

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

PRINTED: 07/01/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495226	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 06/23/2022
NAME OF PROVIDER OR SUPPLIER  WAYLAND NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 730 LUNENBURG HIGHW KEYSVILLE, VA 23947		
(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 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted June 22, 2022 through June 23, 2022. Two complaints were investigated during the survey, VA00055430 (substantiated with deficiency) and VA00055436 (substantiated with deficiency). Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 90 bed certified facility was 50 at the time of the survey. The survey sample consisted of 8 current resident reviews and one closed record review.	F 000	Wayland Nursing and Rehabilitation center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with the applicable rules and provisions of quality of care of residents. This Plan of Correction is submitted as a written allegation of compliance. Wayland Nursing and Rehabilitation Center's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Wayland Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding.		
F 557 SS=D	Respect, Dignity/Right to have Prsnl Property CFR(s): 483.10(e)(2)  §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including:  §483.10(e)(2) The right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility document review and in the course of a complaint investigation, it was determined that the facility staff failed to uphold the dignity of two of nine residents in the survey sample, Residents #6 (R6) and # 2(R2).  The findings include:  1. The facility staff failed to uphold the resident's	F 557	On 6/23/22, the Director of Nursing(DON) assessed Resident #2 for incontinence to ensure resident had been provided incontinent care timely. There were no concerns identified.  On 6/23/22, the Director of Nursing(DON) assessed resident #6 for incontinence to ensure resident has been provided incontinent care timely. There were no concerns identified.  On 6/23/22, the Director of Nursing(DON) completed an audit of all incontinent residents to include resident #2 and resident #6. This audit was to ensure all residents were provided incontinent care timely. The Assistant Director of Nursing(ADON) addresses all concerns identified during the audit to include providing incontinent care when indicated and education of staff.	7/22/2022	

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

*R. Way*

TITLE

*Administrator*

(X6) DATE

*7/11/22*

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 557	<p>Continued From page 1</p> <p>dignity by not providing incontinence care during the day shift on 6/4/2022 for Resident # 6 (R6).</p> <p>(R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2).</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.</p> <p>A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022 revealed that (R6) was toileted/received incontinence care on 06/04/2022 at 5:28 a.m. Further review of the ADL sheets failed to evidence that (R6) received incontinence care during the 7-3 (7:00 a.m. to 3:00 p.m.) shift.</p> <p>On 06/22/2022 at approximately 11:22 a.m., an interview was conducted with RN (registered nurse) # 2 wound nurse. When asked how often they have to perform CNA (certified nursing assistant) duties, RN # 2 stated that on 06/04/2022 that it was the only day they were filling in as a CNA and that they were the only CNA working on the 7-3 shift. When asked if there were residents who were not attended to during that shift on 06/04/2022, RN # 2 stated yes. When asked if (R6) received incontinence care during the 7-3 shift RN # 2 stated no that they did not get to provide incontinent care to (R6). RN # 2 further stated that they informed the</p>	F 557	<p>On 6/23/22, the Social Worker completed resident questionnaires with all alert and oriented residents regarding incontinent care/toileting. The questionnaire is to identify any concerns related to timely incontinent care/or toileting assistance. The Assistant Director of Nursing(ADON)will address all concerns identified during the audit to include providing incontinent care/toileting assistance when indicated and education of staff.</p> <p>On 6/23/22, Director of Nursing(DON) initiated an in-service with all nurses and nursing assistants to include agency staff regarding Dignity and Respect with emphasis on providing incontinent care/toileting assistance timely. In-service will be completed by 6/30/22. After 6/30/22, any nurse or nursing assistant who has not completed the in-service will complete prior to next scheduled work shift. All newly hired nurses and nursing assistants will be in-serviced during orientation regarding Dignity and Respect.</p> <p>The Treatment Nurse, Assistant Director of Nursing(ADON), and the Minimum Data Set Nurse (MDS) will complete 10 resident care audits to include all shifts and weekends weekly x 4 weeks then monthly x 1 month utilizing the Resident Care Audit. The Treatment Nurse, Assistant Director of Nursing, and MDS nurse will address all concerns identified during the audit to include providing incontinent care/toileting assistance when indicated to maintain resident dignity and re-training of staff. The Director of Nursing will review the <i>Resident Care Audits</i> weekly x 4 weeks then monthly x1 month to ensure all concerns were addressed.</p> <p>The Director of Nursing will present findings of the <i>Resident Care Audit</i> to the Executive Quality Assurance Performance Improvement (QAPI) committee meeting for 2 months. The Executive QAPI Committee will meet monthly for 2 months and review the <i>Resident Care Audit</i> to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 557	<p>Continued From page 2</p> <p>oncoming shift, 3-11 (3:00 p.m. to 11:00 p.m.), that they did not provide incontinence care to (R6) so they could provide the incontinence care. RN # 2 stated that they did the best they could.</p> <p>On 06/22/2022 at 12:25 p.m., an interview was conducted with CNA # 1. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours. When informed that (R6) did not receive incontinence care during the 7-3 shift CNA # 1 stated that it was a concern for dignity. CNA # 1 further stated that they knew (R6) and they were not able to tell someone when they are soiled.</p> <p>On 06/22/22 at 3:56 p.m., an interview was conducted ASM (administrative staff member) # 2, director of nursing (DON). When informed of (R6) not receiving incontinence care during the 7-3 shift on 06/04/2022 ASM # 2 stated they were not aware of (R6) not receiving incontinence care. When asked if it was dignified not to provide timely incontinence care ASM # 2 stated no. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours.</p> <p>The facility's document entitled "Federal Bill of Rights for Nursing Facility residents Residing in Facilities that Participate in Medicaid" documented in part, "V. Accommodation of Needs. A. To have your needs and preferences reasonably accommodated (particularly with respect to your surroundings and the services you receive) unless your health or safety, or the</p>	F 557			

