

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

PRINTED: 05/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 03/04/2020
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid second revisit to the 12/3/19 through 12/5/19 abbreviated survey conducted was conducted on 3/3/2020 through 3/4/2020. The first revisit survey was conducted 1/21/2020 through 1/23/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long-Term Care regulations for all of the original five deficiencies. Corrected deficiencies are identified on the CMS-2567B. The census in this 128 certified bed facility was 94 at the time of the survey. The survey sample consisted of 10 current record reviews (Residents #201 through #210).	{F 000}			
{F 656} SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse	{F 656}			

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

TITLE

(X6) DATE

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

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{F 656}	<p>Continued From page 1</p> <p>treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement the comprehensive care plan for three of ten residents in the survey sample, Residents #203, #206 and #202. The facility staff failed to implement Resident #203's comprehensive care plan for pressure injury treatment. The facility staff failed to implement Resident #206's comprehensive care plan for oxygen administration. The facility staff failed to follow Resident #202's pain care plan to offer non-pharmacological interventions prior to administering and as-needed pain medication.</p> <p>The findings include:</p>	{F 656}			

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{F 656}	Continued From page 2 1. Resident #203 was admitted to the facility on 11/27/19. Resident #203's diagnoses included but were not limited to high blood pressure, muscle wasting and heart disease. Resident #203's admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 12/3/19, coded the resident as being cognitively intact. Section M coded Resident #203 as having three unstageable pressure ulcers (injuries) (1), present upon admission. Resident #203's comprehensive care plan dated 12/18/19 documented, "Sacrum...Administer treatment per physician orders..." A nurse's note dated 3/2/20 documented Resident #203 presented with a stage four pressure injury (1) on the sacrum (2) that measured nine cm (centimeters) (length) by nine cm (width) by four centimeters (depth). A physician's order dated 1/9/20 and active on 3/3/20 documented, "Santyl Ointment (3) 250 UNIT/GM (gram) (Collagenase). Apply to sacrum wound topically every day and evening shift for wound care. CLEAN SACRAL WOUND WITH NORMAL SALINE, PAT DRY, APPLY SANTYL TO AREAS WITH SLOUGH AND APPLY SACRAL DRESSING." A physician's order dated 1/9/20 and active on 3/3/20 documented, "Santyl Ointment 250 UNIT/GM (Collagenase). Apply to SACRUM topically as needed for wound care. CLEAN SACRAL WOUND WITH NORMAL SALINE, PAT DRY, APPLY SANTYL TO AREAS WITH SLOUGH AND APPLY SACRAL DRESSING."	{F 656}			

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{F 656}	<p>Continued From page 3</p> <p>A physician's order dated 1/9/20 and active on 3/3/20 documented, "Sodium Hypochlorite Liquid 0.057% (4). Apply to sacrum topically every day and evening shift for wound care- apply 5-15 ml (milliliters) to gauze, apply to sacrum."</p> <p>A physician's order dated 2/25/20 and active on 3/3/20 documented, "Anasept Liquid (Sodium Hypochlorite) (4). Apply to sacrum wound topically every day and evening shift for skin alteration. Apply santyl nickel thick to wound bed, cover with anasept moist guaze (sic), ABDs (abdominal dressing pads) and tape."</p> <p>On 3/3/20 at 5:18 p.m., LPN (licensed practical nurse) #4 was observed providing Resident #203's sacral wound care. RN (registered nurse) #2 (unit manager) was present in the room. LPN #4 stated she had printed the physician's order for the wound care she was providing and showed a copy of the 1/9/20 physician's order for santyl. LPN #4 cleansed Resident #203's sacral wound with 0.9% safewash saline solution, applied santyl to slough (dead skin) on the wound bed, applied dermaprep skin prep (5) on the skin surrounding the wound then covered the wound with an optifoam dressing dated 3/3/20. LPN #4 did not apply anasept moist gauze or an ABD pad.</p> <p>Resident #203's March 2020 TAR (treatment administration record) documented the above treatment orders scheduled each day at 7:15 a.m. and 3:15 p.m. (except the as needed santyl order). Review of Resident #203's March 2020 TAR on 3/4/20 revealed all three orders scheduled at 7:15 a.m. and 3:15 p.m. (for santyl, anasept and sodium hypochlorite) were signed off on 3/3/20 by LPN #1 (the nurse caring for</p>	{F 656}			

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{F 656}	<p>Continued From page 4</p> <p>Resident #203 during the day and evening shifts on 3/3/20). None of the three scheduled sacral wound treatment orders or the as needed santyl order were signed off by LPN #4.</p> <p>On 3/4/20 at 8:53 a.m., an interview was conducted with Resident #203. The resident confirmed the only wound care provided on his sacral wound on 3/3/20 was the wound care observed by the surveyor.</p> <p>On 3/4/20 at 12:51 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 was asked the purpose of a resident's care plan. LPN #2 stated, "The care plan is the outline of the patient care that you are supposed to follow." LPN #2 stated nurses can go on the computer system and look at residents' care plans to ensure the care plans are being implemented.</p> <p>On 3/4/20 at 1:12 p.m., observation of Resident #203's sacral wound dressing was conducted. The same optifoam dressing dated 3/3/20 was covering the resident's sacral wound.</p> <p>On 3/4/20 at 1:34 p.m., observation of the unit treatment cart was conducted. Anasept labeled with Resident #203's name and ABD pads were observed in the treatment cart.</p> <p>On 3/4/20 at 1:41 p.m., a telephone interview was conducted with LPN #1. LPN #1 confirmed she cared for Resident #203 during the day and evening shifts on 3/3/20. When asked if she provided any sacral wound care for Resident #203 on 3/3/20, LPN #1 stated the resident's sacral wound care was done by LPN #4 with a surveyor present. LPN #1 stated she did apply</p>	{F 656}			

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{F 656}	<p>Continued From page 5</p> <p>barrier cream to Resident #203's bottom on 3/3/20 but did not provide any sacral wound care. When asked why she signed off the scheduled sacral wound care treatments on 3/3/20, LPN #1 stated she would be at the facility at 3:00 p.m.</p> <p>On 3/4/20 at 2:13 p.m., an interview was conducted with LPN #4. LPN #4 was asked if she provided Resident #203's scheduled sacral wound care on 3/3/20. LPN #4 stated, "Yes." LPN #4 stated the physician's order documented to cleanse the wound with normal saline, pat dry, apply santyl to the slough and cover the wound with a dressing. LPN #4 stated she cleansed the wound with normal saline, applied santyl and an optifoam dressing. All of Resident #203's sacral wound care orders on the March 2020 TAR were reviewed with LPN #4. LPN #4 stated, "That's a whole bunch of orders." LPN #4 stated she completed the 1/9/20 santyl order but did not apply anasept (sodium hypochlorite) or an ABD pad on Resident #203's sacral wound on 3/3/20. LPN #4 was asked if she signed any sacral wound care treatments off on Resident #203's TAR on 3/3/20. LPN #4 stated, she probably did not because she was rushing to leave the facility. LPN #4 was asked the difference between anasept and normal saline. LPN #4 stated anasept contained more disinfectant than normal saline.</p> <p>On 3/4/20 at 3:48 p.m., another interview was conducted with LPN #1. LPN #1 stated she did apply barrier cream to Resident #203's bottom on 3/3/20, so if she did sign off the santyl, anasept and sodium hypochlorite orders on the TAR, she did so in error, thinking she was signing off barrier cream. LPN #1 stated again, that she only applied barrier cream to Resident #203's bottom</p>	{F 656}			

