse Manager Signature signed by Nurse Manager/ADON (Administrative Staff) #3.</p> <p>On 2/10/22 at approximately 2:20 PM an interview was conducted with Restorative CNA (Certified Nurse's Aide) #3 concerning Resident #7. She stated, "She did ambulation, four wheel walker, ROM (Range of Motion), rode on the Omni cycle level 1, stand guard assist and close guard assist. She was getting it (Restorative Therapy) five days a week. Sometimes she refused it. When she was on another unit getting restorative I discharged her with CIC (Change In Condition). When she was on oxygen then some days she couldn't do therapy due to her breathing. She enjoyed restorative therapy. We only keep the residents for 3 to 4 months. When the floor is short I have to go where the need is due to staffing. Where I have FLOOR written on her flow sheet we're short staffed and I can't provide therapy that day. She should have therapy five days a week. She wanted to walk again."</p> <p>On 2/10/22 at approximately 2:25 PM an interview was conducted with the Director of Rehabilitation Therapy concerning the Restorative Nursing Program. She stated, "The DON (Director of Nursing) or ADON (Assisting</p>	F 688			

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F 688	<p>Continued From page 14</p> <p>Director of Nursing) will sign off on it. Once the restorative aide is pulled the resident wouldn't get therapy. Therapy writes the restorative program. We get the DON or ADON to sign it and review it with the restorative aide before we (Therapy) discharge. Once we discharge the patient from therapy to restorative we stop following them."</p> <p>On 2/10/22 at approximately 2:40 PM an interview was conducted with the ADON concerning the Restorative Nurse Program. She stated, CNA #3 is the only restorative aide in the facility. When they come back from the hospital they are reassessed by PT (Physical Therapy).</p> <p>Policy: Restorative Nursing Programs: Date Implemented: 11/01/2020. Date Reviewed/Revised: 1/22/2022. Policy: It is the policy of this facility to provide maintenance and restorative services designed to maintain or improve a resident's abilities to the highest practicable level. Restorative Nursing Program: refers to nursing interventions that promote the Residents ability to adapt and adjust to living independently and safely as possible. This concept actively focuses on achieving and maintaining optimal physical, mental, and psychosocial functioning. Policy Explanation and Compliance Guidelines: 3. The nursing personnel are trained on basic, or maintenance, restorative nursing care that does not require the use of a qualified therapist or licensed nurse oversight. This training may include: F. Assisting residents with range of motion exercises. 5. The restorative Nurse aide receive additional training on restorative nursing program activities upon hire as needed.</p> <p>The above findings were shared with the</p>	F 688			

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F 688	Continued From page 15 Administrator, Director of Nursing and Corporate staff on 2/10/22 at approximately 4:30 PM. The Corporate staff stated, "We don't have a Restorative Program. It's been years since we had one."	F 688			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §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 §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;	F 842		3/25/22	

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F 842	<p>Continued From page 16</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility documentation review, the facility staff failed to maintain a complete and accurate clinical record for 1 of 9 residents (Resident #9) in the survey</p>	F 842	<p>F842</p> <p>The facility staff failed to maintain a complete and accurate medical record for one resident #9.</p>		

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F 842	<p>Continued From page 17 sample.</p> <p>The findings included:</p> <p>The facility staff failed to follow physician orders for the administration of a scheduled medication (Clonazepam tablet 0.5 mg) for Resident #9. Resident #9 was admitted to the nursing facility on 06/23/21. Diagnosis for Resident #9 included but not limited to Encephalopathy.</p> <p>Resident #9 was discharged from the facility before the resident's Minimum Data Set (MDS) assessment was due.</p> <p>During the review of Resident #9's Medication Administration Record (MAR) for June 2021 revealed the following order: Clonazepam 0.5 mg tablet - give 1 tablet by mouth at bedtime for sleep.</p> <p>The review of Resident #9's June 2021 MAR, revealed the nurse had signed off Clonazepam 0.5 mg tablet was administered on the following days at 9:00 p.m., 06/23, 06/25, 06/26, 06/29 and 06/30/21, even though the medication was never delivered to the facility or pulled from their STAT box.</p> <p>A phone call was placed to License Practical Nurse (LPN) #2 on 02/10/22 at approximately 12:40 p.m. The LPN was assigned to administer Resident #9 his (Clonazepam 0.5 mg) on the following days in June 2021: 06/23, 06/29 and 06/30/21. LPN #2 stated, "I do not remember anything about Resident #9."</p> <p>On 02/10/22 at approximately 12:05 p.m., the facility provided a copy of the medication Manifest</p>	F 842	<ol style="list-style-type: none"> 1. No immediate correction can be initiated or completed for this area due to resident #9 discharged from the facility in 2021. 2. All residents have the potential to be affected by this deficient practice. 3. Educate nursing staff including agency on MAR documentation to reflect accurate administration/missed medication doses 4. DON or designee will conduct med pass observation on five residents 3X per week x 4 weeks to verify correct medications are being administered. 5. Results of audits will be reported monthly to the QAPI Committee. The QAPI committee is responsible for the on-going monitoring for compliance 		

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F 842	<p>Continued From page 18</p> <p>(packing slips) for Resident #9 from admission until discharged from the facility on 07/03/21 which revealed the medication (Clonazepam) was never delivered to the facility.</p> <p>A phone interview was conducted with (pharmacy tech) on 02/10/22 at approximately 3:13 p.m., who stated, "We never received a hard script from the facility." She said the orders in Point Click Care (PCC) does not cross over to our system, so a hard script or a printed order before any controlled medication must be faxed over before the medication can be sent to the facility."</p> <p>On 02/10/22 at approximately 2:40 p.m., the above findings were discussed with Administrator, Director of Nursing and Regional Director of Clinical Services. The DON said the nursing staff are expected to follow physician orders and sign off when completed.</p> <p>Definitions -Clonazepam used alone or in combination with other medications to control certain types of seizures. It is also used to relieve panic attacks - sudden, unexpected attacks of extreme fear and worry about these attacks (https://medlineplus.gov/druginformation.html).</p>	F 842			