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F 557	<p>Continued From page 3</p> <p>health and safety of the other residents, would be in danger."</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM # 1, administrator and ASM # 2, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>Reference:</p> <p>(1) A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>2. The facility staff failed to uphold the resident's dignity by not providing incontinence care during the day shift on 6/4/2022 for Resident #2 (R2).</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2022, the resident was coded as having both short and long</p>	F 557			

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F 557	<p>Continued From page 4</p> <p>term memory difficulties and being severely impaired for making cognitive daily decisions. In Section G - Functional Status, R1 was coded as being totally dependent of two or more staff members for their toileting needs. In Section H - Bladder and Bowel, R1 was coded as being always incontinent of both bowel and bladder.</p> <p>The comprehensive care plan dated, 4/7/2015 documented in part, "Focus: (R2) is always incont (incontinent) of bowel and bladder." The "Interventions" documented, "Pericare after each incontinent episodes. Protection and containment program,, apply underwear over brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "NO TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."</p> <p>The Point of Care Toileting documentation dated 6/3/2022 at 10:59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4:54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10:59 p.m. The resident was totally dependent upon one staff member for toileting needs.</p> <p>An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (certified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone</p>	F 557			

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F 557	<p>Continued From page 5</p> <p>changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did the best she could. She stated she did the B hall, and A hall but only got up to room 118. When asked if she changed R2, RN #2 stated she did not get to that room. RN #2 stated unless [LPN - licensed practical nurse #2] did them.</p> <p>An interview was conducted with LPN #2 on 6/22/2022 at 11:35 a.m. When asked if she worked on 6/4/2022, LPN #2 stated yes. When asked what she did that day, LPN #2 stated she [passed medications, answered call lights, took residents to the bathroom and giving bed pans. When asked if she did incontinence care on any other residents, LPN #2 stated, she did some what she could get to. When asked if any residents were left unattended to, LPN #2 stated, [RN#2] was working as a CNA and was working with the residents. When asked if she did incontinence care on R2, LPN #2 stated she did not, she thought that [RN#2] did.</p> <p>An interview was conducted with CNA #1 on 6/22/2022 at 12:26 p.m. When asked what the negative outcome is of a resident not being changed for a shift, CNA #1 stated, breakdown (skin) is your number one concern. Second one is dignity to have them (the residents) sit in their waste. CNA #1 stated these were the two biggest concerns for her. When asked if R2 was left for an entire shift without being changed, is that a dignity issue, CNA #1 stated, "Yes, but neglect is first as (R2) is unable to care for themselves and due to their disease process they can't let you know that they need to be changed."</p> <p>An interview was conducted with RN #1, the</p>	F 557			