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{F 656}	<p>Continued From page 6</p> <p>and did not provide sacral wound care for the resident on 3/3/20.</p> <p>On 3/4/20 at 3:52 p.m., an interview was conducted with RN #2. RN #2 stated she observed LPN #4 perform Resident #203's sacral wound care, with a surveyor present, on 3/3/20 but she did not provide and did not see anyone else provide sacral wound care for Resident #203 on 3/3/20.</p> <p>All four of the above sacral wound care orders were discontinued on 3/4/20. A new physician's order dated 3/4/20 documented, "Wound Care BID (twice daily): Cleanse with wound cleanser, apply nickel thick layer santyl and cover with moistened anasept gauze and dry dressing every day and evening shift for skin alteration." LPN #3 signed this order. On 3/4/20 at 2:10 p.m., an interview was conducted with LPN #3. LPN #3 confirmed Resident #203's sacral wound care orders were changed on this date. LPN #3 stated she was reviewing the orders and noticed multiple orders so she had the orders clarified and consolidated into one order by the nurse practitioner. LPN #3 confirmed anasept moistened gauze was supposed to be applied to Resident #203's sacral wound.</p> <p>On 3/4/20 at 4:23 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern.</p> <p>The facility policy titled, "INTERDISCIPLINARY CARE PLANNING" documented, "Implementation. Once the care plan is developed, the staff must implement the</p>	{F 656}			

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{F 656}	<p>Continued From page 7</p> <p>interventions identified in the care plan. Theses may include, but is not limited to: -administering treatments and medications..."</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <p>(1) "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful... -Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar (dead tissue)... -Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible..." This information was obtained from the website: https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/npuap_pressure_injury_stages.pdf</p> <p>(2) "The sacrum is a shield-shaped bony structure that is located at the base of the lumbar vertebrae and that is connected to the pelvis." This information was obtained from the website: https://medlineplus.gov/ency/imagepages/19464.htm</p> <p>(3) "SANTYL Ointment is an FDA-approved prescription medicine that removes dead tissue from wounds so they can start to heal." This information was obtained from the website:</p>	{F 656}			

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{F 656}	<p>Continued From page 8 https://santyl.com/</p> <p>(4) "Anasept® Antimicrobial Wound Irrigation Solution is a clear, isotonic liquid that helps in the mechanical removal of the debris from the application site while delivering 0.057% broad-spectrum antimicrobial sodium hypochlorite via Negative Pressure Wound Therapy Device." This information was obtained from the website: https://anacapa-tech.net/product/anasept-antimicrobial-wound-irrigation-solution/</p> <p>(5) "DermaPrep Liquid Barrier Skin Protectant forms a long-lasting waterproof film designed to shield peri-wound skin from bodily fluids, adhesives, and frictional forces. It helps reduce the risk of pain and skin damage during tape and adhesive removal." This information was obtained from the website: http://dermarite.com/product/dermaprep/</p> <p>2. Resident #206 was admitted to the facility on 9/5/18. Resident #206's diagnoses included but were not limited to stroke, paralysis and anxiety disorder. Resident #206's quarterly MDS (minimum data set) with an ARD (assessment reference date) of 2/10/20, coded the resident as being cognitively intact. Section G coded Resident #206 as being totally dependent on two or more staff with bed mobility and transfers. Section O coded the resident has having received oxygen therapy.</p> <p>The comprehensive care plan for Resident's #206 dated 10/1/18 documented, "Has/At risk for respiratory impairment related to COPD (chronic obstructive pulmonary disease) (lung disease)...Interventions: oxygen at 2 liters via</p>	{F 656}			

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{F 656}	<p>Continued From page 9</p> <p>nasal canula (sic)..." Review of Resident #206's clinical record revealed a physician's order dated 2/12/20 for continuous oxygen at the rate of two liters per minute.</p> <p>On 3/3/20 at approximately 4:30 p.m., 3/3/20 at 5:37 p.m. and 3/4/20 at 11:06 a.m., Resident #206 was observed lying in bed receiving oxygen via a nasal cannula connected to an oxygen concentrator that was running. The oxygen concentrator was set at a rate between one and a half liters and two liters as evidenced by the ball in the concentrator flow meter positioned between the one and a half liter and two liter lines (at eye level). A second surveyor conducted the 3/3/20 5:37 p.m. observation.</p> <p>On 3/4/20 at 12:51 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the nurse caring for Resident #206 during the day shift on 3/3/20 and 3/4/20. LPN #2 was asked the purpose of a resident's care plan. LPN #2 stated, "The care plan is the outline of the patient care that you are supposed to follow." LPN #2 stated nurses could go on the computer system and look at residents' care plans to ensure the care plans are being implemented. LPN #2 was asked to describe where the ball in an oxygen concentrator flow meter should be if a resident has a physician's order for two liters. LPN #2 stated the two-liter line should run through the middle of the ball. At this time, Resident #206's oxygen concentrator was observed with LPN #2. Resident #206 was lying in bed. The oxygen concentrator was observed with the flow rate set at a rate between one and a half liters and two liters as evidenced by the ball in the concentrator flow meter positioned between the one and a half liter and two liter lines at eye level. LPN #2</p>	{F 656}			

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{F 656}	<p>Continued From page 10</p> <p>adjusted the flow meter and stated it looked like the oxygen flow meter was running a little under two liters.</p> <p>On 3/4/20 at 4:23 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern.</p> <p>No further information was presented prior to exit.</p> <p>3. Resident #202 was admitted to the facility on 9/11/19; and was recently readmitted on 1/18/2020, with diagnoses including, but not limited to diabetes (1), bipolar disorder (2), and morbid obesity. On the most recent MDS (minimum data set) assessment, a significant change assessment with an assessment reference date of 1/3/2020, Resident #202 was coded as having no cognitive impairment for making daily decisions. She was coded as having pain of at least five out of 10 intensity frequently during the look back period.</p> <p>Resident #202 refused to be interviewed during the survey.</p> <p>On 3/3/2020 at 5:28 p.m., Resident #202 was observed sitting up in her bed, watching television. This observation of Resident #202 did not reveal any expressions or indications of pain.</p> <p>On 3/4/2020 at 10:25 a.m., Resident #202 was observed lying supine in bed. Her eyes were closed. Observation of Resident #202, failed to reveal any expressions or indications of pain.</p> <p>A review of Resident #202's clinical record revealed the following order, dated 2/4/2020:</p>	{F 656}			

