STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	495105		R-C 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYNCHBURG HEALTH & REHABILITATION CENTER	5615 SEMINOLE AVENUE LYNCHBURG, VA 24502

(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	E 000		
	An unannounced Medicare/Medicaid second revisit to the abbreviated complaint survey conducted 11/29/21 through 11/30/21 was conducted 2/8/22 through 2/10/22. Corrections are required for compliance with CFR 483.73, the federal requirements for Emergency Preparedness in Long Term Care facilities.			
E 023 SS=F	Policies/Procedures for Medical Documentation CFR(s): 483.73(b)(5) §403.748(b)(5), §416.54(b)(4), §418.113(b)(3), §441.184(b)(5), §460.84(b)(6), §482.15(b)(5), §483.73(b)(5), §483.475(b)(5), §484.102(b)(4), §485.68(b)(3), §485.625(b)(5), §485.727(b)(3), §485.920(b)(4), §486.360(b)(2), §491.12(b)(3), §494.62(b)(4). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the policies and procedures must address the following:] [(5) or (3),(4),(6)] A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains availability of records. *[For RNHCIs at §403.748(b):] Policies and procedures. (5) A system of care documentation	E 023		3/23/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Electronically Signed — 03/02/2022

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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E 023	Continued From page 1 that does the following: (i) Preserves patient information. (ii) Protects confidentiality of patient information. (iii) Secures and maintains the availability of records. *[For OPOs at §486.360(b):] Policies and procedures. (2) A system of medical documentation that preserves potential and actual donor information, protects confidentiality of potential and actual donor information, and secures and maintains the availability of records. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, the facility staff failed to ensure access to the electronic health record when internet services were not available for the facility. Findings were: On 02/08/2022 at approximately 3:35 p.m. the administrator, DON (director of nursing), and corporate nurse consultant (administrative staff #3) were interviewed. The DON stated that the internet had been down on 02/07/2022 and the staff were unable to access the electronic health records. She was asked how long the internet had been down. The administrator stated it had come back up before 7:00 p.m. The administrative staff was asked how the staff accessed the electronic health records when the internet was down. The DON stated, "We have a back up computer that we can print the MARS and TARS (medication administration records and treatment administration records) but it wasn't working either. I think the nurses were using their phones in order to give meds and do treatments."	E 023	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. E023 The center now has access to the EHR when the internet is not functional. Current residents in the center have the potential to be affected. Licensed nurses will be educated by the Regional Director of Clinical	

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E 023	Continued From page 2 The DON was asked if the phones used were provided by the facility. She stated, "No, they used their own." She was asked how care was provided if the nurses either did not have a phone, or their phone did not have the capability needed to access the records. She stated, "That's a good point." Per the policy "Documentation in the Event of Computer Outage", dated 11/01/2019, "The unit manager is responsible for ensuring that a complete and adequate inventory of the Computer System Downtime Emergency Packet(s) are available and accessible for manual documentation on each unit in the event the computer system is unavailable." Also presented was a packet from the facility's electronic record provider on how to access EMARs. Per the packet, "The facility should not wait until an emergency situation arises to discover it is unable to locate the EMAR backup reports on the computer." A meeting with the DON, administrator and four corporate consultants was held on 02/09/2022 at 3:00 p.m. The internet downtime was discussed. The DON stated, "We weren't entering the correct information in our backup computer...the domain was entered incorrectly, we were using a forward slash, it was supposed to be a backwards slash...the nurses used their phones...those same nurses were here today and signed off all the MARS and TARS for the downtime..." The corporate nurse consultant (admin #3) stated, "Yes, and we found out that everyone had to have already had a user name and password before the internet went down and had to have used that computer before in order to access it...no one here had been on that computer before so we	E 023	Services/designee on the proper procedure for accessing the EHR during times of internet outage. The education will include how to sign on to the designated computer and printer required to access the EHR during times of internet disruption. The DON/designee will notify the Regional Director of Clinical Services when the internet service has been disrupted and when accessing the EHR. The DON/designee will ensure weekly the EMAR back up computer and printer are functional. In addition, the DON/designee will have 5 nurses weekly demonstrate their ability to access the EHR via the EMAR back up computer and printer. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance- 3/23/2022	

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E 023	Continued From page 3 couldn't get on it." The DON and the corporate nurse consultant were asked which was the problem, the computer was not being accessed correctly or no one had access. The DON called one of the nursing units and stated, "They just said the computer was not working on Monday during the downtime... the screen was blue." During a meeting with the DON, the administrator and the corporate nurse consultant on 02/10/2022 at 12:15 p.m, concerns were discussed that no one in the facility had access to the electronic records during the internet downtime from 11:30 a.m. until 2:30 p.m. on 02/07/2022. It was also discussed that until the time of the survey, the facility had not identified what the problem was with the back up system. No further information was obtained prior to the exit conference on 02/10/2022.	E 023		
E 024 SS=E	Policies/Procedures-Volunteers and Staffing CFR(s): 483.73(b)(6) §403.748(b)(6), §416.54(b)(5), §418.113(b)(4), §441.184(b)(6), §460.84(b)(7), §482.15(b)(6), §483.73(b)(6), §483.475(b)(6), §484.102(b)(5), §485.68(b)(4), §485.625(b)(6), §485.727(b)(4), §485.920(b)(5), §491.12(b)(4), §494.62(b)(5). [(b) Policies and procedures. The [facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least every 2 years [annually for LTC facilities]. At a minimum, the	E 024		3/23/22

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E 024	Continued From page 4 policies and procedures must address the following:] (6) [or (4), (5), or (7) as noted above] The use of volunteers in an emergency or other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. *[For RNHCIs at §403.748(b):] Policies and procedures. (6) The use of volunteers in an emergency and other emergency staffing strategies to address surge needs during an emergency. *[For Hospice at §418.113(b):] Policies and procedures. (4) The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of State and Federally designated health care professionals to address surge needs during an emergency. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, the facility staff failed to implement emergency preparedness polices and procedures to ensure adequate staffing on one of three units, from 07:00 p.m. on 02/07/2022 until 7:00 a.m. on 02/08/2022. Findings were: On 02/08/2022 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) were interviewed and reported that no physician ordered medications and/or treatments were administered to any of the fifty-five (55)	E 024	E024 No immediate action was taken due to the time frame had already passed Current residents in the center have the potential to be affected. The DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have	

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E 024	Continued From page 5 residents on the West unit from 02/07/2022 at 7:00 p.m. until 02/08/2022 at 7:00 a.m. The DON stated there were two nurses scheduled for the building starting at 11:00 p.m. The DON stated there was a 'call out"; on 02/07/2022 prior to the night shift (11:00 p.m. to 7:00 a.m.) leaving LPN #3 as the only nurse in the building. The DON stated agency was contacted for a fill-in nurse and LPN #5 reported to work on 02/07/2022 at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit. The DON stated when only two nurses worked the building that "they [nurses] knew" to split the West unit. On 02/09/2022 at 10:40 a.m., the DON (director of nursing) was interviewed. She stated, "What are we looking at here...do we have harm?" The DON was informed that concerns had been identified that no medications or treatments had been provided to 55 residents on the West unit from 7:00 p.m. on 02/07/2022 until 7:00 a.m. on 02/08/2022. The DON stated, "Retrospectively, I should have come back in here that night and worked. I am sorry." Per the policy "Emergency Preparedness/Staffing and Volunteers" dated 01/23/2020, "The administrative emergency team shall utilize the Center's Master schedule system as well as the Center's Emergency Call List to contact off duty staff and auxiliary staff for needed replacements..." During a meeting with the administrator, the DON, and four corporate consultants, the DON was asked what was done to staff the facility from 7:00 p.m. on 02/07/2022 until 7:00 a.m. on	E 024	been activated to ensure there is adequate staffing in the center. The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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E 024	Continued From page 6 02/08/2022. She stated, "We called everybody from the nurses list, we offered a comp rate of more money, we called the agencies, we did everything." The DON was asked why after all of the calls that were made, and no one would take the shift, did she not come in to cover the facility. She stated, "It was supposed to be covered....we like to have one nurse on each unit but we do it with two nurses if we split the unit." Concerns were voiced that a total of 55 residents did not receive medications or treatments due to facility staffing. No further information was obtained prior to the exit conference on 02/10/2022.	E 024		
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid second revisit to the abbreviated complaint survey conducted 11/29/21 through 11/30/21 was conducted 2/8/22 through 2/10/22. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint (VA00054217) was investigated during the survey. Complaint allegations were substantiated with a deficiency cited. The census in this 180 certified bed facility was 148 at the time of the survey. The survey sample consisted of fifty-seven current resident reviews (Residents #201, #202, #203, #205 through #258) and one closed record review (Resident #204).	{F 000}		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and	F 600		3/23/22

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F 600	Continued From page 7 Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to ensure fifty-four of 58 residents in the survey sample were free from neglect. Residents residing on the West unit that included Residents #201, #203, #205, #207 through #228 and #230 through #258, were not provided physician ordered medications and/or treatments during twelve consecutive hours starting on the evening of 2/7/22 due to no nurse working the unit. Facility staff, aware that no nurse was on the unit, made no attempt to ensure any medications/treatments were provided to the West unit residents during this 12-hour period. A nurse refused to administer Resident #207's pain medicines in response to the resident's verbal request for the medication. Resident #207 experienced significant pain during this time after missing scheduled doses of narcotic medication, resulting in harm. The findings include:	F 600	F600 Resident #201, 203, 205, 207, 228, 230-258 attending Physician and Resident Representative were notified of residents not receiving their ordered medications/treatments for the 12 hrs., the evening of 2/7/22 into the early morning of 2/8/22. No new orders received. Current residents in the center have the potential to be affected. Center staff will be educated by the Regional Director of Clinical Services/designee on the center□s policy on abuse and neglect. The education will include ensuring residents receive their scheduled medications and treatments as per MD orders. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center.	

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F 600	Continued From page 8 Resident #207 was admitted to the facility on 6/13/20 with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated 12/20/21 assessed Resident #207 as cognitively intact. Resident #207's clinical record documented current physician orders that included the following medications and treatments. Doxepin 150 mg at bedtime for depression Gabapentin 900 mg three times per day for neuropathy Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Aquaphor diaper rash cream 15% to bilateral inner thighs topically each day and evening shift for chaffing Resident #207's MAR documented these medications were not administered on the evening of 2/7/22 and the early morning of 2/8/22. The gabapentin was scheduled to be administered on 2/7/22 at 9:00 p.m., methadone, morphine sulfate and doxepin were scheduled for 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was scheduled for 2/8/22 at 6:00 a.m. On 2/8/22 at 2:05 p.m., licensed practical nurse (LPN) #1, working on the West unit was interviewed. LPN #1 stated she worked on 2/7/22 from 7:00 a.m. until 7:00 p.m. LPN #1 stated there was no nurse on the West unit when she left on 2/7/22 around 7:30 p.m. and she gave a	F 600	The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will interview 5 alert and oriented residents weekly to ensure the residents are receiving their medications as per MD orders. The EMAR/ETAR will be reviewed 5x weekly to ensure medications have been given and documented as given on the EMAR/ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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F 600	Continued From page 9 verbal report to the unit manager on East unit prior to leaving the building. LPN #1 stated there was no nurse on the West unit when she arrived on 2/8/22 at 7:00 a.m. LPN #1 stated she did not know who was scheduled to work the evening and night shifts on West unit. LPN #1 stated there was currently no unit manager for the West unit. On 2/8/22 at 2:10 p.m., the director of nursing (DON) was interviewed about medications not administered to residents on the West unit on the evening of 2/7/22 and early morning of 2/8/22. The DON stated nurses had 24 hours to clarify and sign off a medication administration record (MAR) or treatment administration record (TAR). The DON had no explanation why the residents did not receive medications on the evening of 2/7/22 and stated she would research and clarify. The DON stated, "We did have agency nurses last night." The DON stated LPN #2, LPN #3 and LPN #4 worked the evening shift. The DON stated that LPN #2 was the East unit manager and "house supervisor" on the 2/7/22 evening shift. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the fifty-four (54) residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The corporate consultant stated LPN #1 reported to the East unit manager (LPN #2) that all the evening medications on the West unit had been given when she left on 2/7/22 around 7:30 p.m. The DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the	F 600		

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F 600	Continued From page 10 nurses working on the facility's three units (East, South and West). The DON stated LPN #2 did not give medications on West during the evening shift because LPN#1 reported that all the medications on the unit had been given. The DON stated, "There was a miscommunication at the shift change." The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated there was a "call out" on 2/7/22 prior to the night shift (11:00 p.m. to 7:00 a.m.) leaving LPN #3 as the only nurse in the building. The DON stated agency was contacted and LPN #5 reported to work on 2/7/22 at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit. On 2/8/22 at 3:45 p.m., the East unit manager (LPN #2) was interviewed. LPN #2 stated she was working on East unit on 2/7/22 for 3:00 p.m. to 11:00 p.m. shift. LPN #2 stated that on 2/7/22 around 7:30 p.m., LPN #1 from West reported to her that she was leaving and all the medications on West unit had been given. LPN #2 stated she did not go to the West unit prior to leaving her shift at 11:00 p.m. LPN #2 stated, "I couldn't do nothing. I was giving meds (medications) on East." LPN #2 stated there was no nurse on the West unit on 2/7/22 after 7:30 p.m. when LPN #1 went home, and she thought LPN #1 had given all the evening medications. LPN #2 stated, "Nobody reported to me they didn't get meds. I wasn't aware." LPN #2 stated she and LPN #4 left the building on 2/7/22 at 11:00 p.m. leaving LPN #3 working the East unit until 2/8/22 at 7:00	F 600		

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F 600	Continued From page 11 a.m. LPN #2 stated an agency nurse was called in and reported to South unit on 2/7/22 around 11:00 p.m. to work the night shift. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated on 2/7/22, that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift. On 2/8/22 at 5:10 p.m., the DON stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated again, "There was a miscommunication at shift change." On 2/8/22 at 5:20 p.m., LPN #3 was interviewed by telephone about the evening/night of 2/7/22. LPN #3 stated she reported to work on 2/7/22 at 3:15 p.m. and worked until 2/8/22 at 7:00 a.m. LPN #3 stated she was assigned to work the East unit and helped out on the South unit after 7:00 p.m. LPN #3 stated on 2/7/22 at 11:00 p.m. she went back to the East unit, as LPN #5 came in to cover South after the scheduled nurse called out. LPN #3 stated she was not assigned to work the West unit. LPN #3 stated there were two nurses on West unit on 2/7/22 until 7:00 p.m. LPN #3 stated again she was never assigned to West unit on 2/7/22 and she was not aware there was no nurse on West unit until around 11:30 p.m. when Resident #207 called her on the phone and asked for her methadone pain medication. LPN #3	F 600		

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F 600	Continued From page 12 stated, "I didn't know there was no nurse back there (West unit) until then." LPN #3 stated she told Resident #207 that she could not give her the medication because it was a narcotic and she did not count the narcotics on that unit at shift change. LPN #3 stated she was not comfortable giving narcotics on that unit because "it might come back on me" if the counts were wrong. LPN #3 stated after 2/7/22 at 11:00 p.m., she and LPN #5 were the only nurses in the building along with three CNAs. LPN #3 stated she did not check on residents on the West unit because she was working East. LPN #3 stated she told the CNA working on West to let her know of any problems. On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and "a psych med" and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. Resident #207 stated that on 2/7/22 around 11:30 p.m., she reported to the CNA (certified nursing assistant) #5 that she needed a nurse to get her scheduled pain medications. Resident #207 stated CNA #5 checked with the nurse on East unit and reported to her that she "was out of luck" as there was no nurse on the unit (West). Resident #207 stated she called on her cell phone to the East unit and asked LPN (licensed practical nurse) #3 if she would come and give her the pain medications. Resident #207 stated LPN #3 told her "no" and that she was not her assigned nurse. Resident #207 stated when she	F 600		

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F 600	Continued From page 13 asked who her assigned nurse was, LPN #3 told her she did not have a nurse this shift. Resident #207 stated she then called the other unit (South). Resident #207 stated whoever answered the phone on South stated the nurse was in with a resident. Resident #207 stated she reported that she needed her pain, psych meds and asked for the nurse to call her when possible. Resident #207 stated she did not know who answered the phone but that person told her if the nurse could come she would and "if not, she (nurse) won't." Resident #207 stated she never got a visit or a call from either nurse. Resident #207 stated there was a CNA working the unit on the evening/night of 2/7/22 but she saw no nurse after 7:00 p.m. until the day shift reported the next morning (2/8/22). Resident #207 stated she was in "a lot of pain" due to missed doses of methadone and morphine. Resident #207 stated she had pain in her arms and lower back and rated pain during the early morning of 2/8/22 as a "9 almost 10" (on scale of 0 = no pain, 10 = worst pain). Resident #207 stated she almost called 911 to go to the emergency room because nobody was here to care for her. Resident #207 stated she could not sleep due to the pain, was "up and down all night" and even emailed the corporate nursing consultant (administration #3) around 2:00 a.m. about not getting her medications. Resident #207 stated she last saw a nurse (LPN #1) on 2/7/22 around 7:00 p.m. and did not see another nurse until 2/8/22 around 11:00 a.m. when the day shift nurse brought her medications. Resident #207's plan of care (revised 12/23/21) documented the resident had musculoskeletal pain, low back pain, lumbar degenerative joint disease and chronic pain due to physical	F 600		

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F 600	Continued From page 14 disability. Interventions to eliminate and/or minimize pain included, "Anticipate and meet needs...Medications as ordered...Administer analgesia per order...Encourage to try different pain relieving methods i.e. positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation...Monitor/record/report to Nurse any s/sx (signs/symptoms) of non-verbal pain...Observe and report changes in usual routine, sleep patterns, decrease in functional abilities..." The plan of care documented the resident had depression and altered psychosocial well-being due to schizoaffective disorder. Interventions to prevent sad mood, depression and promote psychosocial well-being included, "Administer medications as ordered...Allow the resident time to answer questions and to verbalize feelings perceptions, and fears...Increase communication between resident/family/caregivers about care...Monitor/document resident's usual response to problems..." On 2/8/22 at 8:30 p.m., CNA #1 working on the West unit was interviewed. CNA #1 stated he worked the West unit on the evening of 2/7/22 until 11:00 p.m. CNA #1 stated the nurses on the unit left on 2/7/22 around 7:30 p.m. CNA #1 stated after 7:30 p.m. there was no nurse on the entire unit and he was the only CNA. CNA #1 stated he saw no nurses come to the unit and check on residents from 7:30 p.m. until 11:00 p.m. When asked if any residents needed a nurse during his shift, CNA #1 stated Resident #207 asked to see a nurse about her medications and Resident #257 asked to see a nurse "I think" about an earache. CNA #1 stated he told them a nurse would come as soon as possible because,	F 600		