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F 557	<p>Continued From page 6</p> <p>assistant director of nursing, on 6/22/2022 at 1:33 p.m. When asked if R2 was left for a shift and not changed would that be a dignity issue, RN #1 stated, yes. When asked if that is neglect, RN #1 stated, "Yes, there is no way to get around that if he wasn't touched for a shift."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. On 6/34/2022 it was determined that R2 was not changed for one shift. When asked if that is a dignity issue, ASM #2 stated yes. ASM #2 was asked how would that make her feel if she was left sitting in her own waste for eight hour shift, ASM #2 stated it wouldn't make me feel well at all. When asked if a resident was not receiving care if that a violation of the resident's dignity, ASM #2 stated, "Yes, as they are here for us to take care of." When asked the negative outcome for a resident not being changes in eight hours, ASM #2 stated, dignity, skin wounds, appetite due to smelling of odors, and skin rashes."</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Compliant deficiency.</p>	F 557			
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident;</p>	F 580	<p>On 6/23, the Assistant Director Of Nursing(ADON) assesses Resident #1 to include obtaining a Finger stick blood sugar (FSBS) to ensure resident did not exhibit signs/symptoms of hyperglycemia. The physician was notified of resident assessment with no new orders provided.</p>		7/22/2022

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F 580	<p>Continued From page 7</p> <p>consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility</p>	F 580	<p>On 6/23/22, the Director of Nursing(DON) initiated an audit of all residents receiving FBS to include resident #1 for the past 14 days. This audit is to ensure the physician was notified of all blood sugars outside of notification parameters and interventions initiated per physician orders. The DON will address all concerns identified during the audit to include notification of the physician, initiating interventions per physician orders and education of staff. The audit will be completed by 06/24/2022.</p> <p>On 6/23 the Director of Nursing initiated an audit of all sliding scale insulin orders to include orders for resident #1. This audit is to identify any order without clear parameters for notification of physician with elevated blood sugars. The DON will address all concerns identified during the audit to include but not limited to assessment of the resident, notification of the physician for clarification of orders and education of the staff. Audit will be completed 6/24/22.</p> <p>On 6/23/22, the ADON initiated an in-service with all nurses regarding <i>Notification of the Physician</i> with emphasis on clarification of orders with a physician when instructions are not clear and notification of a physician when residents blood sugar is greater than 400. In-service will complete prior to next scheduled work shift. All newly hired nurses will be educated during orientation regarding <i>Notification of Physician</i>.</p> <p>The ADON will audit all newly admitted/readmitted residents with orders for blood glucose monitoring 5 times a week x 4 weeks then monthly x 1 month utilizing the Orders Listing Report. This audit is to ensure all orders for blood glucose monitoring provide parameters for administering insulin and notification of physician when blood glucose is greater than 400 for further instructions. The ADON will address all concerns identified during the audit. The Director of Nursing will review the Orders Listing Report 5 times a week x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p>		