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{F 656}	<p>Continued From page 11</p> <p>"Hydrocodone-Acetaminophen (Norco) (3) Tablet 5-325 mg (milligrams). Give 1 tablet by mouth every 4 hours as needed for pain level 5 and above."</p> <p>A review of Resident #202's February and March 2020 MARs (medication administration records) revealed this medication was administered on 2/26/2020 at 8:15 p.m. for a pain level of four; on 3/1/2020 at 9:01 p.m. for a pain level of one; and on 3/2/2020 at 8:25 p.m. for a pain level of four.</p> <p>Further review of Resident #202's MARs and nursing notes failed to reveal evidence that non-pharmacological interventions were attempted prior to the administration of the as-needed pain medication on 2/26/2020, 3/1/2020 and 3/2/2020.</p> <p>A review of Resident #202's comprehensive care plan dated 9/12/19 and revised on 1/31/2020 revealed, in part: "Pain in back...Administer pain medication per physician orders...Implement non-pharmacological interventions: Positioning to assist with pain and monitor for effectiveness."</p> <p>On 3/4/2020 at 12:55 p.m., LPN (licensed practical nurse) #2 was interviewed. When asked the purpose of a care plan, she stated the care plan is the outline of patient care that the staff is supposed to follow. When asked how the facility staff makes sure that the care plan is implemented, she stated the care plan is available online for the nurses to see. LPN #2 stated, "Everything is there." When asked if she could say that Resident #202's care plan was being followed after reviewing the documentation regarding as-needed pain medication administration and lack of non-pharmacological</p>	{F 656}			

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NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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{F 656}	Continued From page 12 interventions being offered, LPN #2 stated, "No. I can't say that. It was definitely not being followed." On 3/4/2020 at 3:03 p.m., RN (registered nurse) #1, a unit manager, was interviewed. When asked how the facility makes sure a resident's care plan is being implemented, RN #1 stated that most often, it requires communication between all the disciplines. On 3/4/2020 at 4:18 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of operations, were informed of these concerns. ASM #1 and ASM #2 were asked to provide any additional information addressing these concerns prior to exit. No further information was provided prior to exit. References: (1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website https://medlineplus.gov/diabetes.html .	{F 656}			
{F 657} SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician.	{F 657}			

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{F 657}	<p>Continued From page 13</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to review and revise the comprehensive care plan for one of ten residents in the survey sample, Resident #203. Resident #203's isolation contact precautions were discontinued on 2/24/20. The facility staff failed to review and revise the resident's comprehensive care plan to reflect this discontinuation.</p> <p>The findings include:</p> <p>Resident #203 was admitted to the facility on 11/27/19. Resident #203's diagnoses included but were not limited to high blood pressure, muscle wasting and heart disease. Resident #203's admission MDS (minimum data set)</p>	{F 657}			

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{F 657}	<p>Continued From page 14</p> <p>assessment with an ARD (assessment reference date) of 12/3/19, coded the resident as cognitively intact.</p> <p>Review of Resident #203's clinical record revealed a physician's order dated 2/20/20 for contact precautions for C-Diff [Clostridium difficile] (1). Further review of Resident #203's clinical record revealed the physician's order for contact precautions was discontinued on 2/24/20.</p> <p>Resident #203's current comprehensive care plan dated 1/9/20 documented, "Bowel Elimination Alteration; Diarrhea related to: dx (diagnosis) C-diff...Interventions: Contact Precautions- Date Initiated: 2/20/2020..."</p> <p>On 3/3/20 at 4:25 p.m., Resident #203 was observed lying in bed. Isolation contact precautions were not being implemented as evidenced by no sign on the resident's door and no isolation personal protective equipment outside the door to the room or inside of the room.</p> <p>On 3/4/20 at 12:51 p.m., an interview was conducted with LPN (licensed practical nurse) #2. LPN #2 was asked the purpose of a resident's care plan. LPN #2 stated, "The care plan is the outline of the patient care that you are supposed to follow." When asked if a resident's care plan should reflect the discontinuation of isolation contact precautions, LPN #2 stated, "Yes Ma'am." When asked why, LPN #2 stated, "Because it's a change. If not on isolation anymore, it should be changed to show (the resident is) not on isolation anymore."</p> <p>On 3/4/20 at 4:23 p.m., ASM (administrative staff</p>	{F 657}			

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{F 657}	Continued From page 15 member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern. The facility policy titled, "INTERDISCIPLINARY CARE PLANNING" documented, "Evaluation. As the care plan is implemented, members of the interdisciplinary team need to evaluate whether the interventions are effective or whether the care plan needs to be revised..." No further information was presented prior to exit. Reference: (1) "Clostridium difficile (C. difficile) is a bacterium that can cause diarrhea and more serious intestinal conditions such as colitis. C. diff causes close to half a million illnesses each year." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=c+diff&_ga=2.128152460.1291684497.1583375515-1667741437.1550160688	{F 657}			
{F 658} SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it	{F 658}			

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{F 658}	<p>Continued From page 16</p> <p>was determined that the facility staff failed to follow professional standards of practice for one of ten residents in the survey sample, (Residents #203). LPN (Licensed practical nurse) #4 provided wound care treatment for Resident #203 on 3/3/20 and failed to document the completed treatment and LPN (Licensed practical nurse) #1 inaccurately documented sacral wound care treatment was provided for Resident #203 on 3/3/20. LPN #1 signed off sacral wound treatments on the resident's March 2020 treatment administration record and did not complete the treatments.</p> <p>The findings include:</p> <p>Resident #203 was admitted to the facility on 11/27/19. Resident #203's diagnoses included but were not limited to high blood pressure, muscle wasting and heart disease. Resident #203's admission MDS (minimum data set) with an ARD (assessment reference date) of 12/3/19, coded the resident as being cognitively intact. Section M coded Resident #203 as having three unstageable pressure ulcers (injuries) (1), present upon admission.</p> <p>A physician's order dated 1/9/20 and active on 3/3/20 documented, "Santyl Ointment (2) 250 UNIT/GM (gram) (Collagenase). Apply to sacrum wound topically every day and evening shift for wound care. CLEAN SACRAL WOUND (3) WITH NORMAL SALINE, PAT DRY, APPLY SANTYL TO AREAS WITH SLOUGH (dead skin) AND APPLY SACRAL DRESSING."</p> <p>A physician's order dated 1/9/20 and active on 3/3/20 documented, "Sodium Hypochlorite Liquid</p>	{F 658}			