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F 600	Continued From page 15 "I didn't want to say there was no nurse." On 2/9/22 at 3:00 p.m., the DON was interviewed again about medications/treatments not administered with no nurse working the West unit. The DON stated LPN #3 was aware when only two nurses were in the building that the nurses had to "split" the West unit. The DON stated she talked with unit manager LPN #2 and LPN #3 by telephone during the evening on 2/7/22. The DON stated LPN #2 was upset because she had to work the East medication cart and LPN #3 was upset because there were only two nurses for the night shift. The DON stated she told them everyone was frustrated and that they all had to work together as a team. The DON stated nobody called or reported to her that Resident #207 needed pain medications or about residents not getting medications/treatments on West. The DON stated she was aware there were only two nurses working the building after 11:00 p.m. but thought the nurses knew to "split" the West unit. On 2/10/22 at 2:40 p.m., CNA #2 was interviewed. CNA #2 stated the two nurses on the unit left on 2/7/22 at 7:00 p.m. CNA #2 stated there were no nurses on West unit when she left on 2/7/22 at 7:00 p.m. The clinical records for all residents on the West unit were reviewed by the survey team regarding missed medications and/or treatments on the evening of 2/7/22 and early morning of 2/8/22 when no nurse provided care and services on the unit. In addition to Resident #207, fifty-three other residents on the unit (#201, #203, #205, #208 through #228 and #230 through #258) missed scheduled medications and/or treatments	F 600		

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F 600	Continued From page 16 that included enteral tube feedings/flushes, blood sugar checks for diabetic management, tubing changes/site care related to enteral feedings/oxygen administration, and care for a urinary catheter. Medications that were not administered included a variety of prescriptions and over-the counter medicines for treatment of diagnoses that included hypertension, hyperlipidemia, glaucoma, muscle spasticity, constipation/bowel management, congestion, mood disorder, prostatic hyperplasia, depression, insomnia, pain, vitamin/nutrition deficiencies, neuropathy, seizures, arthritis, dementia, atrial fibrillation and diabetes. Physician ordered treatments not provided to the West unit residents on the evening of 2/7/22 and early morning of 2/8/22 included topical medications/creams for dry/chaffed skin, joint pain, skin tears/wounds and pressure ulcer prevention/care. Quality of care deficiencies were cited for the fifty-four West unit residents that were not provided medications/treatments on the evening of 2/7/22 and early morning of 2/8/22. Care related deficiencies were cited at F684, F686, F690, F692, F693, F695 and F697. The facility's policy titled Ancillary Nursing Care and Services (effective 11/01/19) documented, "Nursing personnel will provide basic nursing care and services following accepted standards of practice guidelines recognized by state boards of nursing as informed by national nursing organizations and as evidenced by hiring individuals who graduate from an approved nursing school and/or nurse aide curriculum and have successfully passed a licensing and/or certification examination.	F 600		

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F 600	Continued From page 17 The facility's abuse/neglect prevention policy titled Patient Protection (effective 1/23/20) documented, "There is a zero tolerance for mistreatment, abuse, neglect, misappropriation of property, or any crime against a patient...Patients of the Center have the legal right to be free from verbal, sexual, mental and physical abuse...All employees are responsible for immediately....reporting to the Administrator, or in their absence, the Director of Nursing, or their immediate supervisor any and all suspected or witnessed incidents of patient abuse, neglect, theft, exploitation and/or mistreatment..." These findings were reviewed with the administrator, director of nursing and corporate nursing consultant on 2/9/22 at 3:00 p.m.	F 600		
F 684 SS=E	Quality of Care 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 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 and clinical record review, the facility staff failed to follow physician orders for fifty-two of 58 residents in the survey sample. Residents #201, #202, #203, #205, #207 through #214, #216 through #221, #223 through #225, #227, #228	F 684	F684 Resident #201, 202, 203, 205, 207-214, 216-221. 223-225, 227, 228, 230-258 attending Physician and Resident Representative were notified of residents not receiving their ordered	3/23/22

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F 684	Continued From page 18 and #230 through #258 were not administered medications and treatments as ordered by the physician. The findings include: 1. During the initial tour of the facility on 2/8/22 at 11:35 a.m., Resident #205 stated he did not get his medications last evening (2/7/22). Resident #205 stated he took about seven medications each evening at bedtime with one of those medicines for high blood pressure. When asked why he did not get his medications, Resident #205 stated, "There wasn't no nurse here." Resident #205 stated "some nurse" did not show up last evening and medicines were not given out. Resident #205 stated he wanted to get his medicines on time and was concerned about getting his blood pressure medicine. Resident #205 was admitted to the facility on 1/15/20 with diagnoses that included cerebral infarction with hemiplegia, hypertension, dysarthria, cognitive communication deficit, hyperlipidemia, gastroesophageal reflux disease and glaucoma. The minimum data set (MDS) dated 11/10/21 assessed Resident #205 with moderately impaired cognitive skills. Resident #205's clinical record documented current physician orders that included the following medications: Atorvastatin calcium 80 mg (milligrams) at bedtime for treatment of hyperlipidemia Fenofibrate 160 mg at bedtime for hyperlipidemia Travoprost solution 0.004% eye drops, instill 1 drop in both eyes at bedtime for treatment of glaucoma	F 684	medications/treatments for the 12 hrs., the evening of 2/7/22 into the early morning of 2/8/22. No new orders received. Current residents in the center have the potential to be affected. Licensed will be educated by the Regional Director of Clinical Services/designee on the center□s policy on administration and documentation of medications/treatments provided to the resident. The education will include ensuring residents receive their scheduled medications and treatments as per MD orders. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will interview 5 alert and oriented residents weekly to ensure the residents are receiving their medications as per MD orders. The EMAR/ETAR will be reviewed 5x weekly to ensure medications have been given and documented as given on the EMAR/ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency	

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F 684	Continued From page 19 Dantrolene sodium 25 mg two times per day for spasticity Docusate sodium 100 mg two times per day for constipation Baclofen 10 mg three times per day for spasms Hydralazine 75 mg three times per day for hypertension Resident #205's medication administration record (MAR) documented the above medications were not administered on the evening of 2/7/22 at 9:00 p.m. as scheduled. 2. Resident #201 was admitted to the facility on 6/28/19 with a readmission on 1/12/21. Diagnoses for Resident #201 included Alzheimer's, pneumonitis, dysphagia, hypertension, mood (affective) disorder, prostatic hyperplasia, atherosclerotic heart disease, anxiety, depression and atrial fibrillation. The MDS dated 1/19/22 assessed Resident #201 with severely impaired cognitive skills. Resident #201's clinical record documented current physician orders that included the following medications: Guaifenesin extended release 600 mg every 12 hours for congestion for 10 days Seroquel 75 mg at bedtime for mood disorder Tamsulosin 0.4 mg at bedtime for prostatic hyperplasia Trazadone 50 mg at bedtime for depression Memantine 10 mg two times per day for Alzheimer's Melatonin 10 mg at each bedtime for insomnia Tylenol 325 mg four times per day for pain Aspirin 81 mg each morning Cholecalciferol 1000 units 2 tablets each day for	F 684	preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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F 684	Continued From page 20 supplement	F 684		

Resident #201's MAR documented these medications were not administered on 2/7/22 at 8:00 p.m. (guaifenesin), at 9:00 p.m. or on 2/8/22 at 6:00 a.m. (aspirin, cholecalciferol) as scheduled.

3. Resident #203 was admitted to the facility on 9/11/18 with diagnoses that included sacral pressure ulcer, morbid obesity, urinary tract infection, encephalopathy, atrial fibrillation, hypertension, anemia, anxiety, osteoarthritis and hypothyroidism. The MDS dated 1/24/22 assessed Resident #203 as cognitively intact.

Resident #203's clinical record documented current physician orders that included the following medications:

Atorvastatin 20 mg at bedtime for cholesterol
Gabapentin 300 mg at bedtime for pain
Buspirone 5 mg three times per day for depression
Tylenol 650 mg three time per day for pain

Resident #203's MAR documented the above medications were not administered on 2/7/22 at 9:00 p.m. as scheduled.

4. Resident #207 was admitted to the facility on 6/13/20 with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated 12/20/21 assessed Resident #207 as cognitively intact.

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F 684	Continued From page 21 Resident #207's clinical record documented current physician orders that included the following medications and treatments: Doxepin 150 mg at bedtime for depression Gabapentin 900 mg three times per day for neuropathy Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Aquaphor diaper rash cream 15% to bilateral inner thighs topically each day and evening shift for chaffing Resident #207's MAR documented these medications were not administered on the evening of 2/7/22 and the early morning of 2/8/22. The gabapentin was scheduled to be administered on 2/7/22 at 9:00 p.m., methadone, morphine sulfate and doxepin were scheduled for 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was scheduled for 2/8/22 at 6:00 a.m. On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and "a psych med" and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. 5. Resident #211 was admitted to the facility on 2/2/18 with a readmission on 5/9/21. Diagnoses for Resident #211 included atrial fibrillation,	F 684		

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F 684	Continued From page 22 hemiplegia, diabetes, chronic pain, bipolar disorder, hyperkalemia, hyperlipidemia, dysphagia, asthma, mood disorder, hypertension, morbid obesity and osteoarthritis. The MDS dated 11/10/21 assessed Resident #21 with moderately impaired cognitive skills. Resident #211's clinical record documented current physician orders that included the following: Atorvastatin 10 mg at each bedtime for hyperlipidemia Ergocalciferol 1.25 mg every Monday and Thursday for vitamin deficiency Senexon-S 8.6-50 mg at bedtime for bowel regulation Thera-M multivitamin each day for wound healing Potassium Chloride extended release 20 meq (milliequivalents) two times per day for hypokalemia Buspirone 10 mg three times per day for anxiety Morphine sulfate ER 15 mg three times per day for pain Artificial tears 1% one drop in both eye four times per day for dry eyes Gabapentin 600 mg four times per day for neuropathy Eucerin cream apply to both legs every day and evening shift for dry skin Voltaren gel 1% cream apply 4 grams transdermal every shift for leg pain Resident #211's clinical record documented the above medications/treatments were not administered on the evening of 2/7/22. These medications were scheduled to be administered at 9:00 p.m. except for the buspirone and morphine sulfate that were scheduled for 8:00	F 684		

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F 684	Continued From page 23 p.m. 6. Resident #212 was admitted to the facility on 1/6/21 with readmission on 4/2/21. Diagnoses for Resident #212 included hypertension, peripheral vascular disease, chronic kidney disease, hyperlipidemia, benign prostatic hyperplasia, dementia, anxiety, depression and insomnia. The MDS dated 1/5/22 assessed Resident #212 with moderately impaired cognitive skills. Resident #212's clinical record documented current physician orders that included the following: Atorvastatin 80 mg at each bedtime for hyperlipidemia Doxazosin Mesylate 4 mg at each bedtime for benign prostatic hyperplasia Risperidone 0.75 mg at each bedtime for agitation/sleep Trazadone 100 mg at each bedtime for insomnia Hydrocodone-acetaminophen 10-325 mg four times per day for chronic back pain Triple antibiotic plus ointment 1% apply to top of right ear topically each day and evening shift for wound care Resident #212's MAR documented the above medications and the antibiotic ointment were not administered on the evening of 2/7/22. These medications were scheduled for administration on 2/7/22 at 9:00 p.m. with exception of risperidone and hydrocodone-acetaminophen that were scheduled for 8:00 p.m. 7. Resident #213 was admitted to the facility on 11/1/17 with diagnoses that included cerebral infarction with hemiplegia, polyosteoarthritis, atrial	F 684		

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F 684	Continued From page 24 fibrillation, dysphagia, cardiomyopathy, heart failure, hypertension and gastroesophageal reflux disease. The MDS dated 11/10/21 assessed Resident #213 with moderately impaired cognitive skills. Resident #213's clinical record documented physician orders that included the following medications: Atorvastatin 20 mg at each bedtime for hyperlipidemia Hydrocodone-acetaminophen 5-325 mg three times per day for polyosteoarthritis Resident #213's MAR documented the atorvastatin and hydrocodone-acetaminophen were not administer on 2/7/22 at 8:00 p.m. as scheduled. 8. Resident #218 was admitted to the facility on 1/29/19 with diagnoses that included anemia, atrial fibrillation, hypertension, seizures, hip fracture, osteoporosis, dementia, anxiety, depression and gastroesophageal reflux disease (GERD). The MDS dated 10/27/21 assessed Resident #218 with severely impaired cognitive skills. Resident #218's clinical record documented current physician orders that included the following medications: Famotidine 20 mg at bedtime for GERD Mirtazapine 15 mg at bedtime for depression Levetiracetam (Keppra) solution 100 mg/ml (milliliter) give 5 ml two times per day for seizures Tramadol 50 mg three times per day for pain	F 684		

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F 684	Continued From page 25 Resident #218's MAR documented the above medications were not administered on 2/7/22 at 9:00 as scheduled. 9. Resident #219 was admitted to the facility on 11/4/20 with diagnoses that included cerebrovascular accident (stroke), atrial fibrillation, hypertension, depression, heart failure, dysphagia, dysarthria and tachycardia. The MDS dated 10/22/21 assessed Resident #219 as cognitively intact. Resident #219's clinical record documented current physician orders that included the following: Atorvastatin 80 mg at each bedtime for hypertension Peridex solution give 15 ml by mouth after meals and at bedtime for dental hygiene Resident #219's MAR documented the atorvastatin and Peridex solution were not administered on the evening of 2/7/22 at 9:00 p.m. as scheduled. 10. Resident #220 was admitted to the facility on 8/16/19 with diagnoses that included dementia, COPD (chronic obstructive pulmonary disease), depression, heart failure, coronary artery disease, hypertension, diabetes, renal insufficiency and hyperlipidemia. The MDS dated 12/10/21 assessed Resident #220 with moderately impaired cognitive skills. Resident #220's clinical record documented current physician orders that included the following medications:	F 684		

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Aripiprazole 10 mg at bedtime for depression
Atorvastatin 40 mg at bedtime for hyperlipidemia
Lexapro 10 mg at bedtime for depression
Mirtazapine 15 mg at bedtime for depression
Aspercreme lidocaine patch 4% to right should topically every 12 hours for arthritis pain
Simethicone capsule 125 mg before meals and at bedtime for abdominal discomfort/bloating

Resident #220's MAR documented the above medications were not administered on 2/7/22 at 9:00 p.m. as scheduled.

11. Resident #221 was admitted to the facility on 1/12/21 with diagnoses that included cerebrovascular accident (stroke), anemia, hypertension, chronic kidney disease, hyponatremia, hypokalemia, aphasia and depression. The MDS dated 11/3/21 assessed Resident #221 with short and long-term memory problems and moderately impaired cognitive skills.

Resident #221's clinical record documented current physician orders that included the following:

Tylenol 650 mg three times per day for generalized pain
Med Plus 2.0 supplement with instructions to give 120 ml three times per day for history of weight loss.

Resident #221's MAR documented the Tylenol and Med Plus supplement were not administered on 2/7/21 at 9:00 p.m. as scheduled.

12. Resident #223 was admitted to the facility on 8/3/21 with diagnoses that included anemia,

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F 684	Continued From page 27 hypertension, renal insufficiency, urinary tract infection, dementia, depression, urine retention, glaucoma, cognitive communication deficit and history of Covid-19. The MDS dated 12/28/21 assessed Resident #223 with severely impaired cognitive skills. Resident #223's clinical record documented current physician orders that included the following medications: Latanoprost solution 0.005% instill one drop in both eyes at bedtime for glaucoma Rhopressa solution instill one drop in both eyes at bedtime for glaucoma Voltaren gel 1% apply 2 grams transdermal every day and evening shift for pain, apply to bilateral knees and shoulders Resident #223's MAR documented these medications were not administered on the evening of 2/7/22. The eye drops were scheduled to be administered at 9:00 p.m. and the Voltaren gel during the evening shift. 13. Resident #224 was admitted to the facility on 8/19/19 with diagnoses that included coronary artery disease, anemia, congestive heart failure, diabetes, hyperlipidemia, dementia, left arm fracture, dysphagia and gastroesophageal reflux disease. The MDS dated 11/10/21 assessed Resident #224 with short and long-term memory loss and severely impaired cognitive skills. Resident #224's clinical record documented current physician orders that included the following: Melatonin 5 mg at bedtime for supplement	F 684		

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F 684	Continued From page 28 Med Plus 1.7 NSA give 120 ml three times per day for supplement Biofreeze gel 4% apply to right knee topically every day and evening shift for pain Resident #224's MAR documented these supplements and the Biofreeze were not administered on 2/7/22 at 9:00 p.m. as scheduled. 14. Resident #225 was admitted to the facility on 12/4/19 with a readmission on 2/3/22. Diagnoses for Resident #25 included cerebrovascular accident (stroke), atrial fibrillation, hypertension, GERD, diabetes, neurogenic bladder, depression, dysphagia, obesity and hyperlipidemia. The MDS dated 10/29/21 assessed Resident #225 with moderately impaired cognitive skills. Resident #225's clinical record documented current physician orders that included the following: Atorvastatin 80 mg at bedtime for cholesterol Accuchecks (blood sugar check) before meals and at bedtime for diabetes; notify physician if blood sugar is below 60 or above 400 Resident #225's MAR documented the atorvastatin and the blood sugar check were not administered/obtained on 2/7/22 at 9:00 p.m. as scheduled. 15. Resident #227 was admitted to the facility on 7/14/21 with diagnoses that included diabetes, renal cell carcinoma, anemia, glaucoma, hypertension, hyperlipidemia, Alzheimer's, hip fracture and depression. The MDS dated 1/8/22 assessed Resident #227 with severely impaired	F 684		