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F 580	<p>Continued From page 8</p> <p>that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to notify the physician when a resident's blood sugar was outside of the physician prescribed parameters for one of nine residents in the survey sample, Resident #1 (R1).</p> <p>The findings include:</p> <p>The facility staff failed to notify the physician when Resident #1's blood sugar was outside the prescribed parameters. R1's blood sugar was over 400 eight times during May and June of 2022 and the physician was not notified. Resident #1 (R1) has a diagnosis of diabetes.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment with an assessment reference date of 3/13/2022, the resident scored a "12" on the BIMS (brief interview for mental status) score, indicating the resident is moderately cognitively impaired for making daily decisions. In Section N - Medications the resident was coded as receiving insulin seven days of the look-back period.</p> <p>The physician order dated, 8/13/2021, documented, "Novolog Inj (injection) (used to treat diabetes) (1) 100U/ML (units per milliliter) -</p>	F 580	<p>The Quality Improvement/Infection Prevention (QI/IP)(QI/IP)will audit all residents FSBS to include resident #1 five (5) times a week x 4 weeks then monthly x 1 month utilizing the <i>Weight and Vitals Summary Report</i>. This audit is to ensure the physician was notified of all FSBS&gt;+ 400 with documentation in electronic record. The QI/IP Nurse will address all concerns identified during the audit to include assessment of the resident, notification of the physician for further recommendations and re-training of staff. The DON will review the <i>Weight and Vitals Summary Report</i> 5 times a week x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Director of Nursing will present the findings of the <i>Orders Listing Report</i> and the <i>Weight and Vitals Summary Report</i> to the Executive Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The Executive QAPI Committee will meet for 2 months and review the <i>Orders Listing</i> and the <i>Weight and Vital Summary Report</i> to determine trends and /or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 580	<p>Continued From page 9</p> <p>inject as per SS (sliding scale) sub -Q (subcutaneously) before meals and at bedtime: [blood sugar] 200 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units. Discard 28 days after opening."</p> <p>The May 2022 MAR (medication administration record) documented the above order. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented: 5/2/2022 at 4:30 p.m. - BS (blood sugar) - 436 - 10 units given 5/4/2022 at 9:00 p.m. - BS - 401 - no documented insulin given 5/14/2022 at 4:30 p.m. - BS - 450 - 10 units given 5/19/2022 at 4:30 p.m. - BS - 467 - 10 units given 5/30/2022 at 4:30 p.m. - BS - 433 - 10 units given</p> <p>The June 2022 MAR documented the above order for Novolog Insulin. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented: 6/8/2022 at 4:30 p.m. - BS - 415 - 10 units given 6/17/2022 at 11:30 a.m. - BS - 509 - 10 units given 6/18/2022 at 9:00 p.m. - BS - 489 - 10 units given</p> <p>Review of the nurse's notes failed to evidence documentation that the nurse contacted the physician to obtain orders for a blood sugar above 400.</p> <p>The comprehensive care plan dated 9/28/2015 and reviewed on 3/17/2022, documented in part, "Focus: Diabetes Mellitus: Potential for complications of hyper/hypoglycemia; Resident is non-compliant with diet and/or treatment</p>	F 580			

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F 580	<p>Continued From page 10</p> <p>regimen." The "Interventions" documented in part, "FSBS (finger stick blood sugar) as ordered by physician and/or per facility protocol. Medication as ordered by the physician."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. The above order for Novolog insulin was reviewed with ASM #2. When asked what a nurse is to give when the resident's blood sugar is over 400, ASM #2 stated the nurse should contact the doctor and follow their orders. ASM #2 further stated there is no indication of what to do. When asked if the nurse contacts the doctor, where is that documented, ASM #2 stated it should be documented in the progress notes.</p> <p>An interview was conducted with ASM #3, the medical doctor, on 6/23/2022 at 10:09 a.m. The above order for Novolog insulin was reviewed with ASM #3. When asked what a nurse should do if the blood sugar is outside of the above parameters, ASM #3 stated they are supposed to call her. When asked if she had been contacted by the nurse's for the above blood sugars, ASM #3 stated not that she could recall. ASM #3 further stated if they called it should have been documented, if it wasn't documented, we always say it wasn't done. If the blood sugar is over 400 they (the nurses) need to call me (ASM #3).</p> <p>The facility policy, "Notification of Physician For Change In Resident's Condition" documented, "It is the policy of the facility to notify the physician when a significant change in a resident's condition occurs with documentation contained within the medication record."</p>	F 580			