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{F 658}	<p>Continued From page 17</p> <p>0.057% (4). Apply to sacrum topically every day and evening shift for wound care- apply 5-15 ml (milliliters) to gauze, apply to sacrum."</p> <p>A physician's order dated 2/25/20 and active on 3/3/20 documented, "Anasept Liquid (Sodium Hypochlorite) (5). Apply to sacrum wound topically every day and evening shift for skin alteration. Apply santyl nickel thick to wound bed, cover with anasept moist guaze (sic), ABDs (abdominal dressing pads) and tape."</p> <p>On 3/3/20 at 5:18 p.m., LPN #4 was observed providing Resident #203's sacral wound care. LPN #4 cleansed Resident #203's sacral wound with 0.9% safewash saline solution, applied santyl to slough on the wound bed, applied dermaprep skin prep (4) on the skin surrounding the wound then covered the wound with an optifoam dressing dated 3/3/20.</p> <p>Review of Resident #203's clinical record, including the March 2020 treatment administration record (TAR) and 3/3/20 nurses' notes, on 3/4/20 failed to reveal documentation of the treatment LPN #4 provided on 3/3/20.</p> <p>Further review of Resident #203's March 2020 TAR (treatment administration record) documented the above physician orders for treatments scheduled each day at 7:15 a.m. and 3:15 p.m. Review of Resident #203's March 2020 TAR on 3/4/20 revealed on 3/3/20 LPN #1 signed off all three orders scheduled at 7:15 a.m. and 3:15 p.m., for the santyl, anasept and sodium hypochlorite.</p> <p>On 3/4/20 at 2:13 p.m., an interview was</p>	{F 658}			

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{F 658}	<p>Continued From page 18</p> <p>conducted with LPN #4. LPN #4 was asked if she signed any sacral wound care treatments off on Resident #203's TAR on 3/3/20. LPN #4 stated she probably did not because she was rushing to leave the facility.</p> <p>On 3/4/20 at 3:48 p.m., an interview was conducted with LPN #1. LPN #1 stated she did apply barrier cream to Resident #203's bottom on 3/3/20 so if she did sign off the santyl, anasept and sodium hypochlorite orders on the TAR, she did so in error, thinking she was signing off barrier cream. LPN #1 stated she only applied barrier cream to Resident #203's bottom and did not provide sacral wound care for the resident on 3/3/20.</p> <p>On 3/4/20 at 4:23 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern.</p> <p>The facility policy titled, "MEDICATION AND TREATMENT ADMINISTRATION GUIDELINES" documented, "Medications and treatments administered are documented immediately following administration or per state specific standards..."</p> <p>On 3/4/20 at 5:40 p.m., ASM #1 stated the facility staff utilizes facility policies as standards of practice.</p> <p>No further information was presented prior to exit.</p> <p>References: (1) "A pressure injury is localized damage to the</p>	{F 658}			

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{F 658}	<p>Continued From page 19</p> <p>skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful...</p> <p>-Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar (dead tissue)..."</p> <p>This information was obtained from the website: https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/npuap_pressure_injury_stages.pdf</p> <p>(2) "SANTYL Ointment is an FDA-approved prescription medicine that removes dead tissue from wounds so they can start to heal." This information was obtained from the website: https://santyl.com/</p> <p>(3) "The sacrum is a shield-shaped bony structure that is located at the base of the lumbar vertebrae and that is connected to the pelvis." This information was obtained from the website: https://medlineplus.gov/ency/imagepages/19464.htm</p> <p>(4) "DermaPrep Liquid Barrier Skin Protectant forms a long-lasting waterproof film designed to shield peri-wound skin from bodily fluids, adhesives, and frictional forces. It helps reduce the risk of pain and skin damage during tape and adhesive removal." This information was obtained from the website: http://dermarite.com/product/dermaprep/</p> <p>(5) "Anasept® Antimicrobial Wound Irrigation Solution is a clear, isotonic liquid that helps in the mechanical removal of the debris from the</p>	{F 658}			

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{F 658}	Continued From page 20 application site while delivering 0.057% broad-spectrum antimicrobial sodium hypochlorite via Negative Pressure Wound Therapy Device." This information was obtained from the website: https://anacapa-tech.net/product/anasept-antimicrobial-wound-irrigation-solution/	{F 658}			
{F 686} SS=D	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, resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide care and services for the treatment of a pressure injury (1) for two of ten residents in the survey sample, (Resident #203 and Resident #202). The facility staff failed to provide Resident #203's sacral pressure injury wound care per physician's order on 3/3/20. The facility staff failed to apply Anasept moistened gauze and an abdominal pad per physician's order to the pressure injury and failed to complete	{F 686}			

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{F 686}	<p>Continued From page 21</p> <p>sacral wound care twice that date per physician's order and the facility staff failed to evidence treatment was provided to Resident #202's pressure injury on 2/26/2020.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Resident #203 was admitted to the facility on 11/27/19. Resident #203's diagnoses included but were not limited to high blood pressure, muscle wasting and heart disease. Resident #203's admission MDS (minimum data set) with an ARD (assessment reference date) of 12/3/19, coded the resident as being cognitively intact. Section M coded Resident #203 as having three unstageable pressure ulcers (injuries) (1), present upon admission. <p>A nurse's note dated 3/2/20 documented Resident #203 presented with a stage four pressure injury (1) on the sacrum (2) that measured nine cm (centimeters) (length) by nine cm (width) by four centimeters (depth).</p> <p>A physician's order dated 1/9/20 and active on 3/3/20 documented, "Santyl Ointment (3) 250 UNIT/GM (gram) (Collagenase). Apply to sacrum wound topically every day and evening shift for wound care. CLEAN SACRAL WOUND WITH NORMAL SALINE, PAT DRY, APPLY SANTYL TO AREAS WITH SLOUGH AND APPLY SACRAL DRESSING."</p> <p>A physician's order dated 1/9/20 and active on 3/3/20 documented, "Santyl Ointment 250 UNIT/GM (Collagenase). Apply to SACRUM topically as needed for wound care. CLEAN SACRAL WOUND WITH NORMAL SALINE, PAT DRY, APPLY SANTYL TO AREAS WITH</p>	{F 686}			