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F 684	Continued From page 29 cognitive skills. Resident #227's clinical record documented current physician orders that included the following: Aricept 10 mg at bedtime for dementia Latanoprost solution 0.005% instill one drop in both eyes at bedtime for glaucoma Pravastatin 20 mg at bedtime for hyperlipidemia Timolol Maleate solution 0.5% instill one drop in both eyes two times per day for glaucoma Med Plus 1.7 NSA 120 ml three times per day for weight maintenance Resident #227's MAR documented these medications and supplement were not administered on 2/7/22 at 9:00 p.m. as scheduled. 16. Resident #228 was admitted to the facility on 5/21/21 with diagnoses that included cerebrovascular accident (stroke) with hemiplegia, seizure disorder, coronary artery disease, anemia, peripheral vascular disease, hypertension, renal insufficiency and aphasia. The MDS dated 12/6/21 assessed Resident #228 with moderately impaired cognitive skills. Resident #228's clinical record documented current physician orders that included the following: Eucerin eczema relief cream 1% apply to skin topically every shift for dry skin Resident #228's MAR documented the Eucerin cream was not applied on the evening shift of 2/7/22 or the night shift (11:00 p.m. to 7:00 a.m.)	F 684		

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F 684	Continued From page 30 on 2/8/22. 17. Resident #230 was admitted to the facility on 8/19/21 with diagnoses that included colon cancer, anemia, hypertension, renal insufficiency, pneumonia, Parkinson's disease, protein-calorie malnutrition, depression, psychosis and schizophrenia. The MDS dated 11/11/21 assessed Resident #230 with moderately impaired cognitive skills. Resident #230's clinical record documented current physician orders that included the following medications: Atorvastatin 40 mg at bedtime for cholesterol Senna 8.6 mg two tablets at bedtime for constipation Resident #230's MAR documented these medications were not administered on 2/7/22 at 9:00 p.m. as scheduled. 18. Resident #231 was admitted to the facility on 4/11/18 with diagnoses that included dementia, depression, arthritis, GERD and vitamin D deficiency. The MDS dated 1/9/22 assessed Resident #231 with severely impaired cognitive skills. Resident #231's clinical record documented current physician orders that included the following: Celexa 20 mg at bedtime for depression Mirtazapine 7.5 mg at bedtime for depression Tylenol 8 hours arthritis extended release one tablet three times per day for arthritis pain	F 684		

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F 684	Continued From page 31 Resident #231's MAR documented these medications were not administered on 2/7/2 at 9:00 p.m. as scheduled. 19. Resident #232 was admitted to the facility on 12/6/18 with diagnoses that included hypertension, history of stroke, GERD, diabetes, hyperlipidemia, hyponatremia and dementia. The MDS dated 11/3/21 assessed Resident #232 with moderately impaired cognitive skills. Resident #232's clinical record documented current physician orders that included the following medications: Aricept 5 mg at bedtime for dementia Omeprazole delayed release 20 mg at bedtime for GERD Simvastatin 20 mg at bedtime for hyperlipidemia Aggrenox extended release 25-200 mg (aspirin-dipyridamole ER) two times per day for history of stroke Gabapentin 600 mg two times per day for pain Sennosides 8.6 mg two tablets twice per day for constipation Artificial tears 1-0.3% instill 2 drops in both eyes four times per day for dry eyes Resident #232's MAR documented these medications were not administered on 2/7/22 at 9:00 p.m. as scheduled. 20. Resident #233 was admitted to the facility on 2/4/21 with diagnoses that included hypertension, diabetes, hyperlipidemia, intellectual disabilities and asthma. The MDS dated 11/5/21 assessed Resident #233 with moderately impaired cognitive skills.	F 684		

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F 684	Continued From page 32 Resident #233's clinical record documented a current physician orders that included the following medications: Colace 100 mg every morning and at bedtime as a stool softener Tylenol 650 mg three times per day for right knee pain. Resident #233's MAR documented the Colace and Tylenol were not administered on 2/7/22 at 9:00 p.m. as scheduled. 21. Resident #234 was admitted to the facility on 4/29/21 with diagnoses that included hypertension, diabetes, hyperlipidemia, Alzheimer's, depression and mood (affective) disorder. The MDS dated 11/15/21 assessed Resident #234 with severely impaired cognitive skills. Resident #234's clinical record documented current physician orders that included the following: Amlodipine besylate 5 mg at bedtime for hypertension Docusate sodium 100 mg at bedtime for constipation Donepezil 10 mg at bedtime for dementia Quetiapine Fumarate 100 mg at bedtime for mood Vanlafaxine ER 150 mg at bedtime for depression Med Plus 2.0 supplement 120 ml three times per day for history of weight loss Resident #234's MAR documented these medications and supplement were not administered on 2/7/22 at 9:00 p.m. as	F 684		

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F 684	Continued From page 33 scheduled. 22. Resident #235 was admitted to the facility on 12/31/21 with diagnoses that included morbid obesity, chronic pain, GERD, restless leg syndrome, atrial fibrillation, depression and borderline personality disorder. The MDS dated 12/6/21 assessed Resident #235 as cognitively intact. Resident #235's clinical record documented a current physician's order for vitamin C 500 mg every morning and at bedtime for supplement. Resident#235's MAR documented the vitamin C was not administered on 2/7/22 at 9:00 p.m. as scheduled. 23. Resident #236 was admitted to the facility on 5/14/21 with diagnoses that included atrial fibrillation, adult failure-to-thrive, morbid obesity, epilepsy, sleep apnea, hypothyroidism, hypercholesterolemia, diverticulosis, major depressive disorder and dysphagia. The MDS dated 12/7/21 assessed Resident #236 as cognitively intact. Resident #236's clinical record documented current physician orders that included the following: Aripiprazole 10 mg at bedtime for major depressive disorder Ergocalciferol 1.25 mg once per week on Monday for vitamin D deficiency Reglan 5 mg three times per day for nausea with tube feeds Sucralfate suspension 1 gram/10 ml give 10 ml four times per day for diverticulosis	F 684		

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F 684	Continued From page 34 Resident #236's MAR documented these medications were not administered on 2/7/22 at 9:00 p.m. as scheduled. 24. Resident #237 was admitted to the facility on 12/29/21 with diagnoses that included cerebral infarction, congestive heart failure, COPD (chronic obstructive pulmonary disease), diabetes, GERD, atrial fibrillation, Alzheimer's, chronic kidney disease, lung cancer, hypertension and peripheral vascular disease. The MDS dated 1/13/22 assessed Resident #237 with severely impaired cognitive skills. Resident #237's clinical record documented current physician orders that included the following: Daily weight each day for congestive heart failure Donepezil 5 mg at bedtime for dementia Famotidine 20 mg at bedtime for GERD Lipitor 80 mg at bedtime for hyperlipidemia, Eliquis 5 mg every morning and at bedtime for atrial fibrillation Accuchecks (blood sugar check) before meals and at bedtime; notify physician for blood sugars below 60 and above 400 Resident #237's MAR documented these medications and the accucheck were not administered on the evening of 2/7/22. The weight and an accucheck were not done on the morning of 2/8/22. These medications and the bedtime accucheck were scheduled for 9:00 p.m. each evening. The daily weight and morning accucheck were scheduled for 6:00 a.m. each day.	F 684		

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F 684	Continued From page 35 25. Resident #238 was admitted to the facility on 4/8/19 with diagnoses that included aphasia, subarachnoid hemorrhage with hemiplegia, glaucoma, convulsions, hyperlipidemia and GERD. The MDS dated 12/10/21 assessed Resident #238 with moderately impaired cognitive skills. Resident #238's clinical record documented current physician orders that included the following medications: Atorvastatin 10 mg at bedtime for hyperlipidemia Latanoprost solution 0.005% instill one drop in both eyes at bedtime for glaucoma Keppra 500 mg two tablets twice per day for seizures Baclofen 10 mg give 0.5 tablets three times per day for muscle relaxant Baclofen 10 mg give 1.5 tablets three times per day for muscle relaxant Resident #238's MAR documented these medications were not administered on 2/7/22 at 9:00 p.m. as scheduled. 26. Resident #202 was admitted to the facility on 2/1/20 with diagnoses that included endometrial cancer, COPD, vascular dementia, congestive heart failure, morbid obesity, hypertension, depression, osteoporosis and history of Covid-19. The MDS dated 12/29/21 assessed Resident #202 with moderately impaired cognitive skills Resident #202's clinical record documented a current physician's order dated 5/10/21 for hydrocodone-acetaminophen 5-325 mg three times per day for pain.	F 684		

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F 684	Continued From page 36 Resident #202's MAR documented this medication was not administered on 2/7/22 at 8:00 a.m. Review of Resident #202's narcotic count sheet for the hydrocodone-acetaminophen documented no dose was removed from the cart for the 8:00 a.m. dose on 2/7/22. Resident #202's count sheet for hydrocodone-acetaminophen matched the amount left on the pharmacy supply card. On 2/7/22 at 3:20 p.m., LPN #6 caring for Resident #202 was interviewed about the hydrocodone-acetaminophen not administered. LPN #6 reviewed the resident's MAR and hydrocodone-acetaminophen supply and stated the 8:00 a.m. dose on 2/7/22 was not signed out or administered. LPN #6 stated she did not know why the medication was not given as ordered. 27. Resident #208 was admitted to the facility on 10/02/2021 with the following diagnoses, including but not limited to: dysphagia, hemiplegia, acute kidney failure, depression, and hypertension. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 12/20/2021, assessed Resident #208 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #208's clinical record included the following physician orders: Atorvastatin Calcium Tablets 40 mg (milligrams) Give one tablet via PEG-Tube at bedtime for hyperlipidemia Latanoprost Solution 0.005% Instill 1 drop in both eyes at bedtime for glaucoma Quetiapine Fumarate Tablet 50 mg Give 1 tablet	F 684		

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via PEG-tube two times a day for depression
Buspirone HCL Tablet 5 mg Give 1 tablet via PEG-tube three times a day for anxiety

Review of Resident #208's February MAR (medication administration record) documented the above medications were not given as ordered at 8:00 p.m. and 9:00 p.m. on 02/07/2022.

28. Resident #209 was admitted to the facility on 10/30/2020 with the following diagnoses, including but not limited to: cerebral infarct, hemiplegia, aphasia, and hypertension. A quarterly MDS with an ARD of 12/23/2021, assessed Resident #209 as having problems with both long and short term memory and severely impaired with daily decision making skills.

Resident #209's clinical record included the following physician orders:

Simethicone Tablet give 125 mg via PEG-tube three times a day for gas/bloating
Aspirin Tablet chewable 81 mg via PEG-tube one time a day for prophylaxis
Lactulose Solution 10 gm/15 ml Give 30 ml via PEG-tube one time a day for constipation.
Paroxetine HCL tablet 20 mg Give 1 tablet via PEG-tube one time a day for depression
Metoprolol Tartrate Tablet 25 mg Vie 0.5 tablet via PEG-tube two times a day for hypertension
Senexon-S Tablet 8.6-50 mg...Give 2 tablets via PEG-tube two times a day for constipation

Review of Resident #209's February MAR documented Simethicone was not given as ordered at 8:00 p.m. on 02/07/2022. All the other medications were scheduled for administration at 6:00 a.m. on 02/08/2022 and were not given as

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F 684	Continued From page 38 ordered. 29. Resident #210 was admitted to the facility on 06/01/2019 with the following diagnoses, including but not limited to: cerebral infarct, Alzheimer's, adult failure to thrive, and dysphagia. A quarterly MDS with an ARD of 11/29/2021, assessed Resident #210 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #210's clinical record included the following physician orders: Amlodipine Besylate Tablet 10 mg Give 1 tablet via PEG-tube in the morning for high blood pressure Aspirin EC Tablet Delayed release 81 mg Give 1 tablet by mouth one time a day for stroke prevention Carvedilol tablet 6.25 mg Give 1 tablet via PEG-tube two times a day for high blood pressure Lisinopril Tablet 30 mg Give 1 tablet via PEG-tube two times a day for high blood pressure Review of Resident #210's February MAR documented the above medications were not given as ordered at 6:00 a.m. on 02/08/2022. 30. Resident #214 was admitted to the facility on 10/06/2021 with the following diagnoses, including but not limited to: morbid obesity, hypothyroidism, and hypertension. A quarterly MDS with an ARD of 01/20/2022, assessed Resident #214 as cognitively intact with as summary score of "15". Resident #214's clinical record included the	F 684		

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following physician orders:

Atorvastatin Calcium Tablets 20 mg Give one tablet by mouth at bedtime for hyperlipidemia
Levothyroxine Sodium Tablet 75 mcg (micrograms) Give 75 mcgs by mouth one time a day for THYROIDISM

Review of Resident #214's February MAR documented the Atorvastatin scheduled for 9:00 p.m. on 02/07/2022 and the Levothyroxine scheduled for 6:00 a.m. on 02/08/2022 were not administered as ordered.

31. Resident #216 was admitted to the facility on 01/23/2020 with the following diagnoses, including but not limited to: hemiplegia, peripheral vascular disease, diabetes mellitus, and protein/calorie malnutrition. An annual MDS with an ARD of 11/10/2021, assessed Resident #216 as cognitively intact with a summary score of "14".

Resident #216's clinical record included the following physician orders:

Atorvastatin Calcium Tablets 40 mg Give one tablet by mouth at bedtime for hyperlipidemia
Colace 100 mg Give 100 mg by mouth two times a day for constipation
Coreg tablet 6.25 mg Give 6.25 mg by mouth two times a day for hypertension

Review of Resident #216's February MAR documented the above medications were not given as ordered at 9:00 p.m. on 02/07/2022.

32. Resident #217 was admitted to the facility on 02/29/2018 with the following diagnoses,

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including but not limited to: Atrial fibrillation, urine retention, hypertension, and diabetes mellitus. A quarterly MDS with an ARD of 12/23/2021, assessed Resident #217 as moderately impaired in his cognitive status with a summary score of "11".

Resident #217's clinical record included the following physician orders:

Aricept Tablet 10 mg Give 1 tablet by mouth at bedtime for dementia
Insulin Detemir Solution 100 units/ml Inject 35 units subcutaneously at bedtime for diabetes
Tamsulin HCL Capsule 0.4 mg Give 1 capsule by mouth at bedtime for BPH (benign prostate hypertrophy)
Accuchecks before each meal before meals for diabetes notify md if bs (blood sugar) below 60 or above 400

Review of Resident #217's February MAR documented the above medications were not given as ordered at 9:00 p.m. on 02/07/2022, nor was the Accucheck completed at 6:00 a.m., on 02/08/2022.

33. Resident #239, was admitted to the facility on 11/22/2021 with diagnoses including but not limited to: Hemiplegia and hemiparesis, diabetes mellitus, hypertension, vascular dementia, and focal/partial symptomatic epilepsy and epileptic syndromes with complex partial seizures. A quarterly MDS with an ARD of 12/21/2021, assessed Resident #239 as severely impaired in his cognitive status with a summary score of "07".

Resident #239's clinical record included the following physician orders:

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F 684	Continued From page 41 Aricept Tablet 5 mg Give 1 tablet by mouth at bedtime for dementia Atorvastatin Calcium Tablet 80 mg Give 1 tablet by mouth at bedtime for hyperlipdemia (sic) Mitazapime Tablet 30 mg Give 30 mg by mouth at bedtime for ANTIDEPRESSANT Med Plus 2.0 three times per day for supplementation of PO (by mouth) diet give 120 mls (milliliters) Accuchecks AC (before meals) and HS (hour of sleep) before meals and at bedtime notify MD if bs below 60 or above 400. Review of Resident #239's February MAR documented the above medications, supplement and Accucheck were not done as ordered at 9:00 p.m. on 02/07/2022. The Accucheck as also not done on 02/08/2022 at 6:00 a.m. as ordered. 34. Resident #240 was admitted to the facility on 09/30/2020 with the following diagnoses, including but not limited to: dementia, bipolar disorder, hypothyroidism, chronic pain disorder, and chronic kidney disease. A quarterly MDS with an ARD of 11/02/2021, assessed Resident #240 as severely impaired in her cognitive status with a summary score of "07". Resident #240's clinical record included the following physician orders: Mitarzapine Tablet Disintegrating 45 mg Give 1 tablet by mouth at bedtime for depression Ramelteon Tablet 8 mg Give 1 tablet by mouth at bedtime for sleep aid Med Plus 2.0 three times a day for weight loss give 120 ml Tramadol HCL Tablet 50 mg Give 1 tablet by	F 684		

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F 684	Continued From page 42 mouth four times a day for pain Review of Resident #240's February MAR documented Mitarzapine and Ramelteon were not given as ordered at 9:00 p.m. on 02/07/2022. The med plus was not given as ordered at 8:00 p.m. on 02/07/2022. The Tramadol was scheduled for midnight and 6:00 a.m. on 02/08/2022, neither dose was administered as ordered. 35. Resident #241 was admitted to the facility on 05/23/2017 with the following diagnoses, including but not limited to: aphasia, hypertension, anxiety, depressive disorder, convulsions and dementia. A quarterly MDS with an ARD of 01/23/2022 assessed Resident #241 as having problems with both long and short term memory as well as being severely impaired with daily decision making skills Resident #241's clinical record included the following physician orders: Atorvastatin Calcium Tablets 20 mg Give one tablet by mouth at bedtime for hyperlipidemia Donepezil HCL Tablet 10 mg Give 1 tablet by mouth at bedtime related to DEMENTIA... Levetiracertam Tablet 750 mg Give 1 tablet by mouth two times a day for UNSPECIFIED CONVULSIONS Hydralazine HCL Tablet 10 mg Give 1 tablet by mouth three times a day for hypertension Tylenol Tablet 325 mg...Give 2 tablets by mouth three times a day for back pain Review of Resident #241's February MAR documented the above medications were not given as ordered at 9:00 p.m. on 02/07/2022.	F 684		

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F 684	Continued From page 43 36. Resident #242 was admitted to the facility on 05/23/2017 with the following diagnoses, including but not limited to: Parkinson's, schizoeffective disorder, chronic kidney disease, and adult failure to thrive. A quarterly MDS with an ARD of 01/06/2022 assessed Resident #242 as moderately impaired with a cognitive summary score of "10". Resident #242's clinical record included the following physician orders: Amitriptyline HCL Tablet 50 mg Give 1 tablet by moth at bedtime for depression Benztropine Mesylate Tablet 1 mg Give 1 tablet by mouth at bedtime for Parkinson's disease Melatonin Give 3 mg by mouth at bedtime for insomnia Mitarzapine 30 mg Give 1 tablet by mouth at bedtime for depression Perphenazine Tablet 4 mg Give 1.5 tablet by mouth at bedtime for schizoeffective disorder Glycopyrrolate Tablet 1 mg Give 0.5 tablet by mouth three times a day to decrease salivation Carbidopa-Levodopa Tablet 25-100 mg Give 1.5 tablet by mouth four times a day for Parkinson disease Review of Resident #242's February MAR documented the above medications were not given as ordered at 9:00 p.m. on 02/07/2022. 37. Resident #243 was admitted to the facility on 09/09/2011 with the following diagnoses, including but not limited to: hypertension, heart disease, epilepsy, schizoeffective disorder, psychosis, and depressive disorder. An annual MDS with an ARD of 12/29/2021 assessed	F 684		

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F 684	Continued From page 44 Resident #243 as severely impaired with a cognitive summary score of "07". Resident #243's clinical record included the following physician orders: Atorvastatin Calcium Tablets 20 mg Give one tablet by mouth at bedtime for arterosclerotic heart disease Depakote Tablet Delayed Release 125 mg Give 3 tablets by mouth two times a day for behavior Risperdal Tablet 1 mg Give 1 tablet by mouth two time a day for mood disorder Vitamin B-1 100 mg Give 1 tablet orally tow times a day for supplement Review of Resident #243's February MAR documented the above medications were not given as ordered at 8:00 p.m. on 02/07/2022. 38. Resident #244 was admitted to the facility on 03/06/2020 with the following diagnoses, including but not limited to: Dysphagia, acute respiratory failure, heart failure, vascular dementia, and hemiplegia. An annual MDS with an ARD of 01/08/2022 assessed Resident #244 as severely impaired with a cognitive summary score of "05". Resident #244's clinical record included the following physician orders: Ascorbic Acid 1000 mg Give 1 tablet by mouth at bedtime for supplement Atorvastatin Calcium Tablets 40 mg Give one tablet by mouth at bedtime for hyperlipidemia Chlolecalciferol Tablet 1000 unit Give 1 tablet by mouth at bedtime for supplement Gabapentin Capsule 100 mg Give 1 capsule by	F 684		

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mouth three times a day for pain
Med Plus 2.0 three times a day for for nutrition give 120 mls
Refresh Plus Solution 0.05% Instill 1 drop in both eyes three times a day for meibomiaanitis for 90 days

Review of Resident #244's February MAR documented the above medications and supplement were not given as ordered at 8:00 p.m. and 9:00 p.m. on 02/07/2022.