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F 580	Continued From page 11  In Basic Nursing, Essential for Practice, 6th edition (Potter and Perry, 2007, pages 56-59), was a reference source for physician's orders and notification. Failure to monitor the patient's condition appropriately and communicate that information to the physician or health care provider are causes of negligent acts. The best way to avoid being liable for negligence is to follow standards of care, to give competent health care, and to communicate with other health care providers. The physician or health care provider is responsible for directing the medical treatment of a patient.  ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.  No further information was obtained prior to exit.  Complaint deficiency.  References: (1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605013.html">https://medlineplus.gov/druginfo/meds/a605013.h tml</a> .	F 580			
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1)  §483.12 Freedom from Abuse, Neglect, and 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	F 600	6/23/22, the Director of Nursing(DON) assessed resident #2 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no concerns identified.  6/23/22, the Director of Nursing(DON) assessed resident #6 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no concerns identified.	7/22/2022	

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F 600	<p>Continued From page 12</p> <p>corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§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 staff interview, clinical record review, facility document review and in the course of a complaint investigation, it was determined that the facility staff failed to protect two of nine residents in the survey sample from neglect, Residents # 6 (R6) and # 2 (R2).</p> <p>The findings include:</p> <p>1. For Resident # 6 (R6), the facility staff failed to provide incontinence care on 6/4/2022 during the day shift.</p> <p>(R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2),</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.</p>	F 600	<p>On 6/23/22, the Assistant Director of Nursing (ADON) and Quality Improvement/Infection Prevention (QI/IP) completed an audit of all residents not able to report for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no additional concerns identified during the audit.</p> <p>On 6/23/22, the Social Worker completed resident questionnaires with all alert and oriented residents regarding neglect to include receiving assistance with ADL care when indicated. The Social Worker addressed all concerns identified during the audit to include but not limited to assessment of resident, notification of Director of Nursing, Administrator, and Physician.</p> <p>On 6/23/22, Assistant Director of Nursing initiated an in-service with all nurses, nursing assistants, accounts payable, accounts receivable, social worker, activities staff, housekeeping staff, therapy staff, maintenance staff, receptionists/screeners, administrator and medical records regarding <i>Abuse/Neglect Policy</i> with emphasis on forms of neglect to include failing to assist resident with all aspects of activities of daily living (ADLs). In-service will be completed by 6/30/22. After 6/30/22, all nurses nursing assistants, accounts payable, accounts receivable, social worker, activities staff, housekeeping staff, therapy staff, maintenance staff, receptionist/screeners, administrator and medical records staff will be in-serviced on their next scheduled worked shift. All newly hired staff will be educated during orientation regarding <i>Abuse/Neglect Policy</i>.</p> <p>The MDS will complete 10 Resident Care Audits to include all shifts and weekends, resident #2 and resident #6 weekly x 4 weeks then monthly x 1 month. This audit is to identify any potential neglect to include but not limited to failure to provide ADLs and incontinent care. The MDS Nurse will address all concerns identified during the audit to include assessment of the resident, notification of the Director of Nursing,</p>		