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{F 686}	<p>Continued From page 22 SLOUGH AND APPLY SACRAL DRESSING."</p> <p>A physician's order dated 1/9/20 and active on 3/3/20 documented, "Sodium Hypochlorite Liquid 0.057% (4). Apply to sacrum topically every day and evening shift for wound care- apply 5-15 ml (milliliters) to gauze, apply to sacrum."</p> <p>A physician's order dated 2/25/20 and active on 3/3/20 documented, "Anasept Liquid (Sodium Hypochlorite) (4). Apply to sacrum wound topically every day and evening shift for skin alteration. Apply santyl nickel thick to wound bed, cover with anasept moist gauze (sic), ABDs (abdominal dressing pads) and tape."</p> <p>Resident #203's comprehensive care plan dated 12/18/19 documented, "Sacrum...Administer treatment per physician orders..."</p> <p>On 3/3/20 at 5:18 p.m., LPN (licensed practical nurse) #4 was observed providing Resident #203's sacral wound care. RN (registered nurse) #2 (unit manager) was present in the room. LPN #4 stated she had printed the physician's order for the wound care she was providing and showed a copy of the 1/9/20 physician's order for santyl. LPN #4 cleansed Resident #203's sacral wound with 0.9% safewash saline solution, applied santyl to slough (dead skin) on the wound bed, applied dermaprep skin prep (5) on the skin surrounding the wound then covered the wound with an optifoam dressing dated 3/3/20. LPN #4 did not apply anasept moist gauze or an ABD pad.</p> <p>Resident #203's March 2020 TAR (treatment administration record) documented the above treatment orders scheduled each day at 7:15 a.m.</p>	{F 686}			

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{F 686}	<p>Continued From page 23</p> <p>and 3:15 p.m. (except the as needed santyl order). Review of Resident #203's March 2020 TAR on 3/4/20 revealed on 3/2/20, LPN #1, the nurse caring for Resident #203 during the day and evening shifts on 3/3/20, signed off all three orders scheduled at 7:15 a.m. and 3:15 p.m., for santyl, anasept and sodium hypochlorite. None of the three scheduled sacral wound treatment orders or the as needed santyl order were signed off by LPN #4.</p> <p>On 3/4/20 at 8:53 a.m., an interview was conducted with Resident #203. The resident confirmed the only wound care provided on his sacral wound on 3/3/20 was the wound care observed as documented above.</p> <p>On 3/4/20 at 1:12 p.m., observation of Resident #203's sacral wound dressing was conducted. The same optifoam dressing dated 3/3/20 was covering the resident's sacral wound.</p> <p>On 3/4/20 at 1:34 p.m., observation of the unit treatment cart was conducted. Anasept labeled with Resident #203's name and ABD pads were observed in the treatment cart.</p> <p>On 3/4/20 at 1:41 p.m., a telephone interview was conducted with LPN #1. LPN #1 stated she cared for Resident #203 during the day and evening shifts on 3/3/20. When asked if she provided any sacral wound care for Resident #203 on 3/3/20, LPN #1 stated LPN #4 in the presence of a surveyor did the resident's sacral wound care. LPN #1 stated she did apply barrier cream to Resident #203's bottom on 3/3/20 but did not provide any sacral wound care. When asked why she signed off the scheduled sacral wound care treatments on 3/3/20, LPN #1 stated</p>	{F 686}			

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{F 686}	<p>Continued From page 24 she would be at the facility at 3:00 p.m.</p> <p>On 3/4/20 at 2:13 p.m., an interview was conducted with LPN #4. LPN #4 was asked if she provided Resident #203's scheduled sacral wound care on 3/3/20. LPN #4 stated, "Yes." LPN #4 stated the physician's order documented to cleanse the wound with normal saline, pat dry, apply santyl to the slough and cover the wound with a dressing. LPN #4 stated she cleansed the wound with normal saline, applied santyl and an optifoam dressing. All of Resident #203's sacral wound care orders on the March 2020 TAR were reviewed with LPN #4. LPN #4 stated, "That's a whole bunch of orders." LPN #4 stated she completed the 1/9/20 santyl order but did not apply anasept (sodium hypochlorite) or an ABD pad on Resident #203's sacral wound on 3/3/20. LPN #4 was asked if she signed any sacral wound care treatments off on Resident #203's TAR on 3/3/20. LPN #4 stated, she probably did not because she was rushing to leave the facility. LPN #4 was asked the difference between anasept and normal saline. LPN #4 stated anasept contained more disinfectant than normal saline.</p> <p>On 3/4/20 at 3:48 p.m., another interview was conducted with LPN #1. LPN #1 stated she did apply barrier cream to Resident #203's bottom on 3/3/20 so if she did sign off the santyl, anasept and sodium hypochlorite orders on the TAR, she did so in error, thinking she was signing off barrier cream. LPN #1 again stated she only applied barrier cream to Resident #203's bottom and did not provide sacral wound care for the resident on 3/3/20.</p> <p>On 3/4/20 at 3:52 p.m., an interview was</p>	{F 686}			

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{F 686}	<p>Continued From page 25</p> <p>conducted with RN #2. RN #2 stated she observed LPN #4 perform Resident #203's sacral wound care, with a surveyor present, on 3/3/20 but she did not provide and did not see anyone else provide sacral wound care for Resident #203 on 3/3/20.</p> <p>All four of the above sacral wound care orders were discontinued on 3/4/20. A new physician's order dated 3/4/20 documented, "Wound Care BID (twice daily): Cleanse with wound cleanser, apply nickel thick layer santyl and cover with moistened anasept gauze and dry dressing every day and evening shift for skin alteration." LPN #3 signed this order. On 3/4/20 at 2:10 p.m., an interview was conducted with LPN #3. LPN #3 confirmed Resident #203's sacral wound care orders were changed on this date. LPN #3 stated she was reviewing the orders and noticed multiple orders so she had the orders clarified and consolidated into one order by the nurse practitioner. LPN #3 confirmed anasept moistened gauze was supposed to be applied to Resident #203's sacral wound.</p> <p>On 3/4/20 at 4:23 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern.</p> <p>On 3/4/20 at 4:25 p.m., a facility policy regarding treatment administration for pressure injuries was requested via a list given to ASM #1. On 3/4/20 at 5:40 p.m., ASM #1 provided a policy titled, "MEDICATION AND TREATMENT ADMINISTRATION GUIDELINES" that documented, "Medication and treatment orders are retained in the clinical record...Medications</p>	{F 686}			

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{F 686}	<p>Continued From page 26</p> <p>are administered in accordance with standards of practice and state specific and federal guidelines..." ASM #1 did not provide a specific policy regarding pressure injuries.</p> <p>No further information was presented prior to exit.</p> <p>References:</p> <p>(1) "A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful... -Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar (dead tissue)... -Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer. Slough and/or eschar may be visible..." This information was obtained from the website: https://cdn.ymaws.com/npuap.site-ym.com/resource/resmgr/npuap_pressure_injury_stages.pdf</p> <p>(2) "The sacrum is a shield-shaped bony structure that is located at the base of the lumbar vertebrae and that is connected to the pelvis." This information was obtained from the website: https://medlineplus.gov/ency/imagepages/19464.htm</p> <p>(3) "SANTYL Ointment is an FDA-approved prescription medicine that removes dead tissue from wounds so they can start to heal." This</p>	{F 686}			