39. Resident #245 was admitted to the facility on 05/03/2021 with the following diagnoses, including but not limited to: hypertension, dementia, major depressive disorder, and cerebrovascular disease. A quarterly MDS with an ARD of 01/19/2022 assessed Resident #245 as having problems with both long and short term memory as well as being moderately impaired with daily decision making skills

Resident #245's clinical record included the following physician orders:

Olopatadine HCL Solution 1% Instill 1 drop in both eyes every 12 hours for irritation
Acetaminophen Give 650 mg by mouth three times a day for osteoarthritis
Systane Balance Solution Instill 1 drop in both eyes three times a day for dry eyes

Review of Resident #245's February MAR documented the above medications were not given as ordered at 8:00 p.m. and 9:00 p.m. on 02/07/2022.

40. Resident #246 was admitted to the facility on 09/01/2021 with the following diagnoses,

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including but not limited to: Breast cancer, hypertension, major depressive disorder, and dysphagia. A quarterly MDS with an ARD of 12/30/2021 assessed Resident #246 as moderately impaired with a cognitive summary score of "09".

Resident #246's clinical record included the following physician orders:

Escitalopram Oxlate Tablet 7.5 mg by mouth at bedtime for depression
Buspirone HCL Tablet 5 mg Give 1 tablet by mouth two times a day for anxiety
Calcium Tablet 600 mg Give 1 tablet by mouth two times a day for supplement
Tylenol 325 mg Give 325 mg by mouth three times a day for pain...

Review of Resident #246's February MAR documented the above medications were not given as ordered at 8:00 p.m. on 02/07/2022.

41. Resident #247 was admitted to the facility on 06/15/2021 with the following diagnoses, including but not limited to: Peripheral vascular disease, hypertension, hypothyroidism, and dysphagia. An annual MDS with an ARD of 11/18/2021 assessed Resident #247 as moderately impaired with a cognitive summary score of "10".

Resident #247's clinical record included the following physician orders:

Levothyroxine Sodium Tablet 125 mcg Give 1 tablet via G-Tube one time a day for low thyroid hormone

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F 684	Continued From page 47 Review of Resident #247's February MAR documented the above medications was not given as ordered at 6:00 a.m. on 02/08/2022. 42. Resident #248 was admitted to the facility on 02/11/2020 with the following diagnoses, including but not limited to: Other mental disorders due to known physiological condition, dementia, delusional disorder, depressive disorder and dementia. A quarterly MDS with an ARD of 01/29/2022 assessed Resident #248 as having problems with both long and short term memory as well as being moderately impaired with daily decision making skills Resident #248's clinical record included the following physician orders: Depakote ER tablet Extended Release 24 hour 500 mg Give 1 tablet by mouth at bedtime for mood disorder Olanzapine Tablet 10 mg Give 1 tablet by mouth at bedtime related to UNSPECIFIED MOOD DISORDER Oxcarbazepine ER tablet Extended Release 24 hour 600 mg Give 1 tablet by mouth at bedtime for mood disorder Trazadone HCL Tablet 150 mg Give tablet by mouth at bedtime for insomnia Ziprasidone HCL Capsule 40 mg Give 40 mg by mouth at bedtime related to UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION Depakote Tablet Delayed Release 250 mg Give 1 tablet by mouth two times a day for mood disorder Lactulose Solution 10 Gm/15 Ml Give 30 ml by mouth three times a day for supplement Tylenol 325 mg Give 2 tablet by mouth four times	F 684		

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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
F 684	Continued From page 48 a day for PAIN MGT (management) Review of Resident #248's February MAR documented the above medications were not given as ordered at 9:00 p.m. and 10:00 p.m. on 02/07/2022. 43. Resident #249 was admitted to the facility on 02/11/2021 with the following diagnoses, including but not limited to: dementia, dysphagia, protein/calorie malnutrition, history of TIA (transient ischemic attacks) and adult failure to thrive. An annual MDS with an ARD of 12/15/2021 assessed Resident #249 as moderately impaired with a cognitive summary score of "08". Resident #249's clinical record included the following physician orders: Tamsulosin HCL Capsule 0.4 mg Give 1 capsule by mouth at bedtime for BPH Olopatadine HCL Solution 0.1% Instill 2 drop in both eyes every 12 hours for irritation notify HOV is symptoms worsen Med Plus 2.0 three times a day for protein calorie malnutrition and wound healing give 120 mls Midodrine HCL Tablet 5 mg Give 10 mg by mouth three times a day for hypotension Quetiapine Fumarate Tablet 50 mg Give 1 tablet by mouth three times a day for dementia Review of Resident #249's February MAR documented the above medications and supplement were not given as ordered at 8:00 p.m. and 9:00 p.m. on 02/07/2022. 44. Resident #250 was admitted to the facility on 02/18/2021 with the following diagnoses,	F 684		

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F 684	Continued From page 49 including but not limited to: emphysema, COPD (chronic obstructive pulmonary disease), hypertension, and anxiety. A quarterly MDS with an ARD of 11/11/2021 assessed Resident #250 as cognitively intact with as summary score of "14". Resident #250's clinical record included the following physician orders: Latanoprost Solution 0.005% Instill 1 drop in both eyes at bedtime for Glaucoma Pravastatitn Sodium Tablet 20 mg Give 1 tablet by mouth at bedtime for hyperlipidemia Atrovent HFA Aerosol Solution 17 mcg/ACT 1 puff inhale orally three times a day for COPD Review of Resident #250's February MAR documented the above medications were not given as ordered at 8:00 p.m., and 9:00 p.m. on 02/07/2022. 45. Resident #251 was admitted to the facility on 01/15/2019 with the following diagnoses, including but not limited to: dysphagia, Atrial flutter, glaucoma, hypertension, and metabolic encephalopathy. An annual MDS with an ARD of 01/19/2022 assessed Resident #251 as moderately impaired with a cognitive summary score of "08". Resident #251's clinical record included the following physician orders: Donepezil HCL Tablet 10 mg Give 1 tablet by mouth at bedtime for mood disorder Simvastatin Tablet 40 mg Give 1 tablet at bedtime for cholesterol control Accuchecks BID two times a day Notify MD for	F 684		

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F 684	Continued From page 50 BS below 60 and greater than 400 Review of Resident #251's February MAR documented the above medications were not given as ordered at 9:00 p.m. on 02/07/2022. The Accuchecks were also not completed at 9:00 p.m. on 02/07/2022 and 6:00 a.m. on 02/08/2022. 46. Resident #252 was admitted to the facility on 06/17/2021 with the following diagnoses, including but not limited to: autistic disorder, hypertension, Atrial fibrillation, obesity, and mild cognitive impairment. A quarterly MDS with an ARD of 01/14/2022 assessed Resident #252 as moderately impaired with a cognitive summary score of "08". Resident #252's clinical record included the following physician orders: Lantoprost Solution 0.005% Instill 1 drop in both eyes at bedtime for glaucoma Eliquis Tablet 5 mg 1 tablet by mouth two times a day for afib Review of Resident #252's February MAR documented the above medications were not given as ordered at 8:00 p.m. and 9:00 p.m. on 02/07/2022. 47. Resident #253 was admitted to the facility on 11/22/2021 with the following diagnoses, including but not limited to: hypertension, mood disorder, hemiplegia, insomnia, seizures, and cerebral infarction. A quarterly MDS with an ARD of 12/12/2021 assessed Resident #253 as severely impaired with a cognitive summary score of "06".	F 684		

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F 684	Continued From page 51 Resident #253's clinical record included the following physician orders: Levothyroxine Sodium Tablet 50 mcg Give 1 tablet by mouth one time a day for hypothyroidism Prednisone 2.5 mg Give 1 tablet by mouth at bedtime for inflammation Rosuvastatin Calcium Tablet 40 mg Give one tablet by mouth at bedtime for hyperlipidemia Topiramate Tablet 100 mg Give 2 tablet by mouth at bedtime for seizures Calcium Carbonate 600 mg Give 1 tablet by mouth two times a day for hypocalcemia Divalproex Sodium Capsule Delayed Release Sprinkle 125 mg Give 1 capsule by mouth every morning and at bedtime for seizures Risperdone Tablet 0.5 mg Give 1 tablet by mouth two times a day for Mood disorder Artificial Tear Solution Instill 1 drop in both eyes three times a day for dry eyes Review of Resident #253's February MAR documented the above medications were not given as ordered. The Levothyroxine was not given at 6:00 a.m. on 02/08/2022. The other medications were not given at 8:00 p.m. and 9:00 p.m. as scheduled on 02/07/2022. 48. Resident #254 was admitted to the facility on 06/28/2019 with the following diagnoses, including but not limited to: diabetes, hypertension, dysphagia, history of TIAs, and colon cancer. A quarterly MDS with an ARD of 11/11/2021 assessed Resident #254 as moderately impaired with a cognitive summary score of "09". Resident #254's clinical record included the following physician orders:	F 684		

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F 684	Continued From page 52 Latanoprost Solution 0.005% Instill 1 drop in both eyes at bedtime for glaucoma Ferrous Sulfate Tablet 325 (65 Fe) mg Give 1 tablet by mouth three times a day for iron deficiency anemia Review of Resident #254's February MAR documented the above medications were not given as ordered at 8:00 p.m. and 9:00 p.m. on 02/07/2022. 49. Resident #255 was admitted to the facility on 10/22/2020 with the following diagnoses, including but not limited to: rheumatoid arthritis, protein-calorie malnutrition, adult failure to thrive, osteoporosis, and hypertension. A quarterly MDS with an ARD of 11/10/2021 assessed Resident #255 as moderately impaired with a cognitive summary score of "08". Resident #255's clinical record included the following physician orders: Med Plus 2.0 three times a day for hx of protein-calorie malnutrition give 120 ml Review of Resident #255's February MAR documented the above supplement was not given as ordered at 8:00 p.m. on 02/07/2022. 50. Resident #256 was admitted to the facility on 06/23/2020 with the following diagnoses, including but not limited to: legal blindness, multiple sclerosis, and gastro-esophageal reflux disease. A significant change MDS with an ARD of 12/17/2021 assessed Resident #256 as cognitively intact with a summary score of "13".	F 684		

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F 684	Continued From page 53 Resident #256's clinical record included the following physician orders: Calcium-Vitamin D Tablet 600-400 mg-unit Give 1 tablet by mouth two times a day for supplement Baclofen 10 mg Give 1 tablet by mouth three times a day for muscle spasms Review of Resident #256's February MAR documented the above medications were not given as ordered at 9:00 p.m. on 02/07/2022. 51. Resident #257 was admitted to the facility on 02/21/2019 with the following diagnoses, including but not limited to: dysphagia, major depressive disorder, hydrocephalus, unspecified psychosis, and hypertension. An annual MDS with an ARD of 12/08/2021 assessed Resident #257 as moderately impaired with a cognitive summary score of "09". Resident #257's clinical record included the following physician orders: Gabapentin Capsule Give 300 mg by mouth three times a day for osteoarthritis Review of Resident #257's February MAR documented the above medication was not given as ordered at 9:00 p.m. on 02/07/2022. 52. Resident #258 was admitted to the facility on 01/05/2022 with the following diagnoses, including but not limited to: Diabetes, Atrial fibrillation, morbid obesity, myocardial infarction,epilepsy, and heart failure. A quarterly MDS with an ARD of 12/17/2021 assessed Resident #258 as cognitively intact with a summary score of "14".	F 684		

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F 684	Continued From page 54 Resident #258's clinical record included the following physician orders: Atorvastatin Calcium Tablets 80 mg Give one tablet by mouth at bedtime for hyperlipidemia Divalproex Sodium Tablet Delayed Release 125 mg Give 1 tablet by mouth at bedtime for epilepsy Gabapentin Capsule 300 mg Give 1 capsule by mouth three times a day for neuropathy Midodrine HCL Tablet 5 mg Give 1 tablet by mouth three times a day for hypotension Accuchecks AC and HS before meals and at bedtime for bs monitoring Review of Resident #258's February MAR documented the above medications and Accucheck were not given/completed as ordered at 9:00 p.m. on 02/07/2022. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit.	F 684		

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F 684	Continued From page 55 On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, "There was a miscommunication at shift change." The Lippincott Manual of Nursing Practice 11th edition documents on page 15 concerning common departures from the standards of nursing care, "Legal claims most commonly made against professional nurses include the following departures from appropriate care: failure to assess the patient properly or in a timely fashion, follow physician orders, follow appropriate nursing measures, communicate information about the patient, adhere to facility policy or procedure, document appropriate information in the medical record, administer medications as ordered, and follow physician ' s orders that should have been questioned ..." (1) All of the above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting on 02/10/2022 at approximately 12:15 p.m.	F 684		

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F 684	Continued From page 56 No further information was provided prior to the exit conference on 02/10/2022. (1) Nettina, Sandra M. Lippincott Manual of Nursing Practice. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2019.	F 684		
{F 686} SS=E	Treatment/Svcs to Prevent/Heal Pressure Ulcer 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, and clinical record review, the facility staff failed to implement interventions for the prevention of pressure ulcers for four of 58 residents. Resident #214, Resident #215, and Resident #216 did not have physician ordered skin prep applied to their heels; Resident #203 did not have barrier cream applied around her wound treatment, gluteal folds, and perineum as ordered by the physician. Findings were: 1. Resident #214 admitted to the facility on	{F 686}	F686 Resident #214, 215, and #216 are currently receiving skin prep to heels. Resident #203 is currently having barrier cream applied to ordered areas (gluteal folds and perineum). Current residents in the center with the potential for skin impairment have the potential to be affected. Licensed will be educated by the Regional Director of Clinical Services/designee on the center□s policy on administration and documentation of medications/treatments	3/23/22

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{F 686}	Continued From page 57 10/06/2021 with the following diagnoses including but not limited to: Morbid Obesity, Hypertension, and hypothyroidism. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 01/20/2022 assessed Resident #214 as cognitively intact with a summary score of "15". Under section "GO110 Activities of Daily Living", Resident #214 was assessed as "3/2"- needing "extensive assistance" with "One person physical assist" for bed mobility. Section "MO150 Risk of Pressure Ulcers/Injuries", the question, "Is this resident at risk of developing pressure ulcers/injuries?" was answered as "Yes". On 02/09/2022 at approximately 10:00 a.m., Resident #214's clinical record was reviewed. The current physician orders contained the following: "Skin prep to left heel every shift". The order was written on 10/10/2021. The care plan was reviewed and contained the following: "The resident is at risk for pressure ulcers related to advance age, chronic health conditions, fragile skin, immobility, inability to turn and reposition independently, incontinence." The February TAR (treatment administration record) was reviewed and documented that skin prep was not applied to the left heel as ordered by the physician during the night shift on 02/07/2022. 2. Resident #215 was admitted to the facility on 02/12/2021 with the following diagnoses, including but not limited to: Dementia, hypertension, paraplegia, and chronic peripheral venous insufficiency.	{F 686}	provided to the resident. The education will include ensuring residents receive their scheduled treatments as per MD orders. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will review the ETAR 5x weekly to ensure treatments have been completed as ordered and documented as completed on the ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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An annual MDS with an ARD of 12/01/2021, assessed Resident #215 as moderately impaired with a cognitive summary core of "10". Under section "GO110 Activities of Daily Living", Resident #214 was assessed as needing "extensive assistance" with "Two + (plus) persons physical assist" for bed mobility and transfers. Section "MO150 Risk of Pressure Ulcers/Injuries", the question, "Is this resident at risk of developing pressure ulcers/injuries?" was answered as "Yes".

On 02/09/2022 at approximately 10:15 a.m., Resident #215's clinical record was reviewed. The current physician orders contained the following: "Skin prep to bilateral heels every shift for prevention". The order was written on 03/15/2021.

The care plan was reviewed and contained the following: "The resident is at risk for pressure ulcers related to immobility", also "Potential for skin impairment". Interventions included but were not limited to: "Skin prep bilateral per MD order."