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F 600	<p>Continued From page 13</p> <p>A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022 revealed that (R6) was toileted/received incontinence care on 06/04/2022 at 5:28 a.m. Further review of the ADL sheets failed to evidence that (R6) received incontinence care during the 7 a.m.-3 p.m. shift.</p> <p>On 06/22/2022 at approximately 11:22 a.m., an interview was conducted with RN (registered nurse) # 2 wound nurse. When asked how often they had to perform CNA (certified nursing assistant) duties, RN # 2 stated that on 06/04/2022 that it was the only day they were filling in as a CNA and that they were the only CNA working on the 7-3 shift. When asked if there were residents who were not attended to during that shift on 06/04/2022, RN # 2 stated yes. When asked if (R6) received incontinence care during the 7-3 shift RN # 2 stated no that they did not get to provide incontinent care to (R6). RN # 2 further stated that they informed the oncoming shift, 3-11 (3:00 p.m. to 11:00 p.m.), that they did not provide incontinence care to (R6) so they could provide the incontinence care. RN # 2 stated that they did the best they could.</p> <p>On 06/22/2022 at 12:25 p.m., an interview was conducted with CNA # 1. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours. When informed that (R6) did not receive incontinence care during the 7-3 shift CNA # 1 stated that it would be a neglect issue. CNA # 1 further stated that they knew (R6) and they were not able to tell someone when they are soiled.</p>	F 600	<p>Administrator and physician and retraining of staff. The Director of Nursing will review the Resident Care Audits weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Social Worker will complete resident questionnaires with all alert and oriented residents regarding neglect to include receiving assistance with ADL care when indicated weekly x 4 weeks then monthly x 1 month utilizing the <i>Resident Questionnaire-Neglect</i>. The Social Worker will address all concerns identified during the audit to include but not limited to assessment of the resident, notification of Director of Nursing, Administrator and physician. The Administrator will review the <i>Resident Questionnaire -Neglect</i> weekly x 4 weeks then monthly x 1 month.</p> <p>The Director of Nursing will present the findings of the <i>Resident Care Audits</i> and the <i>Resident Questionnaire-Neglect</i> to the Executive Quality Assurance Performance Improvement (QAPI) Committee will meet monthly for 2 months and review the <i>Resident Care Audits</i> and <i>Resident Questionnaire- Neglect</i> to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 600	<p>Continued From page 14</p> <p>On 06/22/22 at 3:56 p.m., an interview was conducted ASM (administrative staff member) # 2, director of nursing (DON). When informed of (R6) not receiving incontinence care during the 7-3 shift on 06/04/2022 ASM # 2 stated they were not aware of (R6) not receiving incontinence care. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours. When asked if the failure of the facility staff to provide incontinence care to (R6) on 06/04/2022 during the 7-3 shift met the definition of neglect ASM # 2 stated yes.</p> <p>The facility's policy, "Abuse, Neglect or Misappropriation of Resident Property Policy" documented in part, "The facility believes that our residents have the right to be free from abuse, neglect, involuntary seclusion, exploitation, or misappropriation of property. The facility will do whatever is in its control to prevent mistreatment, neglect, exploitation, and abuse of our residents or misappropriation of their property." Under "Definitions and Examples from Regulations" it documented in part, "NEGLECT is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Under "Prevention" it documented in part, "The facility will deploy staff to meet the resident's needs, as appropriate; The facility will monitor the provision of resident care and services every shift."</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM # 1, administrator and ASM # 2, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p>	F 600			

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F 600	<p>Continued From page 15</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>Reference:</p> <p>(1) A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>2. For Resident #2 the facility staff failed to provide incontinence care on 6/4/2022 during the day shift.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2022, the resident was coded as having both short and long term memory difficulties and being severely impaired for making cognitive daily decisions. In Section G - Functional Status, R1 was coded as being totally dependent of two or more staff members for their toileting needs. In Section H - Bladder and Bowel, R1 was coded as being always incontinent of both bowel and bladder.</p>	F 600			



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F 600	<p>Continued From page 16</p> <p>The comprehensive care plan dated, 4/7/2015 documented in part, "Focus: (R2) is always incont (incontinent) of bowel and bladder." The "Interventions" documented, "Pericare after each incontinent episodes. Protection and containment program,; apply underwear over brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "NO TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."</p> <p>The Point of Care Toileting documentation dated 6/3/2022 at 10:59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4:54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10:59 p.m. The resident was totally dependent upon one staff member for toileting needs.</p> <p>An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (certified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did the best she could. She stated she did the B hall, and A hall but only got up to room 118. When asked if she changed R2, RN #2 stated she did not get to that room. RN #2 stated unless [LPN -</p>	F 600			