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{F 686}	<p>Continued From page 27</p> <p>information was obtained from the website: https://santyl.com/</p> <p>(4) "Anasept® Antimicrobial Wound Irrigation Solution is a clear, isotonic liquid that helps in the mechanical removal of the debris from the application site while delivering 0.057% broad-spectrum antimicrobial sodium hypochlorite via Negative Pressure Wound Therapy Device." This information was obtained from the website: https://anacapa-tech.net/product/anasept-antimicrobial-wound-irrigation-solution/</p> <p>(5) "DermaPrep Liquid Barrier Skin Protectant forms a long-lasting waterproof film designed to shield peri-wound skin from bodily fluids, adhesives, and frictional forces. It helps reduce the risk of pain and skin damage during tape and adhesive removal." This information was obtained from the website: http://dermarite.com/product/dermaprep/</p> <p>2. Resident #202 was admitted to the facility on 9/11/19, and most recently readmitted on 1/18/2020, with diagnoses including, but not limited to diabetes (1), bipolar disorder (2), and morbid obesity. On the most recent MDS (minimum data set), a significant change assessment with an assessment reference date of 1/3/2020, Resident #202 was coded as having no cognitive impairment for making daily decisions. She was coded as having a pressure ulcer.</p> <p>A review of Resident #202's clinical record revealed the following order, dated 1/21/2020: "Apply to between the folds buttocks routine. Cleanse with Normal Saline and apply Santyln (sic) (3) to wound bed and apply Optifoam (4)</p>	{F 686}			

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{F 686}	<p>Continued From page 28 daily. One time a day for Wound."</p> <p>A review of Resident #202's February 2020 TAR (treatment administration record) revealed a blank space for the wound treatment on 2/26/2020.</p> <p>A review of Resident #202's comprehensive care plan dated 12/30/2019, revealed, in part: "Open area to sacrum...Administer treatment per physician orders."</p> <p>On 3/4/2020 at 12:55 p.m., LPN (licensed practical nurse) #2 was interviewed. When shown Resident #202's TAR for 2/26/2020, and asked what the blank space meant, LPN #2 stated, "It means it wasn't done." She then added, "Or they forgot to click it off. We wouldn't know which unless we asked the person."</p> <p>On 3/4/2020 at 3:03 p.m., RN (registered nurse) #1, a unit manager, was interviewed. When shown Resident #202's TAR for 2/26/2020, and asked what the blank space meant, RN #2 stated, "It probably didn't get done."</p> <p>The nurse who took care of Resident #202 on 2/26/2020 was unavailable for interview at the time of the survey.</p> <p>On 3/4/2020 at 4:18 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of operations, were informed of these concerns. ASM #1 and ASM #2 were asked to provide any evidence that would refute this concern prior to exit.</p> <p>No further information was provided prior to exit.</p>	{F 686}			

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{F 686}	Continued From page 29 References: (1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website https://medlineplus.gov/diabetes.html . (2) "Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks." This information is taken from the website https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml . (3) "SANTYL Ointment is an FDA-approved prescription medicine that removes dead tissue from wounds so they can start to heal." This information is taken from the manufacturer's website https://www.santyl.com/ . (4) "Medline Optifoam Gentle Sacrum Silicone Faced Foam and Border Dressing with Liquitrap Core provides gentle adhesion and maintains an ideal healing environment. It features a super absorbent Liquitrap core that draws in large amounts of heavy exudate, converts it into a gel and locks it away. The low profile design of Optifoam increases flexibility and comfort. Optifoam Gentle Silicone Dressing features five unique layers to provide added protection." This information is taken from the manufacturer's website https://www.shopwoundcare.com/p-medline-optifoam-silicone-faced-foam-sacrum-border-dressing-with-liquitrap-core.html?gclid=EAAlQobChMIho_qjNeD6AIVBp6fCh1xDgzFEAQYBCABEGIVtfD_B	{F 686}			

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{F 686}	Continued From page 30	{F 686}			
{F 695} SS=D	<p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 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:</p> <p>Based on observation, resident interview, staff interview facility document review and clinical record review, it was determined that the facility staff failed to provide respiratory care and services for one of ten residents in the survey sample, Resident #206. The facility staff failed to administer oxygen to Resident #206 per the physician prescribed rate of two liters per minute and failed to administer oxygen to Resident #206 in a sanitary manner.</p> <p>The findings include:</p> <p>1. a. Resident #206 was admitted to the facility on 9/5/18. Resident #206's diagnoses included but were not limited to stroke, paralysis and anxiety disorder. Resident #206's quarterly MDS (minimum data set) with an ARD (assessment reference date) of 2/10/20, coded the resident as being cognitively intact. Section G coded Resident #206 as being totally dependent on two or more staff with bed mobility and transfers. Section O coded the resident has having received</p>	{F 695}			

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{F 695}	<p>Continued From page 31 oxygen therapy.</p> <p>Review of Resident #206's clinical record revealed a physician's order dated 2/12/20 for continuous oxygen at the rate of two liters per minute. The comprehensive care plan for Resident's #206 dated 10/1/18 documented, "Has/At risk for respiratory impairment related to COPD (chronic obstructive pulmonary disease) (lung disease)...Interventions: oxygen at 2 liters via nasal canula (sic)..."</p> <p>On 3/3/20 at approximately 4:30 p.m., 3/3/20 at 5:37 p.m. and 3/4/20 at 11:06 a.m., Resident #206 was observed lying in bed receiving oxygen via a nasal cannula connected to an oxygen concentrator that was running. The oxygen concentrator flowmeter was set at a rate between one and a half liters and two liters as evidenced by the ball in the concentrator flow meter positioned between the one and a half liter and two liter lines (at eye level). Another surveyor conducted the 3/3/20 5:37 p.m. observation.</p> <p>On 3/4/20 at 12:51 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the nurse caring for Resident #206 during the day shift on 3/3/20 and 3/4/20. LPN #2 was asked to describe where the ball in an oxygen concentrator flow meter should be if a resident has a physician's order for two liters. LPN #2 stated the two-liter line should run through the middle of the ball. At this time, Resident #206's oxygen concentrator was observed with LPN #2. Resident #206 was lying in bed. The oxygen concentrator flow meter was observed set at a rate between one and a half liters and two liters as evidenced by the ball in the concentrator flow meter positioned between the one and a half liter</p>	{F 695}			