The February TAR (treatment administration record) was reviewed and documented that skin prep was not applied to Resident #215's bilateral heels as ordered by the physician during the night shift on 02/07/2022.

3. Resident #216 was admitted to the facility on 01/23/2020 with the following diagnoses, including but not limited to: Hemiplegia, peripheral vascular disease, diabetes mellitus and protein-calorie malnutrition.

An annual MDS with an ARD of 11/10/2021,

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assessed Resident #216 as cognitively intact with a summary core of "14". Under section "GO110 Activities of Daily Living", Resident #216 was assessed as needing "extensive assistance" with "Two + persons physical assist" for bed mobility and "Total dependence on staff with two + persons" for transfers.

On 02/09/2022 at approximately 10:45 a.m., Resident #215's clinical record was reviewed. The current physician orders contained the following: "11/11/2021 Complete skin checks before and after wearing extension brace in order to maintain skin integrity, every shift for monitor for s/s (signs/symptoms) of redness, edema, pain"; and "02/19/2020 CeraVe Cream Apply to bilateral legs and feet topically every day and evening shift for dry skin."

The care plan was reviewed and contained the following: "The resident is at risk for pressure ulcers related to advanced age, chronic health conditions, dry fragile skin, immobility, and incontinence". Interventions included, but were not limited to: "Skin assessments as indicated."

The February TAR (treatment administration record) was reviewed and documented the following interventions were not completed during the night shift on 02/07/2022: "Complete skin checks before and after wearing extension brace in order to maintain skin integrity. Every shift monitor for s/s redness, edema, pain...Skin prep Wipes...apply to left heel topically every shift for prevention."

On the evening shift, 02/07/2022, "CeraVe Cream Apply to bilateral legs and feet topically every day and evening shift for dry skin", was also not

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{F 686}	Continued From page 60 applied. On 02/08/2022 at 3:35 p.m. the administrator, DON (director of nursing), and corporate nurse consultant (administrative staff #3) met with the survey team and reported that no physician ordered medications or treatments were administered to any residents on the West unit (which included Residents #214, #215, and #216) from 7:00 p.m. on 02/07/2022 until 7:00 a.m. on 02/08/2022. 4. Resident #203 was admitted to the facility on 9/11/18 with diagnoses that included sacral pressure ulcer, morbid obesity, urinary tract infection, encephalopathy, atrial fibrillation, hypertension, anemia, anxiety, osteoarthritis and hypothyroidism. The MDS dated 1/24/22 assessed Resident #203 as cognitively intact. Resident #203's clinical record documented the resident had current physician orders for treatment of a stage 4 pressure ulcer on her sacrum. The clinical record documented a physician's order dated 1/28/22 for barrier cream to be applied around the sacral wound, gluteal folds and perineum every shift for skin protection. Resident #203's treatment administration record (TAR) documented the barrier cream was not applied as ordered on 2/7/22 during the night shift (11:00 p.m. to 7:00 a.m.). Resident #203's plan of care (revised 2/3/22) documented the resident had a sacrum pressure ulcer and was at risk of worsening pressure ulcers or the development of additional pressure ulcers due to advanced age, chronic health conditions, cognitive impairment, dry/fragile skin and immobility. Interventions to promote healing	{F 686}		

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{F 686}	Continued From page 61 and prevent further skin impairment included, "Treatment per TAR."	{F 686}		

On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit.

On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift.

On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, "There was a miscommunication at shift change."

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{F 686}	Continued From page 62	{F 686}		
	These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m.			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must	F 690		3/23/22

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F 690	Continued From page 63 ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to provide catheter care for one of 58 residents, Resident #252. Foley catheter care was not provided per physician order during the night shift on 02/07/2022. Findings were: Resident #252 was admitted to the facility on 06/17/2021 with the following diagnoses, including but not limited to: autistic disorder, hypertension, Atrial fibrillation, obesity, flaccid neuropathic bladder, and mild cognitive impairment. A quarterly MDS with an ARD of 01/14/2022 assessed Resident #252 as moderately impaired with a cognitive summary score of "08". Resident #252's clinical record was reviewed on 02/10/2022 at approximately 8:30 a.m. The physician orders included: Check Foley anchor placement q (every) shift, and Foley care q shift for care and output. The care plan contained the focus area: "The resident has indwelling urinary catheter r/t (related to) atonal bladder." Goals included: "The resident will show no s/sx (signs/symptoms) of Urinary infection through review date. The resident will be/remain free from catheter-related trauma through review date." Interventions	F 690	F690 Resident # 252 is currently receiving catheter care as ordered by the physician. Current residents in the center with catheters have the potential to be affected. Licensed Nurses will be educated by the Regional Director of Clinical Services/designee on the center□s policy for providing catheter care as ordered with documentation as completed on the ETAR. The education will include ensuring residents receive their scheduled treatments as per MD orders. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will review the ETAR 5x weekly to ensure treatments including catheter care has been completed as ordered and documented as completed on the ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing	

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F 690	Continued From page 64 included but were not limited to: "Catheter care as ordered; Monitor and document intake and output as ordered; Monitor/document for pain/discomfort due to catheter..." Review of Resident #252's February TAR (treatment administration record) documented the above interventions and treatments, were not provided as ordered during the night shift on 02/07/2022. On 02/08/2022 at 3:35 p.m. the administrator, DON (director of nursing), and corporate nurse consultant (administrative staff #3) met with the survey team and reported that no physician ordered medications or treatments were administered to any residents (which included Resident #252) on the West unit from 7:00 p.m. on 02/07/2022 until 7:00 a.m. on 02/08/2022. The above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting at approximately 12:15 p.m. on 02/10/2022. No further information was obtained prior to the exit conference on 02/10/2022.	F 690	in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	
F 692 SS=G	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-	F 692		3/23/22

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F 692	Continued From page 65 §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. 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, the facility failed to ensure one of fifty-eight residents in the survey sample did not have a significant weight loss, and failed to ensure six of fifty eight residents received tube feeding and flushes for hydration as ordered by the physician. Resident #204 lost a total of 57.7 pounds (23.89%) from the time of admission on 08/07/2021 until his hospital admission on 10/24/2021. The significant weight loss was not identified by facility staff and no nutrition interventions were put into place to prevent further loss, resulting in harm. Residents #208, #209, #210, #247, #201 and #222 did not receive tube feedings or flushes for hydration from 7:00 p.m. on 02/07/2022 until 07:00 a.m. on 02/08/2022. Findings were: 1. Resident #204 was admitted to the facility on	F 692	F692 Resident #204 is no longer a resident at the center. Residents # 208, 209, 210, 247, 201 and 222 are currently receiving their tube feedings and/or flushes as ordered. A review of weights for the last 60 days was reviewed to ensure significant weight losses have been addressed with interventions implemented. Current residents in the center receiving tube feedings have the potential to be affected. The DON/Nursing Leadership/RD will be educated by the Regional Director of Clinical Services/designee on the center□s policy for weights and weight management. The education will include when re-weights are necessary and how to document these weights in the EHR. The DON/designee will monitor weights both weekly and monthly. Significant weight changes will be discussed in the weekly high-risk meetings with	

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F 692	Continued From page 66 08/07/2021 with diagnoses including but not limited to: syphilis, multiple sclerosis, encephalopathy, hypertension, and dementia. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 09/07/2021 assessed Resident #204 as severely impaired with a cognitive summary score of "05". Under section "K0200 Height and Weight" Resident #204's height was listed as "70 inches", no weight was recorded, and section "K0300 Weight Loss" was coded as "No or unknown." Resident #204's clinical record was reviewed on 02/08/2022 beginning at approximately 2:00 p.m and included the following: An admission assessment dated 08/07/2021 which included, "F. Cardiac/Circulation" and assessed Resident #204's "Pulse" as "Regular rate and rhythm". Also, under Section "F" were questions regarding edema: "Edema present, Location of Edema, Pitting", none of those questions were marked as present. Resident #204's capillary refill was documented as "(symbol meaning less than or equal to) 3 sec (seconds) -Normal." A Rehabilitation Services Screen was completed by the speech language patholigist on 08/09/2021. A speech therapy evaluation was not recommended. The current diet order was "Heart Healthy diet Level 7 - Regular texture, Regular Liquids consistency." No fluid restriction was ordered. The current care plan included, "Nutrition Risk r/t (related to) recent hospitalization, medical dxs	F 692	interventions implemented. The results of the monitoring will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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F 692	Continued From page 67 (diagnoses), therapeutic diet d/t HTN (due to hypertension) and edema, elevated BMI." Focus: "Resident will avoid significant weight change through next review." Interventions included: "Weights per protocol, Monitor/document/report PRN (as needed) s/sx of dysphagia (difficulty swallowing)..." The following weights were recorded: 08/07/2021 242.88 lbs (pounds) 09/01/2021 241.2 lbs 10/04/2021 198.3 lbs The weight from 10/04/2021 had been stricken through and a note from the RD (registered dietitian) was written on 10/07/2021 indicating, "Incorrect Documentation". There were no other weights in the clinical record. A "Malnutrition Universal Screening Tool" was completed for Resident #204 on 08/09/2021, 08/24/2021, and 09/06/2021. All three tools documents were identical using the admission weight from 08/07/2021. Resident #204 was assessed with a BMI (body mass index) score of greater than 20, no unplanned weight loss in the past 3-6 months, and the question "Is the patient acutely ill and there has been or is likely to be no nutritional intake for > 5 days?" was marked as "No". All three documents were completed by the RD. There was no other nutrition assessment or documentation by the RD. The following note was written on 10/07/2021, "Culinary Director spoke to resident at bedside about the dining program and reviewed food preferences. Dietary management system updated and IDT (inter-disciplinary team) will honor resident's preferences and requests.	F 692		

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F 692	Continued From page 68 Culinary Director if available to follow up with resident to review food preferences as consulted or requested." A note written on 10/21/2021 documented, "Ate 50% or less for 2 or more meals in one day. Offered a snack after meal." There were no other notes in the clinical record regarding meal/ fluid intake or weights. At approximately 2:30 p.m. on 02/08/2022, the DON (director of nursing) was interviewed about the weight protocol used by the facility. She stated, "We weigh everyone within 24 hours of admission, weekly for four weeks, and everyone is weighed at least monthly unless they refuse...if they refuse we document that in the progress notes. Then we notify the physician and the RP (responsible party) and of course we try again later or the next day." Resident #204 was sent to a local hospital on 10/24/2021 after being observed by the nursing staff as "very lethargic, cold to touch with shallow breathing." A progress noted in the clinical record dated 10/25/2021 documented: "Resident admitted for AKI (acute kidney injury), hypernatremia, septic shock, dehydration, elevated troponins, chronic encephalopathy." Hospital records were reviewed. The emergency department note written on 10/24/2021 documented that Resident #204 weighed 84 kilograms (185.18 pounds) at the time of arrival to the emergency room. A difference of 57.7 pounds (23.8%) since his admission to the facility on 08/07/2021. On 02/10/2022 at 10:45 a.m., the RD was	F 692		

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F 692	Continued From page 69 interviewed regarding Resident #204. He was asked why he had marked through the weight recorded in the clinical record on 10/04/2021. He stated, "I am sure we discussed that as a team. I marked through it because it is very unlikely that someone would lose that much weight in a month...it was likely to be inaccurate. We usually weigh the residents on Monday and then we meet on Thursdays...he should have been reweighed before that meeting." The RD was asked if he had asked for a reweigh on Resident #204. He stated, "No, I don't ask for reweights." He was asked if he felt marking through a licensed nurse's documentation and labeling it as "inaccurate" without discussing it with the nurse was appropriate. He stated, "The resident's weight was stable for the first month, it is unlikely that he lost 50 pounds in one month." The RD was informed of Resident #204's weight at the time of admission to the hospital. He stated, "I don't know that I would have done anything differently...the policy states the weight will be verified within five days when there is a variance of five pounds...nursing should have reweighed him." The RD was asked how he knew whether or not the weight he struck was a reweight. He stated, "That's a good point." The nurse practitioner that cared for Resident #204 was interviewed on 02/10/2022 at 11:45 a.m. She was asked if she had noticed Resident #204 losing weight. She stated, "I only saw him acutely when something happened...I saw him in August for behaviors, in September because he broke his glasses and he had a sore on his nose, and again because he had a fall. I did his recert in October and I used the weight from September...I didn't notice that his weight didn't look right...If I see someone for weights it is because it has	F 692		

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been brought to my attention by the nursing staff or the RD. I don't remember anyone mentioning that."

On 02/10/2022 at 12:10 p.m., during a meeting with the DON, the administrator and two corporate nurse consultants, the above information was discussed. Concerns were voiced that Resident #204 had lost 23.8% of his body weight while at the facility; weights were not obtained per facility protocol; and weights had been marked through in the clinical record by the RD without follow-up. There was no documentation in the clinical record regarding Resident #204 refusing to eat, refusing to be weighed, or any interventions to monitor his weight and/or prevent weight loss. The DON was asked what should have happened. She stated, "He should have been weighed per our policy, a reweight should have been obtained."

LPN #1 who documented the weight on 10/04/2021 that was marked through by the RD was interviewed on 02/10/2022 at approximately 2:40 p.m. She was asked if she remembered Resident #204. She confirmed that she did. She was asked about the weight obtained on 10/04/2021 and if a reweight had been obtained due to the difference of 44 pounds since the previous weight. She stated, "I am sure that was the reweight." She was asked if Resident #204 had been refusing to eat. She stated, "He fed himself, I don't remember him refusing to eat."

On 02/20/2022, at approximately 2:45 p.m., CNA (certified nursing assistant) #2 was interviewed about Resident #204. She stated, "I never took care of him...but I remember him. He drank his drinks, sometimes he refused to eat." She was

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asked if the nursing staff had been notified that he refused to eat and how often that happened. She stated, "I'm not sure how often it happened, I don't know if anyone told the nurses or not."

At 3:00 p.m. on 02/10/2022 two additional CNAs were interviewed about Resident #204. CNA #4 stated that she had taken care of Resident #204, "He fed himself, he hardly ate..." CNA #5 stated, "He was mean, he ate a lot of fruit."

The policy "Weight Monitoring and Tracking" dated 11/01/2019 contained the following: "The Director of Nursing is responsible for ensuring patients are weighed in a timely manner...Nursing staff is responsible for recording weight in the patient medical record; All patients will be weighed on admission/readmission and weekly X 4 weeks, or until the interdisciplinary team determines weight is stable, then monthly thereafter if weight is stable; Weights will be verified within five days when a weight variance of 5 # (pounds) from last weight and/or significant weight change is identified."

No further information was obtained prior to the exit conference on 02/10/2022.

2. Resident #208 was admitted to the facility on 10/02/2021 with the following diagnoses, including but not limited to: dysphagia, hemiplegia, acute kidney failure, depression, and hypertension. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 12/20/2021, assessed Resident #208 as having problems with both long and short term memory and severely impaired with daily decision making skills.

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LYNCHBURG HEALTH & REHABILITATION CENTER	5615 SEMINOLE AVENUE LYNCHBURG, VA 24502

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 692	Continued From page 72 Resident #208's clinical record included the following physician orders: Enteral Feed Order every 4 hours 220 ml H2O flush via PEG tube Enteral Feed Order every 4 hours Osmolite 1.5 @ 237 ml bolus feed via PEG tube The care plan was reviewed and included, "The resident requires tube feeding r/t (related to) dysphagia, swallowing problem. He is at risk for aspiration with lowering HOB (head of bed)..." Interventions included: "Provide TF (tube feeding) per order; Provide water flushes per MD order." Review of Resident #208's February MAR (medication administration record) documented water flushes were not provided at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/022, for a total of 660 cc of water not given. Resident #208 also did not receive Osmolite 1.5 bolus feedings at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/2022, for a total of 711 cc (1066.5 calories) of tube feeding not provided. 3. Resident #209 was admitted to the facility on 10/30/2020 with the following diagnoses, including but not limited to: cerebral infarct, hemiplegia, aphasia, and hypertension. A quarterly MDS with an ARD of 12/23/2021, assessed Resident #209 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #209's clinical record included the following physician orders:	F 692		

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Enteral Feed Order every 4 hours 200 ml H2O flush via PEG tube
Enteral Feed Order every 4 hours Osmolite 1.5 @ 237 ml bolus feed via PEG tube

The care plan was reviewed and included, "The resident requires tube feeding r/t dysphagia." Interventions included: "Provide TF per order; Provide water flushes per MD order."

Review of Resident #209's February MAR documented water flushes were not provided at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/022, for a total of 600 cc of water not given. Resident #208 also did not receive Osmolite 1.5 bolus feedings at 8:00 p.m. on 02/07/2022, or at midnight and 4:00 a.m. on 02/08/2022, for a total of 711 cc (1066.5 calories) of tube feeding not provided.

4. Resident #210 was admitted to the facility on 06/01/2019 with the following diagnoses, including but not limited to: cerebral infarct, Alzheimer's, adult failure to thrive, and dysphagia. A quarterly MDS with an ARD of 11/29/2021, assessed Resident #210 as having problems with both long and short term memory and severely impaired with daily decision making skills.