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F 600	<p>Continued From page 17</p> <p>licensed practical nurse #2] did them.</p> <p>An interview was conducted with LPN #2 on 6/22/2022 at 11:35 a.m. When asked if she worked on 6/4/2022, LPN #2 stated yes. When asked what she did that day, LPN #2 stated she passed medications, answered call lights, took residents to the bathroom and giving bed pans. When asked if she did incontinence care on any other residents, LPN #2 stated, she did some what she could get to. When asked if any residents were left unattended to, LPN #2 stated, [RN#2] was working as a CNA and was working with the residents. When asked if she did incontinence care on R2, LPN #2 stated she did not, she thought that [RN#2] did.</p> <p>An interview was conducted with CNA #1 on 6/22/2022 at 12:26 p.m. When asked what the negative outcome is of a resident not being changed for a shift, CNA #1 stated, breakdown (skin) is your number one concern. Second one is dignity to have them (the residents) sit in their waste. CNA #1 stated these were the two biggest concerns for her. When asked if R2 was left for an entire shift without being changed, is that a dignity issue, CNA #1 stated, "Yes, but neglect is first as he is unable to care for himself and due to his disease process he can't let you know that he needs to be changed.</p> <p>An interview was conducted with RN #1, the assistant director of nursing, on 6/22/2022 at 1:33 p.m. When asked if a resident not being changed for an entire shift is neglect, RN #1 stated, "Yes, there is no way to get around that if he wasn't touched for a shift."</p> <p>An interview was conducted with ASM</p>	F 600			

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F 600	Continued From page 18  (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. On 6/4/2022 it was determined that R2 was not changed for one shift. When asked the definition of neglect, ASM #2 stated it's the failure to receive care or services, anything that causes them harm. Dignity is more psychosocial but it can fall into both. When asked if she agreed R2 was neglected in terms of their care, ASM #2 stated the resident should receive care and if they didn't get care in the eight hours then that is neglect.  ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.  No further information was obtained prior to exit. Complaint deficiency.	F 600			
F 607 SS=D	Develop/Implement Abuse/Neglect Policies CFR(s): 483.12(b)(1)-(3)  §483.12(b) The facility must develop and implement written policies and procedures that:  §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and  §483.12(b)(3) Include training as required at paragraph §483.95. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review,	F 607	On 6/23/22, the Director of Nursing (DON) assessed resident #2 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no concerns identified.  6/23/22, the Director of Nursing(DON) assessed resident #6 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no concerns identified.  On 6/23/22, the Assistant Director of Nursing (ADON) and Quality Improvement/Infection Prevention (QI/IP) completed an audit of all residents not able to report for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no additional concerns identified during the audit.		<u>07/22/22</u>

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F 607	<p>Continued From page 19</p> <p>facility document review and in the course of a complaint investigation, it was determined that the facility staff failed implement their neglect policy for two of nine residents in the survey sample, Residents # 6 (R6) and # 2 (R2).</p> <p>The findings include:</p> <p>1. The facility staff failed to implement their policy regarding neglect to protect Resident # 6 (R6). The staff failed to provide incontinence care on 6/4/2022 during the day shift.</p> <p>(R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2),</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.</p> <p>A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022 revealed that (R6) was toileted/received incontinence care on 06/04/2022 at 5:28 a.m. Further review of the ADL sheets failed to evidence that (R6) received incontinence care during the 7 a.m.-3 p.m. shift.</p> <p>On 06/22/2022 at approximately 11:22 a.m., an interview was conducted with RN (registered nurse) # 2 wound nurse. When asked how often</p>	F 607	<p>On 6/23/22, the Social Worker completed resident questionnaires with all alert and oriented residents regarding neglect to include receiving assistance with ADL care when indicated. The Social Worker addressed all concerns identified during the audit to include but not limited to assessment of resident, notification of Director of Nursing, Administrator, and Physician.</p> <p>On 6/23/22, Assistant Director of Nursing initiated an in-service with all nurses, nursing assistants, accounts payable, accounts receivable, social worker, activities staff, housekeeping staff, therapy staff, maintenance staff, receptionists/screeners, administrator and medical records regarding Abuse /Neglect Policy with emphasis on forms of neglect to include failing to assist resident with all aspects of activities of daily living (ADLs). In-service will be completed by 6/30/22. After 6/30/22 all nurses nursing assistants, accounts payable, accounts receivable, social worker, activities staff, housekeeping staff, therapy staff, maintenance staff, receptionist/screeners, administrator and medical records staff will be in-serviced on their next scheduled worked shift. All newly hired staff will be educated during orientation regarding Abuse/Neglect Policy.</p> <p>On 6/23/22, the Facility Consultant initiated an in-service with the Administrator and the Director of Nursing regarding Abuse/Neglect with emphasis on Administrator and Director of Nursing responsibility to (1) ensure the facility develop and implement written policies and procedures to prohibit and prevent abuse, neglect, and exploitation of residents property (2) ensure training of all staff regarding abuse/ neglect/misappropriation and (3) responsibility</p>		