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{F 695}	<p>Continued From page 32</p> <p>and two liter lines at eye level. LPN #2 adjusted the flow meter and stated it looked like the oxygen flow meter was running a little under two liters.</p> <p>On 3/4/20 at 4:23 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern.</p> <p>The facility policy titled, "OXYGEN ADMINISTRATION" documented, "3. For oxygen concentrator, plug in power cord, turn unit on and set flow meter to correct flow rate..."</p> <p>No further information was presented prior to exit.</p> <p>b. On 3/3/20 at 11:48 a.m., Resident #206 was observed lying in bed with her eyes closed. The resident's oxygen nasal cannula and tubing was observed lying on the floor, out of the resident's reach. The oxygen nasal cannula/tubing was labeled with a date of 3/1/20.</p> <p>On 3/3/20 at approximately 4:30 p.m., Resident #206 was observed lying in bed with the oxygen nasal cannula in her nose. The oxygen nasal cannula tubing was labeled with a date of 3/1/20. Resident #206 was asked if the facility staff had changed her oxygen nasal cannula/tubing on this date and stated, "No."</p> <p>On 3/4/20 at 12:48 p.m., an interview was conducted with CNA (certified nursing assistant) #1, the CNA caring for Resident #206 during the day shift on 3/3/20. CNA #1 stated she did not see Resident #206's oxygen tubing/nasal cannula on the floor on 3/3/20. CNA #1 stated the nasal</p>	{F 695}			

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{F 695}	<p>Continued From page 33</p> <p>cannula was in the resident's nose every time she talked to Resident #206. CNA #1 stated she was not responsible for changing residents' oxygen tubing but she did see staff changing residents' oxygen tubing on 3/3/20. CNA #1 stated she could not remember what staff she saw changing residents' oxygen tubing on 3/3/20.</p> <p>On 3/4/20 at 12:51 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the nurse caring for Resident #206 during the day shift on 3/3/20. LPN #2 stated she did not recall seeing Resident #206's oxygen tubing/nasal cannula on the floor on 3/3/20. LPN #2 stated she did not change out the tubing/nasal cannula or see anyone change the tubing/nasal cannula on 3/3/20. LPN #2 stated that new tubing/nasal cannula should be obtained if it is observed on the floor. When asked why, LPN #2 stated, "Cause the floor is dirty. Don't want to put that in their nose."</p> <p>On 3/4/20 at 2:01 p.m., ASM (administrative staff member) #1 (the administrator) was asked if any staff changed residents' oxygen tubing on 3/3/20. ASM #1 stated she would obtain this information.</p> <p>On 3/4/20 at 2:58 p.m., ASM #1 stated RN (registered nurse) #1 was the only staff that changed oxygen tubing/nasal cannula on 3/3/20 and did so during room rounds.</p> <p>On 3/4/20 at 3:06 p.m., an interview was conducted with RN #1. RN #1 stated he changed oxygen tubing/nasal cannula for one resident on 3/3/20 and that resident was not Resident #206.</p> <p>On 3/4/20 at 4:23 p.m., ASM #1, ASM #2 (the director of nursing) and ASM #3 (the regional</p>	{F 695}			

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

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{F 695}	Continued From page 34 director of operations) were made aware of the above concern. On 3/4/20 at 4:35 p.m., ASM #3 stated he was told Resident #206 was able to pick oxygen tubing up off the floor. On 3/4/20 at 4:40 p.m., an interview was conducted with Resident #206, in the presence of ASM #1. Resident #206 was asked if she picked the oxygen tubing/nasal cannula up off the floor on 3/3/20. Resident #206 stated she was paraplegic (paralyzed), not able to pick oxygen tubing up off the floor and did not do so. The facility policy titled, "OXYGEN ADMINISTRATION" documented, "2. When oxygen not in use, store oxygen tubing and nasal cannula or mask in separate, labeled plastic bag..."	{F 695}			
{F 757} SS=D	No further information was presented prior to exit. Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its	{F 757}			

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{F 757}	<p>Continued From page 35 use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to ensure one of 10 residents in the survey sample, Resident #202, was free from unnecessary medications. The facility staff administered an as-needed pain medication to Resident #202 when the resident's pain level did not reach the severity indicated on the physician order and failed to attempt non-pharmacological interventions prior to administering the as needed pain medication.</p> <p>The findings include:</p> <p>Resident #202 was admitted to the facility on 9/11/19; and was most recently readmitted on 1/18/2020, with diagnoses including, but not limited to diabetes (1), bipolar disorder (2), and morbid obesity. On the most recent MDS (minimum data set) assessment, a significant change assessment with an assessment reference date of 1/3/2020, Resident #202 was coded as having no cognitive impairment for making daily decisions. She was coded as having pain of at least five out of 10 intensity frequently during the look back period.</p>	{F 757}		

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{F 757}	<p>Continued From page 36</p> <p>Resident #202 refused to be interviewed during the survey.</p> <p>On 3/3/2020 at 5:28 p.m., Resident #202 was observed sitting up in her bed, watching television. This observation of Resident #202 did not reveal any expressions or indications of pain.</p> <p>On 3/4/2020 at 10:25 a.m., Resident #202 was observed lying supine in bed. Her eyes were closed. Observation of Resident #202, failed to reveal any expressions or indications of pain.</p> <p>A review of Resident #202's clinical record revealed the following order, dated 2/4/2020: "Hydrocodone-Acetaminophen (Norco) (3) Tablet 5-325 mg (milligrams). Give 1 tablet by mouth every 4 hours as needed for pain level 5 and above."</p> <p>The review of Resident #202's clinical record also revealed the following order dated 1/23/2020: "Tylenol Tablet...Give 650 mg every 4 hours as needed for pain level of 1-4. Not to exceed >3 (greater than 3) GMs (grams) in 24 hours."</p> <p>A review of Resident #202's February and March 2020 MARs (medication administration records) revealed the as needed Norco medication was administered on the dates, times with pain scale ratings as follows: -2/26/2020 at 8:15 p.m. for a pain level of four, -3/1/2020 at 9:01 p.m. for a pain level of one, - 3/2/2020 at 8:25 p.m. for a pain level of four. No Tylenol was administered on these dates. Further review of Resident #202's MARs and nursing notes failed to reveal evidence that non-pharmacological interventions were attempted prior to the administration of the</p>	{F 757}			