Resident #210's clinical record included the following physician orders:

Enteral Feed Order every 4 hours 300 ml H2O flush via PEG tube
Enteral Feed Order 4 times per day for nutrition Jevity 1.5 Cal @ 237 ml bolus via PEG tube

The care plan was reviewed and included,"The resident requires tube feeding r/t inability to

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F 692	Continued From page 74 consume adequate po (by mouth) to maintain weight, and adequate nutritional status d/t (due to) feeding problems r/t dx (diagnoses) dementia, multiple CVA (cerebral vascular accidents), slightly elevate BMI." Interventions included: "Provide TF per order; Provide water flushes per order." Review of Resident #210's February MAR documented water flushes were not provided at 10:00 p.m. on 02/07/2022, or at 2:00 a.m. and 4:00 a.m. on 02/08/022, for a total of 900 cc of water not given. Resident #210 also did not receive Jevity 1.5 Cal bolus feedings at midnight and 6:00 a.m. on 02/08/2022, for a total of 474 cc (711 calories) of tube feeding not provided. 5. Resident #247 was admitted to the facility on 06/15/2021 with the following diagnoses, including but not limited to: Peripheral vascular disease, hypertension, hypothyroidism, and dysphagia. An annual MDS with an ARD of 11/18/2021 assessed Resident #247 as moderately impaired with a cognitive summary score of "10". Resident #247's clinical record included the following physician orders: Enteral Feed Order every 6 hours 275 ml H2O flush via PEG tube The care plan was reviewed and included,"The resident requires tube feeding r/t swallowing problem." Interventions included: "Provide water flushes per MD order." Review of Resident #247's February MAR documented water flushes were not provided at midnight or 6:00 a.m. on 02/08/2022, for a total of 550 cc of water not provided.	F 692		

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F 692	Continued From page 75 The above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting at approximately 12:15 p.m. on 02/10/2022. No further information was obtained prior to the exit conference on 02/10/2022. Surveyor: Wood, Norma 6. Resident #201 was admitted to the facility on 6/28/19 with a readmission on 1/12/21. Diagnoses for Resident #201 included Alzheimer's, pneumonitis, dysphagia, hypertension, mood (affective) disorder, prostatic hyperplasia, atherosclerotic heart disease, anxiety, depression and atrial fibrillation. The MDS dated 1/19/22 assessed Resident #201 with severely impaired cognitive skills. Resident #201's clinical record documented current physician orders for the following enteral feedings/flushes to meet the resident's nutritional and hydration needs: 7/10/21 - Enteral feed order - Jevity 1.5 @ 474 ml (milliliters) bolus three times per day 7/10/21 - Flush feed tube with 250 ml of water every 4 hours 1/13/21 - Flush feed tube with 20 to 30 ml of water before and after each medication pass Resident #201's medication administration record (MAR) documented the Jevity bolus (474 mls) was not administered on the 2/7/22 at 8:00 p.m. as scheduled. This amount was 1/3 of the resident's daily feeding formula requirement (711 calories). The MAR documented water flushes scheduled every four hours were not	F 692		

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F 692	Continued From page 76 administered via the feeding tube on 2/7/22 at 8:00 p.m., 2/8/22 at 12:00 a.m. and 2/8/22 at 4:00 a.m. resulting in 750 ml of the 1500 ml daily water flushes (50%) not provided. Medications scheduled for 2/7/22 at 8:00 p.m., 9:00 and on 2/8/22 at 6:00 a.m. were not administered and therefore no water was provided with medication passes. Resident #201's plan of care (revised 2/1/22) documented the resident was at risk of dehydration, was at nutritional risk due NPO (nothing by mouth) status and requirement for tube feeding due to dysphagia and esophageal dysmotility. Interventions to prevent dehydration, prevent weight loss and avoid tube feeding complications included, "...Monitor/document report PRN s/sx (signs/symptoms) of dehydration...the HOB (head of bed) elevated 30-45 degrees at all times...Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 500 cc aspirate...Monitor/document/report PRN (as needed) s/sx of: Aspiration...Provide TF (tube feeding) as ordered...Provide water flushes per MD order...Provide Tube Feeding and water flushes per order..." 7. Resident #222 was admitted to the facility on 4/21/18 with diagnoses that included persistent vegetative state, traumatic cerebral edema, cerebrovascular accident (stroke) diabetes and joint contractures. The MDS dated 11/19/21 assessed Resident #222 as comatose with cognitive skills unable to be assessed. Resident #222's clinical record documented	F 692		

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F 692	Continued From page 77 current physician orders for the following enteral feedings/flushes to meet the resident's nutritional and hydration needs: 12/2/20 - Enteral feeding of Osmolite 1.0 at 70 ml/hour via PEG (percutaneous endoscopic gastrostomy) 6/18/20 - Water flushes 150 ml every 4 hours via PEG tube Resident #222's MAR documented no amount of Osmolite administered on the evening or night shift of 2/7/22. The MAR documented no water flushes were administered on 2/7/22 at 8:00 p.m., 2/8/22 at 12:00 a.m. and on 2/8/22 at 4:00 a.m. as scheduled. This resulted in 450 ml out of the ordered 900 ml daily water (50%) not administered. Resident #222's plan of care (revised 12/2/21) documented the resident was at risk of dehydration due to tube feeding, required tube feeding due to dysphagia, had a history of weight loss and was at risk of nutrition/dehydration due to dependence upon tube feedings. Interventions to prevent dehydration, weight loss and complications from tube feeding included, "...Administer medications as ordered...Monitor/document/report PRN any s/sx of dehydration...observe for further episodes of vomiting and observe for signs of aspiration...the HOB elevated 30-45 degrees during and thirty minutes after tube feed...Check tube for placement and gastric contents/residual volume per facility protocol and record...Provide TF and flushes as ordered..." On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3)	F 692		

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F 692	Continued From page 78	F 692		

met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit.

On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift.

On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, "There was a miscommunication at shift change."

These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m. No further information was provided to the

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F 692	Continued From page 79 survey team regarding the missed enteral feedings and flushes.	F 692		
F 693 SS=E	Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5) §483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and §483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to provide care and services for gastrostomy tubes for eight of 58 residents in the survey sample. Nurses failed to provide Residents #201, #208, #209, #210, #219, #222, #226 and #247 tube feeding site care and/or monitoring for tube feeding complications as ordered and required in the plan of care.	F 693	F693 Residents #201,208, 209, 210, 219, 222, 226, and 247 are currently receiving tube feeding site care and and/or monitoring for tube feeding complications as ordered. Current residents in the center who are receiving tube feeding has the potential to be affected. Licensed Nurses will be educated by the	3/23/22

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F 693	Continued From page 80 The findings include: 1. Resident #201 was admitted to the facility on 6/28/19 with a readmission on 1/12/21. Diagnoses for Resident #201 included Alzheimer's, pneumonitis, dysphagia, hypertension, mood (affective) disorder, prostatic hyperplasia, atherosclerotic heart disease, anxiety, depression and atrial fibrillation. The minimum data set (MDS) dated 1/19/22 assessed Resident #201 with severely impaired cognitive skills. Resident #201's clinical record documented current physician orders regarding feeding tube care: 1/13/21 - Check tube placement before initiation of formula, medication administration and flushing tube or at least every 8 hours 1/13/21 - Observe each shift for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation and breaths sound each shift 7/10/21 - Record residual each shift and contact hospice if residual exceeds 250 mls (milliliters) 1/13/21 - Aspiration precautions every shift; elevate head of bed 30 to 45 degrees at all times during feeding Resident #201's medication administration record (MAR) documented tube placement check, gastric residual measurement, signs of complications and aspiration precautions were not completed on 2/7/22 on the night shift as scheduled. Resident #201's plan of care (revised 2/1/22) documented the resident had a feeding tube due	F 693	Regional Director of Clinical Services/designee on the center□s policy for providing tube feeding site care and monitoring for tube feeding complications as ordered with documentation as completed on the ETAR. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will review the ETAR 5x weekly to ensure treatments including tube feeding site care and monitoring for complications been completed as ordered and documented as completed on the ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of Compliance:3/23/2022	

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F 693	Continued From page 81 to dysphagia. Interventions to prevent feeding tube complications included, "...resident needs the HOB (head of bed) elevated 30-45 degrees at all times...Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if great than 500 cc aspirate...Monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of: Aspiration-fever, SOB (shortness of breath), Tube dislodged, Infection at tube site, Self-extubation, Tube dysfunction or malfunction, Abnormal breath sounds...Provide local care to G-tube site as ordered..." 2. Resident #219 was admitted to the facility on 11/4/20 with diagnoses that included cerebrovascular accident (stroke), atrial fibrillation, hypertension, depression, heart failure, dysphagia, dysarthria and tachycardia. The MDS dated 10/22/21 assessed Resident #219 as cognitively intact. Resident #219's clinical record documented physician orders dated 1/12/22 to provide "Complete tube site care" every night shift and an order dated 3/18/21 to ensure the PEG (percutaneous endoscopic gastrostomy) tubing was anchored each shift. Resident #219's treatment administration record (TAR) documented no PEG site care on the night shift on 2/7/22 and no check of the PEG anchor on the evening or night shift on 2/7/22. There were no nursing notes on 2/7/22 documenting any assessment and/or monitoring of the PEG site. Resident #219's plan of care (revised 1/31/22) listed the resident had a feeding tube due to	F 693		

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F 693	Continued From page 82 dysphagia. Interventions to prevent complications related to the tube included, "...Monitor/document/report PRN any s/x of: Aspiration-fever, SOB, Tube dislodged, Infection at tube site, Self-extubation, Tube dysfunction or malfunction, Abnormal breath sounds...Provide local care to G-tube site as ordered and monitor for s/sx of infection..." 3. Resident #222 was admitted to the facility on 4/21/18 with diagnoses that included persistent vegetative state, traumatic cerebral edema, cerebrovascular accident (stroke) diabetes and joint contractures. The MDS dated 11/19/21 assessed Resident #222 as comatose with cognitive skills unable to be assessed. Resident #222's clinical record documented current physician orders for the following regarding care of the resident's feeding tube. 8/8/18 - Every night shift, change syringe and tube set and label with time, date, formula and resident name 4/21/18 - Check tube placement before initiation of formula, medication administration and flushing tube every 8 hours 4/21/18 - Complete tube site care every shift 4/21/18 - Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation and breath sounds each shift 10/16/18 - Check tube feed residual every shift and hold tube feeding if greater than 500 ml with notification to MD/NP (physician/nurse practitioner) Resident #222's MAR documented no change of the syringe and tubing set, no checking of tube placement, no tube site care, no checking of	F 693		

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F 693	Continued From page 83 residual and no monitoring for sign/symptoms of complication on 2/7/22 during the night shift. Resident #222's plan of care (revised 12/2/21) documented the resident required tube feeding due to traumatic brain injury and dysphagia. Interventions to prevent complications related to the tube feedings included, "...resident needs the HOB elevated 30-45 degrees at all times...Check tube for placement and gastric contents/residual volume per facility protocol and record...Monitor/document/report PRN any s/sx of: Aspiration - fever, SOB, Tube dislodged, Infection at tube site, Self-extubation, Tube dysfunction or malfunction, Abnormal breath/lung sounds...Provide local care to G-tube site as ordered and monitor for s/sx of infection 4. Resident #226 was admitted to the facility on 4/2/21 with diagnoses that included hypertension, hyperlipidemia, aphasia, cerebrovascular accident (stroke), depression, history of breast cancer and GERD (gastroesophageal reflux disease). The MDS dared 1/6/22 assessed Resident #226 with short and long-term memory problems and severely impaired cognitive skills. Resident #226's clinical record documented a physician's order dated 12/15/21 to clean old PEG site with wound cleanser, apply dry dressing each day until healed. Resident #226's treatment administration record documented no PEG site care on 2/7/22. Resident #226's plan of care (revised 1/20/22) documented the resident had an actual skin impairment related to an "old peg site to left lower quad of abdomen." Interventions to promote	F 693		

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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
F 693	Continued From page 84 intact skin included, "Treatment as ordered." 5. Resident #208 was admitted to the facility on 10/02/2021 with the following diagnoses, including but not limited to: dysphagia, hemiplegia, acute kidney failure, depression, and hypertension. A quarterly MDS (minimum data set) with an ARD (assessment reference date) of 12/20/2021, assessed Resident #208 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #208's clinical record included the following physician orders: Enteral Feed Order every shift...check and record resident residuals q (every) shift. Contact physician if residual exceeds 500 mls. The care plan was reviewed and included, "The resident requires tube feeding r/t (related to) dysphagia, swallowing problem. He is at risk for aspiration with lowering HOB (head of bed)..." Interventions included: "Check for tube placement and gastric contents/residual volume per facility protocol and record..." Review of Resident #208's February MAR (medication administration record) documented residuals were not checked or recorded as ordered during the night shift on 02/07/2022. 6. Resident #209 was admitted to the facility on 10/30/2020 with the following diagnoses, including but not limited to: cerebral infarct, hemiplegia, aphasia, and hypertension. A quarterly MDS with an ARD of 12/23/2021, assessed Resident #209 as having problems with both long and short term memory and severely	F 693		

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F 693	Continued From page 85 impaired with daily decision making skills. Resident #209's clinical record included the following physician orders: Enteral Feed Order every night shift. Change syringe daily. Change set daily and label for time, date, formula and name. Enteral Feed Order every shift. Check and record residuals Q shift. Contact physician if residual exceeds 500 ml. Enteral Feed Order every shift. Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours Enteral Feed Order every shift. Flush tube with 20-30 ml of water before and after administration of medication pass Enteral Feed Order every shift. Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation, and breath sounds Q shift Anchor PEG tube every shift Anchor tube feeding every shift The care plan was reviewed and included, "The resident requires tube feeding r/t dysphagia." Interventions included: "Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 200 cc aspirate; Provide water flushes per MD order, Provide local care to G-tube site as ordered..." Review of Resident #209's February MAR documented the syringe was not changed, residuals were not obtained, placement of the of the PEG-tube was not checked, the tube was not flushed, nor was Resident #209 observed for s/sx	F 693		

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F 693	Continued From page 86 of dehydration, etc., during the night shift on 02/07/2022 as ordered. The TAR (treatment administration record) documented the PEG tube had not been anchored during the night shift on 02/07/2022. 7. Resident #210 was admitted to the facility on 06/01/2019 with the following diagnoses, including but not limited to: cerebral infarct, Alzheimer's, adult failure to thrive, and dysphagia. A quarterly MDS with an ARD of 11/29/2021, assessed Resident #210 as having problems with both long and short term memory and severely impaired with daily decision making skills. Resident #210's clinical record included the following physician orders: Enteral Feed Order every night shift. Change syringe daily. Change set daily and label for time, date, formula, and name. Enteral Feed Order every shift. Check and record residuals q shift. Contact physician if residual exceeds 500 mls. Enteral Feed Order every shift. Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours. Enteral Feed Order every shift. Flush tube with 20-30 ml of water before and after administration of medication pass Enteral Feed Order every shift. Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation, and breath sounds Q shift Anchor PEG tube every shift Anchor tube feeding every shift The care plan was reviewed and included, "The	F 693		

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F 693	Continued From page 87 resident requires tube feeding r/t inability to consume adequate po (by mouth) to maintain weight, and adequate nutritional status d/t (due to) feeding problems r/t dx (diagnoses) dementia, multiple CVA (cerebral vascular accidents), slightly elevate BMI (body mass index)." Interventions included: "Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 500 cc aspirate; Provide water flushes per order, provide local care to the Peg tube site as ordered..." Review of Resident #210's February MAR documented the syringe was not changed, residuals were not obtained, placement of the of the PEG-tube was not checked, the tube was not flushed, nor was Resident #210 observed for s/sx of dehydration, etc., during the night shift on 02/07/2022 as ordered. The TAR documented the PEG tube had not been anchored during the night shift on 02/07/2022. 8. Resident #247 was admitted to the facility on 06/15/2021 with the following diagnoses, including but not limited to: Peripheral vascular disease, hypertension, hypothyroidism, and dysphagia. An annual MDS with an ARD of 11/18/2021 assessed Resident #247 as moderately impaired with a cognitive summary score of "10". Resident #247's clinical record included the following physician orders: Enteral Feed Order every night shift. Change syringe daily. Change set daily and label for time, date, formula, and name. Enteral Feed Order every shift. Check and record	F 693		

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F 693	Continued From page 88 residuals q shift. Contact physician if residual exceeds 500 mls. Enteral Feed Order every shift. Check tube placement before initiation of formula, medication administration, and flushing tube or at least q 8 hours. Enteral Feed Order every shift. Observe for signs of dehydration, nausea, vomiting, distention, diarrhea, reflux, constipation, and breath sounds Q shift Anchor PEG tube every shift Anchor tube feeding every shift The care plan was reviewed and included, "The resident requires tube feeding r/t swallowing problem." Interventions included: "Check for tube placement and gastric contents/residual volume per facility protocol and record. Hold feed if greater than 500 cc aspirate; Provide water flushes per order, Provide local care to G-tube site as ordered..." Review of Resident #247's February MAR documented the syringe was not changed, residuals were not obtained, placement of the of the PEG-tube was not checked, the tube was not flushed, nor was Resident #210 observed for s/sx of dehydration, etc., during the night shift on 02/07/2022 as ordered. The TAR documented the PEG tube had not been anchored during the night shift on 02/07/2022. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the	F 693		

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F 693	Continued From page 89 "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, "There was a miscommunication at shift change." No further information was provided to the survey team regarding the missed gastrostomy care. These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m No further information was obtained prior to the exit conference on 02/10/2022.	F 693		

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F 695	Continued From page 90	F 695		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to provide care/services related to oxygen administration for two of 58 residents in the survey sample. Resident #230 and #250 had no verification that oxygen was administered per physician's order and did not have oxygen tubing changed as ordered. The findings include: 1. Resident #230 was admitted to the facility on 8/19/21 with diagnoses that included colon cancer, anemia, hypertension, renal insufficiency, pneumonia, Parkinson's disease, protein-calorie malnutrition, depression, psychosis and schizophrenia. The minimum data set (MDS) dated 11/11/21 assessed Resident #230 with moderately impaired cognitive skills. Resident #230's clinical record documented current physician orders for the following related to oxygen administration: 9/9/21 - Change oxygen tubing weekly on night	F 695	F695 Resident #230 and 250 are currently receiving their oxygen as ordered along with tubing changes. Current residents in the center on 02 therapy have the potential to be affected. Licensed Nurses will be educated by the Regional Director of Clinical Services/designee on the center□s policy for ensuring the administration oxygen as ordered along with tubing changes with documentation as completed on the ETAR. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will review the ETAR 5x weekly to ensure the administration of	3/23/22

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F 695	Continued From page 91 shift every Monday, Wednesday and Friday 9/9/21 - Oxygen at 2 liters per minute every shift for dyspnea Resident #230's treatment administration record (TAR) documented no tubing change or verification that oxygen was administered at 2 liters per minute during the night shift on 2/7/22. Resident #230's plan of care (revised 2/4/22) documented the resident used oxygen at 2 liters per minute. Interventions to prevent poor oxygen absorption included, "O2 [oxygen] as ordered...Oxygen tubing change as indicated/as per md [physician] order..." 2. Resident #250 was admitted to the facility on 02/18/2021 with the following diagnoses, including but not limited to: emphysema, COPD (chronic obstructive pulmonary disease), hypertension, and anxiety. A quarterly MDS with an ARD of 11/11/2021 assessed Resident #250 as cognitively intact with as summary score of "14". Resident #250's clinical record was reviewed on 02/09/2022 at approximately 10:30 a.m. The physician orders included the following: Atrovent HFA Aerosol Solution 17 mcg/ACT 1 puff inhale orally three times a day for COPD Oxygen Therapy-Oxygen at 3 liters continuously via nasal cannula every shift for sob [shortness of breath] Oxygen tubing change weekly on 11-7 shift every night shift every Monday, Wednesday, Friday The care plan was reviewed and contained the following focus areas: "The resident has altered cardiovascular status r/t (related to) hypertension"	F 695	oxygen therapy and tubing changes as per physician orders and documented as completed on the ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of Compliance:3/23/2022	

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F 695	Continued From page 92	F 695		

and "The resident has oxygen therapy r/t Respiratory illness and SOB". Interventions included but were not limited to: "O2 (oxygen) as ordered; Monitor for s/sx (signs and symptoms) of respiratory distress and report to MD as needed; OXYGEN SETTINGS: O2 as ordered."

Review of Resident #250's February MAR (medication administration record) and TAR (treatment administration record) were reviewed. The above medication for COPD was not given as ordered at 8:00 p.m. on 02/07/2022. The interventions for oxygen therapy were also not completed as ordered during the night shift (11-7) on 02/07/2022.

On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit.

On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the

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F 695	Continued From page 93 only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, "There was a miscommunication at shift change." No further information was provided to the survey team regarding the missed medications and treatments that included oxygen administration. These findings were reviewed with the administrator, director of nursing and corporate consultant during a meeting on 2/9/22 at 3:00 p.m. No further information was obtained prior to the exit conference on 02/10/2022.	F 695		
F 697 SS=G	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview and clinical record review, the facility staff failed to administer medications and/or treatments for pain	F 697	F697 Resident #202, 207, 211, 212, 213, 218, 220, 221, 223, 224, 231, 233, 241, 246,	3/23/22

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F 697	Continued From page 94 management for sixteen of 58 residents in the survey sample. Resident #202, residing on the East unit, and Residents #207, #211, #212, #213, #218, #220, #221, #223, #224, #231, #233, #241, #246, #248, and #257, residing on the West unit, were not provided physician ordered medications and/or treatments for pain management on 2/7/22. Resident #207 experienced significant pain after nurses refused to administer scheduled pain medications and failed to provide any assessment and/or response to the resident's verbal requests for the medication, resulting in harm. The findings include: 1. Resident #207 was admitted to the facility on 6/13/20 with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated 12/20/21 assessed Resident #207 as cognitively intact. Resident #207's clinical record documented current physician orders that included the following medications for pain management: Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Resident #207's MAR documented the methadone and morphine sulfate were not administered on 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was not	F 697	248 and 257 are currently receiving medications and/or treatments for pain management. LPN #3 who refused to administered pain medication to resident #207, was an outside agency employee and will not be allowed to work in the center. In addition, this nurse was also reported to the Board of Nursing for refusing to administer pain medication when a resident requested it. Current residents in center on pain management regimen have the potential to be affected. Licensed will be educated by the Regional Director of Clinical Services/designee on the center□s policy on administration and documentation of medications/treatments including those for pain management. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will interview 5 alert and oriented residents weekly to ensure the residents are receiving their pain medications as per MD orders. The EMAR/ETAR will be reviewed 5x weekly to ensure pain medications have been given and documented as given on the EMAR/ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing	

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F 697	Continued From page 95 administered on 2/8/22 at 6:00 a.m. as scheduled. Resident #207's plan of care (revised 12/23/21) documented the resident had musculoskeletal pain, low back pain, lumbar degenerative joint disease and chronic pain due to physical disability. Interventions to eliminate and/or minimize pain included, "Anticipate and meet needs...Medications as ordered...Administer analgesia per order...Encourage to try different pain relieving methods i.e. positioning, relaxation therapy, progressive relaxation, bathing, heat and cold application, muscle stimulation...Monitor/record/report to Nurse any s/sx (signs/symptoms) of non-verbal pain...Observe and report changes in usual routine, sleep patterns, decrease in functional abilities..." On 2/8/22 at 5:20 p.m., LPN #3 was interviewed by telephone about the evening/night of 2/7/22. LPN #3 stated there were two nurses on West unit on 2/7/22 until 7:00 p.m. LPN #3 stated she was never assigned to West unit on 2/7/22 and she was not aware there was no nurse on West unit until around 11:30 p.m. when Resident #207 called her on the phone and asked for her methadone pain medication. LPN #3 stated, "I didn't know there was no nurse back there (West unit) until then." LPN #3 stated she told Resident #207 that she could not give her the medication because it was a narcotic and she did not count the narcotics on that unit at shift change. LPN #3 stated she was not comfortable giving narcotics on that unit because "it might come back on me" if the counts were wrong. LPN #3 stated she did not check on residents on the West unit because she was working East.	F 697	daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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F 697	Continued From page 96 On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and "a psych med" and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. Resident #207 stated that on 2/7/22 around 11:30 p.m., she reported to the CNA (certified nursing assistant) #5 that she needed a nurse to get her scheduled pain medications. Resident #207 stated CNA #5 checked with the nurse on East unit and reported to her that she "was out of luck" as there was no nurse on the unit (West). Resident #207 stated she called on her cell phone to the East unit and asked LPN (licensed practical nurse) #3 if she would come and give her the pain medications. Resident #207 stated LPN #3 told her "no" and that she was not her assigned nurse. Resident #207 stated when she asked who her assigned nurse was, LPN #3 told her she did not have a nurse this shift. Resident #207 stated she then called the other unit (South). Resident #207 stated whoever answered the phone on South stated the nurse was in with a resident. Resident #207 stated she reported that she needed her pain, psych meds and asked for the nurse to call her when possible. Resident #207 stated she did not know who answered the phone but that person told her if the nurse could come she would and "if not, she (nurse) won't." Resident #207 stated she never got a visit or a call from either nurse. Resident #207 stated there was a CNA working the unit on the evening/night of 2/7/22 but she saw no nurse	F 697		

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F 697	Continued From page 97 after 7:00 p.m. until the day shift reported the next morning (2/8/22). Resident #207 stated she was in "a lot of pain" due to missed doses of methadone and morphine. Resident #207 stated she had pain in her arms and lower back and rated pain during the early morning of 2/8/22 as a "9 almost 10" (on scale of 0 = no pain, 10 = worst pain). Resident #207 stated she almost called 911 to go to the emergency room because nobody was here to care for her. Resident #207 stated she could not sleep due to the pain, was "up and down all night" and even emailed the corporate nursing consultant (administration #3) around 2:00 a.m. about not getting her medications. Resident #207 stated she last saw a nurse (LPN #1) on 2/7/22 around 7:00 p.m. and did not see another nurse until 2/8/22 around 11:00 a.m. when the day shift nurse brought her medications. On 2/8/22 at 8:30 p.m., CNA #1 working on West unit was interviewed. CNA #1 stated he worked the West unit on the evening of 2/7/22 until 11:00 p.m. CNA #1 stated he saw no nurses come to the unit and check on residents from 7:30 p.m. until 11:00 p.m. When asked if any residents needed a nurse during his shift, CNA #1 stated Resident #207 asked to see a nurse about her medications. CNA #1 stated he told Resident #207 a nurse would come as soon as possible because, "I didn't want to say there was no nurse." On 2/9/22 at 3:00 p.m., the DON was interviewed again about medications/treatments not administered with no nurse working the West unit. The DON stated LPN #3 was aware when only two nurses were in the building that the nurses had to "split" the West unit. The DON	F 697		

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F 697	Continued From page 98 stated she talked with unit manager LPN #2 and LPN #3 by telephone during the evening on 2/7/22. The DON stated LPN #2 was upset because she had to work the East medication cart and LPN #3 was upset because there were only two nurses for the night shift. The DON stated she told them everyone was frustrated and that they all had to work together as a team. The DON stated nobody called or reported to her that Resident #207 needed pain medications. The DON stated she was aware there were only two nurses working the building after 11:00 p.m. but thought the nurses knew to "split" the West unit. The Nursing 2022 Drug Handbook on page 945 describes methadone as an opioid analgesic used for the management of severe pain. Page 948 of this reference documents regarding nursing considerations with use of methadone, "...Don't stop abruptly; withdraw slowly and individualize gradual taper plan to prevent signs and symptoms of withdrawal, worsening pain, and psychological distress in physically dependent patients..." (1) The Nursing 2022 Drug Handbook on page 1004 describes morphine sulfate as an opioid analgesic used for the management of severe pain requiring continuous, around-the-clock opioid. Page 1008 of this reference documents regarding nursing considerations with use of morphine sulfate, "...Don't stop abruptly; withdraw slowly and individualize gradual taper plan to prevent signs and symptoms of withdrawal, worsening pain, and psychological distress in physically dependent patients..." (1) (1) Woods, Anne Dabrow. Nursing 2022 Drug Handbook. Philadelphia: Wolters Kluwer, 2022.	F 697		

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F 697	Continued From page 99 2. Resident #211 was admitted to the facility on 2/2/18 with a readmission on 5/9/21. Diagnoses for Resident #211 included atrial fibrillation, hemiplegia, diabetes, chronic pain, bipolar disorder, hyperkalemia, hyperlipidemia, dysphagia, asthma, mood disorder, hypertension, morbid obesity and osteoarthritis. The MDS dated 11/10/21 assessed Resident #21 with moderately impaired cognitive skills. Resident #211's clinical record documented current physician orders that included the following medications for pain: Morphine sulfate ER 15 mg three times per day for pain Voltaren gel 1% cream apply 4 grams transdermal every shift for leg pain Resident #211's clinical record documented the above medications/treatments were not administered on the evening of 2/7/22. The morphine sulfate was scheduled for 8:00 p.m. and the Voltaren gel was scheduled for 9:00 p.m. Resident #211's plan of care (revised 11/22/21) documented the resident had leg pain. Interventions to minimize and/or eliminate pain included, "Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 3. Resident #212 was admitted to the facility on 1/6/21 with readmission on 4/2/21. Diagnoses for Resident #212 included hypertension, peripheral vascular disease, chronic kidney disease,	F 697		

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F 697	Continued From page 100 hyperlipidemia, benign prostatic hyperplasia, dementia, anxiety, depression and insomnia. The MDS dated 1/5/22 assessed Resident #212 with moderately impaired cognitive skills. Resident #212's clinical record documented current physician orders that included the following pain medication: Hydrocodone-acetaminophen 10-325 mg four times per day for chronic back pain Resident #212's MAR documented the hydrocodone-acetaminophen was not administered on 2/7/22 at 8:00 p.m. as scheduled. Resident #212's plan of care (revised 2/1/22) documented the resident had pain. Interventions to decrease and/or eliminate pain included, "Attempt non-pharmacological interventions as needed...Encourage relaxation techniques and provide diversional activities...Position resident for comfort...Premedicate in anticipation of painful procedures..." 4. Resident #213 was admitted to the facility on 11/1/17 with diagnoses that included cerebral infarction with hemiplegia, polyosteoarthritis, atrial fibrillation, dysphagia, cardiomyopathy, heart failure, hypertension and gastroesophageal reflux disease. The MDS dated 11/10/21 assessed Resident #213 with moderately impaired cognitive skills. Resident #213's clinical record documented physician orders that included the following pain medication:	F 697		

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F 697	Continued From page 101 Hydrocodone-acetaminophen 5-325 mg three times per day for polyosteoarthritis Resident #213's MAR documented the hydrocodone-acetaminophen was not administered on 2/7/22 at 8:00 p.m. as scheduled. Resident #213's plan of care (revised 2/10/22) documented the resident had pain due to arthritis. Interventions to decrease pain included, "Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Position for comfort..." 5. Resident #218 was admitted to the facility on 1/29/19 with diagnoses that included anemia, atrial fibrillation, hypertension, seizures, hip fracture, osteoporosis, dementia, anxiety, depression and gastroesophageal reflux disease (GERD). The MDS dated 10/27/21 assessed Resident #218 with severely impaired cognitive skills. Resident #218's clinical record documented current physician orders that included the following pain medication: Tramadol 50 mg three times per day for pain Resident #218's MAR documented the Tramadol was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #218's plan of care (revised 11/4/21) documented the resident had potential for pain. Interventions to decrease and/or eliminate pain included, "Encourage relaxation techniques and provide diversional activities...Medicate as	F 697		

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F 697	Continued From page 102 ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 6. Resident #220 was admitted to the facility on 8/16/19 with diagnoses that included dementia, COPD (chronic obstructive pulmonary disease), depression, heart failure, coronary artery disease, hypertension, diabetes, renal insufficiency and hyperlipidemia. The MDS dated 12/10/21 assessed Resident #220 with moderately impaired cognitive skills. Resident #220's clinical record documented current physician orders that included the following pain treatment: Aspercreme lidocaine patch 4% to right should topically every 12 hours for arthritis pain Resident #220's MAR documented the Aspercreme was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #220's plan of care (2/1/22) documented the resident had pain. Interventions to decrease and/or eliminate pain included, "Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 7. Resident #221 was admitted to the facility on 1/12/21 with diagnoses that included cerebrovascular accident (stroke), anemia, hypertension, chronic kidney disease, hyponatremia, hypokalemia, aphasia and depression. The MDS dated 11/3/21 assessed	F 697		

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F 697	Continued From page 103 Resident #221 with short and long-term memory problems and moderately impaired cognitive skills. Resident #221's clinical record documented current physician orders that included the following pain medication: Tylenol 650 mg three times per day for generalized pain Resident #221's MAR documented the Tylenol was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #221's plan of care (revised 1/24/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, "Attempt non-pharmacological interventions as needed...Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 8. Resident #223 was admitted to the facility on 8/3/21 with diagnoses that included anemia, hypertension, renal insufficiency, urinary tract infection, dementia, depression, urine retention, glaucoma, cognitive communication deficit and history of Covid-19. The MDS dated 12/28/21 assessed Resident #223 with severely impaired cognitive skills. Resident #223's clinical record documented current physician orders that included the following pain medication:	F 697		

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F 697	Continued From page 104 Voltaren gel 1% apply 2 grams transdermal every day and evening shift for pain, apply to bilateral knees and shoulders Resident #223's MAR documented the Voltaren gel was not administered during the evening shift on 2/7/22 as scheduled. Resident #223's plan of care (revised 1/31/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, "Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 9. Resident #224 was admitted to the facility on 8/19/19 with diagnoses that included coronary artery disease, anemia, congestive heart failure, diabetes, hyperlipidemia, dementia, left arm fracture, dysphagia and gastroesophageal reflux disease. The MDS dated 11/10/21 assessed Resident #224 with short and long-term memory loss and severely impaired cognitive skills. Resident #224's clinical record documented current physician orders that included the following pain treatment: Biofreeze gel 4% apply to right knee topically every day and evening shift for pain Resident #224's MAR documented the Biofreeze was not administered on the evening of 2/7/22. Resident #224's plan of care (revised 1/31/22) documented the resident had right knee pain. Interventions to minimize pain included,	F 697		

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F 697	Continued From page 105 "Medicate as ordered...Notify MD for pain not relieved with medication..." 10. Resident #231 was admitted to the facility on 4/11/18 with diagnoses that included dementia, depression, arthritis, GERD and vitamin D deficiency. The MDS dated 1/9/22 assessed Resident #231 with severely impaired cognitive skills. Resident #231's clinical record documented current physician orders that included the following pain medication: Tylenol 8 hours arthritis extended release one tablet three times per day for arthritis pain Resident #231's MAR documented this medication was not administered on 2/7/22 at 9:00 p.m. as scheduled. Resident #231's plan of care (revised 1/6/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, "Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 11. Resident #233 was admitted to the facility on 2/4/21 with diagnoses that included hypertension, diabetes, hyperlipidemia, intellectual disabilities and asthma. The MDS dated 11/5/21 assessed Resident #233 with moderately impaired cognitive skills. Resident #233's clinical record documented a current physician orders that included the	F 697		

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following medication for pain:

Tylenol 650 mg three times per day for right knee pain.

Resident #233's MAR documented the Tylenol was not administered on 2/7/22 at 9:00 p.m. as scheduled.

Resident #233's plan of care (revised 1/31/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, "Attempt non-pharmacological interventions as needed...Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..."

12. Resident #202 was admitted to the facility on 2/1/20 with diagnoses that included endometrial cancer, COPD, vascular dementia, congestive heart failure, morbid obesity, hypertension, depression, osteoporosis and history of Covid-19. The MDS dated 12/29/21 assessed Resident #202 with moderately impaired cognitive skills

Resident #202's clinical record documented a current physician's order dated 5/10/21 for hydrocodone-acetaminophen 5-325 mg three times per day for pain.

Resident #202's MAR documented this medication was not administered on 2/7/22 at 8:00 a.m. Resident #202's narcotic count sheet for the hydrocodone-acetaminophen documented no dose was removed from the cart for the 8:00 a.m. dose on 2/7/22. Resident #202's count

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F 697	Continued From page 107 sheet for hydrocodone-acetaminophen matched the amount left on the pharmacy supply card. On 2/7/22 at 3:20 p.m., LPN #6 caring for Resident #202 was interviewed about the hydrocodone-acetaminophen not administered. LPN #6 reviewed the resident's MAR and supply of hydrocodone-acetaminophen and stated the 8:00 a.m. dose for 2/7/22 was not signed out or administered. LPN #6 stated she did not know why the medication was not given as ordered. Resident #202's plan of care (revised 1/12/22) documented the resident experienced pain. Interventions to decrease and/or eliminate pain included, "Attempt non-pharmacological interventions as needed...Encourage relaxation techniques and provide diversional activities...Medicate as ordered...Notify MD for pain not relieved...Position resident for comfort...Premedicate in anticipation of painful procedures..." 13. Resident #241 was admitted to the facility on 05/23/2017 with the following diagnoses, including but not limited to: aphasia, hypertension, anxiety, depressive disorder, convulsions and dementia. A quarterly MDS with an ARD of 01/23/2022 assessed Resident #241 as having problems with both long and short term memory as well as being severely impaired with daily decision making skills Resident #241's clinical record included the following physician order for pain: Tylenol Tablet 325 mg...Give 2 tablets by mouth three times a day for back pain. Review of Resident #241's February MAR	F 697		

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F 697	Continued From page 108 documented the above medication, was not given as ordered at 9:00 p.m. on 02/07/2022. The care plan was reviewed and included a focus area "Pain". Interventions included: "Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain." 14. Resident #246 was admitted to the facility on 09/01/2021 with the following diagnoses, including but not limited to: Breast cancer, hypertension, major depressive disorder, and dysphagia. A quarterly MDS with an ARD of 12/30/2021 assessed Resident #246 as moderately impaired with a cognitive summary score of "09". Resident #246's clinical record included the following physician order for pain: Tylenol 325 mg Give 325 mg by mouth three times a day for pain. Review of Resident #246's February MAR documented the above medication, was not given as ordered at 8:00 p.m. on 02/07/2022. The care plan was reviewed and included a focus area "Pain". Interventions included: "Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain." 15. Resident #248 was admitted to the facility on 02/11/2020 with the following diagnoses, including but not limited to: Other mental disorders due to known physiological condition, dementia, delusional disorder, depressive disorder and dementia. A quarterly MDS with an ARD of 01/29/2022 assessed Resident #248 as	F 697		

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F 697	Continued From page 109	F 697		

having problems with both long and short term memory as well as being moderately impaired with daily decision making skills

Resident #248's clinical record included the following physician order for pain:

Tylenol 325 mg...Give 2 tablet by mouth four times a day for PAIN MGT (management).