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{F 757}	<p>Continued From page 37</p> <p>as-needed pain medication on 2/26/2020, 3/1/2020 and 3/2/2020.</p> <p>A review of Resident #202's comprehensive care plan dated 9/12/19 and revised on 1/31/2020 revealed, in part: "Pain in back...Administer pain medication per physician orders...Implement non-pharmacological interventions: Positioning to assist with pain and monitor for effectiveness."</p> <p>On 3/4/2020 at 12:55 p.m., LPN (licensed practical nurse) #2 was interviewed. When asked if staff were recently educated by the facility on the administration of as-needed pain medications, LPN #2 stated she had. She stated the education was regarding the importance of offering non-pharmacological interventions prior to administering an as-needed pain medication, and the importance of documenting the resident's numerical pain rating, providing the resident was capable of this. LPN #2 was shown the order for Norco and the MARs as described above. LPN #2 was asked if the as needed Norco medication had been administered according to the physician order. LPN #2 stated, "No. It is not correct according to the order." She stated the medication should only have been administered if the resident's pain was a level five or above. When asked if she could say that non-pharmacological interventions were provided to Resident #202 prior to administering the as needed pain medication, after reviewing the documentation regarding as-needed pain medication administration and lack of non-pharmacological interventions being offered, LPN #2 stated, "No."</p> <p>On 3/4/2020 at 4:18 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the</p>	{F 757}			

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{F 757}	<p>Continued From page 38</p> <p>director of nursing, and ASM #3, the regional director of operations, were informed of these concerns. ASM #1 and ASM #2 were asked to provide any additional information regarding the identified concern.</p> <p>A review of the facility document "Pain Practice Guide" revealed, in part: "Pain scale values, coupled with the subjective interview provides a more complete description of a patient's pain...The Numeric Pain Rating Scale is used for alert and oriented persons...Interventions include non-pharmacological as well as pharmacological. Non-pharmacological approaches used as initial interventions can minimize the need for medications, permit use of the lowest dose or result in discontinuation of medication...Generally start with a low dose and titrate upward until a balance is achieved between pain relief and medication side effects...Opioid analgesics are used to treat moderate to severe pain that does not respond to other categories of analgesics. Opioids may be the first line of treatment in moderate to severe pain."</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website https://medlineplus.gov/diabetes.html.</p> <p>(2) "Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks." This</p>	{F 757}			

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{F 757}	Continued From page 39 information is taken from the website https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml . (3) "NORCO is indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate." This information is taken from the website https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=66a328bc-055f-4107-8b81-f6f939bea0a7 . "	{F 757}			
{F 880} SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;	{F 880}			

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{F 880}	<p>Continued From page 40</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review.</p>	{F 880}			

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{F 880}	<p>Continued From page 41</p> <p>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined that the facility staff failed to implement infection control practices for one of ten residents in the survey sample, Resident #206. The facility staff failed to administer oxygen to Resident #206 in a sanitary manner. On 3/3/20, Resident #206's oxygen tubing/nasal cannula was observed on the floor. The facility staff failed to obtain new tubing/nasal cannula prior to administering oxygen to the resident.</p> <p>The findings include:</p> <p>Resident #206 was admitted to the facility on 9/5/18. Resident #206's diagnoses included but were not limited to stroke, paralysis and anxiety disorder. Resident #206's quarterly MDS (minimum data set) with an ARD (assessment reference date of 2/10/20, coded the resident as being cognitively intact. Section G coded Resident #206 as being totally dependent on two or more staff with bed mobility and transfers. Section O coded the resident has having received oxygen therapy.</p> <p>Review of Resident #206's clinical record revealed a physician's order dated 2/12/20 for continuous oxygen at the rate of two liters per minute.</p> <p>On 3/3/20 at 11:48 a.m., Resident #206 was observed lying in bed with her eyes closed. The resident's oxygen nasal cannula and tubing was</p>	{F 880}			

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{F 880}	<p>Continued From page 42</p> <p>observed lying on the floor, out of the resident's reach. The oxygen nasal cannula/tubing was labeled with a date of 3/1/20.</p> <p>On 3/3/20 at approximately 4:30 p.m., Resident #206 was observed lying in bed with the oxygen nasal cannula in her nose. The oxygen nasal cannula tubing was labeled with a date of 3/1/20. Resident #206 was asked if the facility staff had changed her oxygen nasal cannula/tubing on this date and stated, "No."</p> <p>On 3/4/20 at 12:48 p.m., an interview was conducted with CNA (certified nursing assistant) #1, the CNA caring for Resident #206 during the day shift on 3/3/20. CNA #1 stated she did not see Resident #206's oxygen tubing/nasal cannula on the floor on 3/3/20. CNA #1 stated the nasal cannula was in the resident's nose every time she talked to Resident #206. CNA #1 stated she was not responsible for changing residents' oxygen tubing but she did see staff changing residents' oxygen tubing on 3/3/20. CNA #1 stated she could not remember what staff she saw changing residents' oxygen tubing on 3/3/20.</p> <p>On 3/4/20 at 12:51 p.m., an interview was conducted with LPN (licensed practical nurse) #2, the nurse caring for Resident #206 during the day shift on 3/3/20. LPN #2 stated she did not recall seeing Resident #206's oxygen tubing/nasal cannula on the floor on 3/3/20 and she did not change out the tubing/nasal cannula or see anyone change the tubing/nasal cannula on 3/3/20. LPN #2 stated that new tubing/nasal cannula should be obtained if it is observed on the floor. When asked why, LPN #2 stated, "Cause the floor is dirty. Don't want to put that in their nose."</p>	{F 880}			

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{F 880}	<p>Continued From page 43</p> <p>On 3/4/20 at 2:01 p.m., ASM (administrative staff member) #1 (the administrator) was asked if any staff changed residents' oxygen tubing on 3/3/20. ASM #1 stated she would obtain this information.</p> <p>On 3/4/20 at 2:58 p.m., ASM #1 stated RN (registered nurse) #1 was the only staff that changed oxygen tubing/nasal cannula on 3/3/20 and did so during room rounds.</p> <p>On 3/4/20 at 3:06 p.m., an interview was conducted with RN #1. RN #1 stated he changed oxygen tubing/nasal cannula for one resident on 3/3/20 and that resident was not Resident #206.</p> <p>On 3/4/20 at 4:23 p.m., ASM #1, ASM #2 (the director of nursing) and ASM #3 (the regional director of operations) were made aware of the above concern.</p> <p>On 3/4/20 at 4:35 p.m., ASM #3 stated he was told Resident #206 was able to pick oxygen tubing up off the floor.</p> <p>On 3/4/20 at 4:40 p.m., an interview was conducted with Resident #206, in the presence of ASM #1. Resident #206 was asked if she picked the oxygen tubing/nasal cannula up off the floor on 3/3/20. Resident #206 stated she was paraplegic (paralyzed), not able to pick oxygen tubing up off the floor and did not do so.</p> <p>The facility policy titled, "OXYGEN ADMINISTRATION" documented, "2. When oxygen not in use, store oxygen tubing and nasal cannula or mask in separate, labeled plastic bag..."</p>	{F 880}			

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{F 880}	Continued From page 44 No further information was presented prior to exit.	{F 880}			