Review of Resident #248's February MAR documented the above medication, was not given as ordered at 9:00 p.m. on 02/07/2022.

The care plan was reviewed and included a focus area "Pain". Interventions included: "Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain."

16. Resident #257 was admitted to the facility on 02/21/2019 with the following diagnoses, including but not limited to: dysphagia, major depressive disorder, osteoarthritis, hydrocephalus, unspecified psychosis, and hypertension. An annual MDS with an ARD of 12/08/2021 assessed Resident #257 as moderately impaired with a cognitive summary score of "09".

Resident #257's clinical record included the following physician orders:

Gabapentin Capsule Give 300 mg by mouth three times a day for osteoarthritis
Biofreeze Gel 4%...topical analgesic Apply to left shoulder AND HAND topically every shift for pain

Review of Resident #257's February MAR documented the above medication was not given

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F 697	Continued From page 110 as ordered at 9:00 p.m. on 02/07/2022. Review of the February TAR (treatment administration record) documented the Biofreeze Gel was not applied as ordered during the night shift on 02/07/2022. The care plan was reviewed and included the focus area "Pain" with interventions that included: "Medicate as ordered, Notify MD is pain is not relieved with medication or with new complaints of pain." Also, "The resident has pain r/t (related to) osteoarthritis", with the intervention: "Meds as ordered." On 2/8/22 at 2:10 p.m., the director of nursing (DON) was interviewed about medications not administered to residents on the West unit on the evening of 2/7/22 and early morning of 2/8/22. The DON stated nurses had 24 hours to clarify and sign off a medication administration record (MAR) or treatment administration record (TAR). The DON had no explanation why the residents did not receive medications on the evening of 2/7/22 and stated she would research and clarify. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled	F 697		

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F 697	Continued From page 111 for the building starting at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated last night (2/7/22) that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift. On 2/8/22 at 5:10 p.m., the DON again stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated, "There was a miscommunication at shift change." All of the above information was discussed with the director of nursing, the administrator, and both nurse consultants, during a meeting at approximately 12:15 p.m. on 02/10/2022. No further information was obtained prior to the exit conference on 02/10/2022.	F 697		
F 725 SS=G	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §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	F 725		3/23/22

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F 725	Continued From page 112 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). §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 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 and clinical record review, the facility staff failed to provide sufficient nursing staff to ensure care and services were provided to fifty-four of 58 residents in the survey sample. Residents residing on the West unit that included Residents #201, #203, #205, #207 through #228 and #230 through #258, were not provided physician ordered medications and/or treatments during twelve consecutive hours starting on the evening of 2/7/22 due to no nurse working the unit. Resident #207 experienced significant pain after missing scheduled doses of narcotic medication when no nurse worked or came to the unit to administer medications, resulting in harm.	F 725	F725 Resident #201, 203, 205, 207-228, 230-258 attending Physician and Resident Representative were notified of residents not receiving their ordered medications/treatments for the 12 hrs., the evening of 2/7/22 into the early morning of 2/8/22. No new orders received. Current residents in the center have the potential to be affected. Licensed will be educated by the Regional Director of Clinical Services/designee on the center□s policy on administration and documentation of medications/treatments provided to the resident. The education	

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F 725	Continued From page 113 The findings include: Resident #207 was admitted to the facility on 6/13/20 with diagnoses that included morbid obesity, hypertension, chronic pain syndrome, schizoaffective disorder, depression, spinal stenosis, intervertebral disc disorder, lumbago and gastroesophageal reflux disease. The MDS dated 12/20/21 assessed Resident #207 as cognitively intact. Resident #207's clinical record documented current physician orders that included the following medications and treatments. Doxepin 150 mg at bedtime for depression Gabapentin 900 mg three times per day for neuropathy Methadone 2.5 mg every 8 hours for pain Morphine sulfate 30 mg four times per day for pain Aquaphor diaper rash cream 15% to bilateral inner thighs topically each day and evening shift for chaffing Resident #207's MAR documented these medications were not administered on the evening of 2/7/22 and the early morning of 2/8/22. The gabapentin was scheduled to be administered on 2/7/22 at 9:00 p.m., methadone, morphine sulfate and doxepin were scheduled for 2/8/22 at 12:00 a.m. and an additional dose of morphine sulfate was scheduled for 2/8/22 at 6:00 a.m. On 2/8/22 at 2:05 p.m., the licensed practical nurse (LPN) #1 working on Resident #205's unit (West unit) was interviewed. LPN #1 stated she worked on 2/7/22 from 7:00 a.m. until 7:00 p.m.	F 725	will include ensuring residents receive their scheduled medications and treatments as per MD orders. In addition, the DON/Nursing Leadership/Administrator will be educated by the Regional Director of Clinical Services/designee on the emergency preparedness policies to ensure adequate staffing in the center. The DON /designee will contact the Regional Director of Clinical Services when the emergency preparedness policies have been activated to ensure there is adequate staffing in the center. The DON/designee will interview 5 alert and oriented residents weekly to ensure the residents are receiving their medications as per MD orders. The EMAR/ETAR will be reviewed 5x weekly to ensure medications have been given and documented as given on the EMAR/ETAR. In addition, The DON/Administrator/Nursing Leadership/designee will review staffing daily to ensure there is adequate staffing in the center. The DON/Nursing Leadership will be notified when there are call offs to determine if the emergency preparedness policies need to be implemented. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines the problem no longer exists, the reviews will be conducted on a random basis. The Administrator/Director of Nursing are responsible for implementation of the plan of correction. Date of compliance-3/23/2022	

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F 725	Continued From page 114 LPN #1 stated there was no nurse on the West unit when she left on 2/7/22 around 7:30 p.m. and she gave a verbal report to the unit manager on East unit prior to leaving the building. LPN #1 stated there was no nurse on the West unit when she arrived this morning (2/8/22) at 7:00 a.m. LPN #1 stated she did not know who was scheduled to work the evening and night shifts on West unit. LPN #1 stated there was currently no unit manager for the West unit. On 2/8/22 at 2:10 p.m., the director of nursing (DON) was interviewed about medications not administered to residents on the West unit on the evening of 2/7/22 and early morning of 2/8/22. The DON stated nurses had 24 hours to clarify and sign off a medication administration record (MAR) or treatment administration record (TAR). The DON had no explanation why the residents did not receive medications on the evening of 2/7/22 and stated she would research and clarify. The DON stated, "We did have agency nurses last night." The DON stated LPN #2, LPN #3 and LPN #4 worked the evening shift. The DON stated that LPN #2 was the East unit manager and "house supervisor" on the 2/7/22 evening shift. On 2/8/22 at 3:35 p.m., the administrator, DON and corporate consultant (administration staff #3) met with the survey team and reported that no physician ordered medications and/or treatments were administered to any of the fifty-four residents on the West unit from 2/7/22 at 7:00 p.m. until 2/8/22 at 7:00 a.m. The corporate consultant stated LPN #1 reported to the East unit manager (LPN #2) that all the evening medications on the West unit had been given when she left on 2/7/22 around 7:30 p.m. The	F 725		

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F 725	Continued From page 115 DON stated LPN #2 was the "house supervisor" that evening and could have reassigned the nurses working on the facility's three units (East, South and West). The DON stated LPN #2 did not give medications on West during the evening shift because LPN#1 reported that all the medications on the unit had been given. The DON stated, "There was a miscommunication at the shift change." The DON stated LPN #2, LPN #3 and LPN #4 worked in the building on the evening of 2/7/22 until 11:00 p.m. The DON stated LPN #2 and LPN #4 left on 2/7/22 at 11:00 p.m. with two nurses scheduled for the building starting at 11:00 p.m. The DON stated there was a "call out" on 2/7/22 prior to the night shift (11:00 p.m. to 7:00 a.m.) leaving LPN #3 as the only nurse in the building. The DON stated agency was contacted and LPN #5 reported to work on 2/7/22 at 11:00 p.m. The DON stated LPN #3 was on the East unit, LPN #5 was assigned to South unit and the two nurses were supposed to "split" the West unit. On 2/8/22 at 3:45 p.m., the East unit manager (LPN #2) was interviewed. LPN #2 stated she was working on East unit on 2/7/22 for 3:00 p.m. to 11:00 p.m. shift. LPN #2 stated that on 2/7/22 around 7:30 p.m., LPN #1 from West reported to her that she was leaving and all the medications on West unit had been given. LPN #2 stated she did not go to the West unit prior to leaving her shift at 11:00 p.m. LPN #2 stated, "I couldn't do nothing. I was giving meds (medications) on East." LPN #2 stated there was no nurse on the West unit on 2/7/22 after 7:30 p.m. when LPN #1 went home, and she thought LPN #1 had given all the evening medications. LPN #2 stated, "Nobody reported to me they didn't get meds. I wasn't aware." LPN #2 stated she and LPN #4	F 725		

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F 725	Continued From page 116 left the building on 2/7/22 at 11:00 p.m. leaving LPN #3 working the East unit until 2/8/22 at 7:00 a.m. LPN #2 stated an agency nurse was called in and reported to South unit on 2/7/22 around 11:00 p.m. to work the night shift. On 2/8/22 at 4:45 p.m., the administrator, DON and corporate consultant met again with the survey team. The DON stated on 2/7/22, that two nurses (LPN #3 and LPN #5) were the only nurses in the building from 11:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated when only two nurses worked the building that "they (nurses) knew" to split the West unit. The DON stated there was no "house supervisor" on the night shift. On 2/8/22 at 5:10 p.m., the DON stated that all prescribed medications and treatments were not administered on West unit on the 2/7/22 from 7:00 p.m. until 2/8/22 at 7:00 a.m. The DON stated again, "There was a miscommunication at shift change." LPN #3 stated she was assigned to work the East unit and helped out on the South unit after 7:00 p.m. LPN #3 stated on 2/7/22 at 11:00 p.m. she went back to the East unit, as LPN #5 came in to cover South after the scheduled nurse called out. LPN #3 stated she was not assigned to work the West unit. LPN #3 stated there were two nurses on West unit on 2/7/22 until 7:00 p.m. LPN #3 stated again she was never assigned to West unit on 2/7/22 and she was not aware there was no nurse on West unit until around 11:30 p.m. when Resident #207 called her on the phone and asked for her methadone pain medication. LPN #3 stated, "I didn't know there was no nurse back there (West unit) until then." LPN #3 stated she	F 725		

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F 725	Continued From page 117	F 725		

told Resident #207 that she could not give her the medication because it was a narcotic and she did not count the narcotics on that unit at shift change. LPN #3 stated she was not comfortable giving narcotics on that unit because "it might come back on me" if the counts were wrong. LPN #3 stated after 2/7/22 at 11:00 p.m., she and LPN #5 were the only nurses in the building along with three CNAs. LPN #3 stated she did not check on residents on the West unit because she was working East. LPN #3 stated she told the CNA working on West to let her know of any problems.

On 2/8/22 at 5:35 p.m., Resident #207 was interviewed about any missed medications on the evening of 2/7/22. Resident #207 stated she did not get any of her medications on 2/7/22 after 7:00 p.m. until 2/8/22 at 11:00 a.m. Resident #207 stated that on 2/7/22 she missed a 9:00 p.m. dose of gabapentin, on 2/8/22 at 12:00 a.m. missed a dose of methadone, morphine sulfate and "a psych med" and missed another dose of morphine sulfate scheduled for 2/8/22 at 6:00 a.m. Resident #207 stated that on 2/7/22 around 11:30 p.m., she reported to the CNA (certified nursing assistant) #5 that she needed a nurse to get her scheduled pain medications. Resident #207 stated CNA #5 checked with the nurse on East unit and reported to her that she "was out of luck" as there was no nurse on the unit (West). Resident #207 stated she called on her cell phone to the East unit and asked LPN (licensed practical nurse) #3 if she would come and give her the pain medications. Resident #207 stated LPN #3 told her "no" and that she was not her assigned nurse. Resident #207 stated when she asked who her assigned nurse was, LPN #3 told her she did not have a nurse this shift. Resident

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F 725	Continued From page 118 #207 stated she then called the other unit (South). Resident #207 stated whoever answered the phone on South stated the nurse was in with a resident. Resident #207 stated she reported that she needed her pain, psych meds and asked for the nurse to call her when possible. Resident #207 stated she did not know who answered the phone but that person told her if the nurse could come she would and "if not, she (nurse) won't." Resident #207 stated she never got a visit or a call from either nurse. Resident #207 stated there was a CNA working the unit on the evening/night of 2/7/22 but she saw no nurse after 7:00 p.m. until the day shift reported the next morning (2/8/22). Resident #207 stated she was in "a lot of pain" due to missed doses of methadone and morphine. Resident #207 stated she had pain in her arms and lower back and rated pain during the early morning of 2/8/22 as a "9 almost 10" (on scale of 0 = no pain, 10 = worst pain). Resident #207 stated she almost called 911 to go to the emergency room because nobody was here to care for her. Resident #207 stated she could not sleep due to the pain, was "up and down all night" and even emailed the corporate nursing consultant (administration #3) around 2:00 a.m. about not getting her medications. Resident #207 stated she last saw a nurse (LPN #1) on 2/7/22 around 7:00 p.m. and did not see another nurse until 2/8/22 around 11:00 a.m. when the day shift nurse brought her medications. On 2/8/22 at 8:30 p.m., CNA #1 working on West unit was interviewed. CNA #1 stated he worked the West unit on the evening of 2/7/22 until 11:00 p.m. CNA #1 stated two CNAs from day shift stayed over and worked the unit with him until 7:00 p.m. CNA #1 stated the nurses on the unit	F 725		

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F 725	Continued From page 119 left on 2/7/22 around 7:30 p.m. CNA #1 stated after 7:30 p.m. there was no nurse on the entire unit and he was the only CNA. CNA #1 stated he saw no nurses come to the unit and check on residents from 7:30 p.m. until 11:00 p.m. CNA #1 stated most all the residents were in bed by 7:00 p.m. and he did his best to answer call lights. When asked if any residents needed a nurse during his shift, CNA #1 stated Resident #207 asked to see a nurse about her medications and Resident #257 asked to see a nurse "I think" about an earache. CNA #1 stated he told them a nurse would come as soon as possible because, "I didn't want to say there was no nurse." CNA #1 stated on the evening of 2/7/22, he was answering lights, checking on residents and, "Next thing I know I'm the only one here." On 2/9/22 at 3:00 p.m., the DON was interviewed again about medications/treatments not administered with no nurse working the West unit. The DON stated LPN #3 was aware when only two nurses were in the building that the nurses had to "split" the West unit. The DON stated she talked with unit manager LPN #2 and LPN #3 by telephone during the evening on 2/7/22. The DON stated LPN #2 was upset because she had to work the East medication cart and LPN #3 was upset because there were only two nurses for the night shift. The DON stated she told them everyone was frustrated and that they all had to work together as a team. The DON stated nobody called or reported to her that Resident #207 needed pain medications or about residents not getting medications/treatments on West. The DON stated she was aware there were only two nurses working the building after 11:00 p.m. but thought the nurses knew to "split" the West unit.	F 725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	495105		R-C 02/10/2022

NAME OF PROVIDER OR SUPPLIER
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STREET ADDRESS, CITY, STATE, ZIP CODE
5615 SEMINOLE AVENUE
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F 725	Continued From page 120	F 725		

On 2/10/22 at 2:40 p.m., CNA #2 was interviewed. CNA #2 stated she and another CNA worked the day shift on West on 2/7/22 and stayed on the unit until 7:00 p.m. CNA #2 stated the two nurses on the unit left on 2/7/22 at 7:00 p.m. CNA #2 stated she and the other CNA had all the residents in the bed by 7:00 p.m. except Resident #201. CNA #2 stated she gave report to CNA #1 and left the building at 7:00 p.m. CNA #2 stated there were no nurses on West unit when she left on 2/7/22 at 7:00 p.m. and CNA #1 was the only aide on the unit after 7:00 p.m.

The clinical records for all residents on the West unit were reviewed by the survey team regarding missed medications and/or treatments on the evening of 2/7/22 and early morning of 2/8/22 when no nurse provided care and services on the unit. In addition to Resident #207, fifty-three other residents on the unit (#201, #203, #205, #208 through #228 and #230 through #258) missed scheduled medications and/or treatments that included enteral tube feedings/flushes, blood sugar checks for diabetic management, tubing changes/site care related to enteral feedings/oxygen administration, and care for a urinary catheter. Medications that were not administered included a variety of prescriptions and over-the counter medicines for treatment of diagnoses that included hypertension, hyperlipidemia, glaucoma, muscle spasticity, constipation/bowel management, congestion, mood disorder, prostatic hyperplasia, depression, insomnia, pain, vitamin/nutrition deficiencies, neuropathy, seizures, arthritis, dementia, atrial fibrillation and diabetes. Physician ordered treatments not provided to the West unit residents on the evening of 2/7/22 and early

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F 725	Continued From page 121 morning of 2/8/22 included topical medications/creams for dry/chaffed skin, joint pain, skin tears/wounds and pressure ulcer prevention/care. Quality of care deficiencies were cited for the fifty-four West unit residents that were not provided medications/treatments on the evening of 2/7/22 and early morning of 2/8/22. Care related deficiencies were cited at F684, F686, F690, F692, F693, F695 and F697. These findings were reviewed with the administrator, director of nursing and corporate nursing consultant on 2/9/22 at 3:00 p.m.	F 725		