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F 607	<p>Continued From page 20</p> <p>they have to perform CNA (certified nursing assistant) duties, RN # 2 stated that on 06/04/2022 that it was the only day they were filling in as a CNA and that they were the only CNA working on the 7-3 shift. When asked if there were residents who were not attended to during that shift on 06/04/2022, RN # 2 stated yes. When asked if (R6) received incontinence care during the 7-3 shift RN # 2 stated no that they did not get to provide incontinent care to (R6). RN # 2 further stated that they informed the oncoming shift, 3-11 (3:00 p.m. to 11:00 p.m.), that they did not provide incontinence care to (R6) so they could provide the incontinence care. RN # 2 stated that they did the best they could.</p> <p>On 06/22/2022 at 12:25 p.m., an interview was conducted with CNA # 1. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours. When informed that (R6) did not receive incontinence care during the 7-3 shift CNA # 1 stated that it would be a neglect issue. CNA # 1 further stated that they knew (R6) and they were not able to tell someone when they are soiled.</p> <p>On 06/22/22 at 3:56 p.m., an interview was conducted ASM (administrative staff member) # 2, director of nursing (DON). When informed of (R6) not receiving incontinence care during the 7-3 shift on 06/04/2022 ASM # 2 stated they were not aware of (R6) not receiving incontinence care. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting ASM # 2 stated that the resident should be checked and /or changed every two hours. When asked if the failure of the</p>	F 607	<p>of Administrator and/or DON to investigate all allegations of abuse/neglect/ misappropriation of property to promote safety for all residents.</p> <p>The Treatment Nurse, Assistant Director of Nursing and the MDS will complete 10 Resident Care Audits to include all shifts and weekends, resident #2 and resident #6 weekly x 4 weeks then monthly x 1 month. This audit is to identify any potential neglect to include but not limited to failure to provide ADLs and incontinent care. The MDS Nurse will address all concerns identified during the audit to include assessment of the resident, notification of the Director of Nursing, Administrator, physician and re-training staff.</p> <p>The Director of Nursing will review the Resident Care Audits weekly x 4 weeks and monthly x 1 month to ensure all concerns were addressed.</p> <p>The Director of Nursing will present the findings of the Resident Care Audits and Resident Questionnaires-Neglect to the Executive Quality Assurance Performance Improvement (QAPI) committee monthly x 2 months. The Executive QAPI Committee will meet for 2 months to determine trends and/ or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 607	<p>Continued From page 21</p> <p>facility staff to provide incontinence care to (R6) on 06/04/2022 during the 7-3 shift met the definition of neglect ASM # 2 stated yes. After reviewing the facility's policy regarding abuse and neglect ASM # 2 was asked if they implemented their policy to prevent neglect. ASM # 2 stated no.</p> <p>The facility's policy, "Abuse, Neglect or Misappropriation of Resident Property Policy" documented in part, "The facility believes that our residents have the right to be free from abuse, neglect, involuntary seclusion, exploitation, or misappropriation of property. The facility will do whatever is in its control to prevent mistreatment, neglect, exploitation, and abuse of our residents or misappropriation of their property." Under "Definitions and Examples from Regulations" it documented in part, "NEGLECT is defined as failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." Under "Prevention" it documented in part, "The facility will deploy staff to meet the resident's needs, as appropriate; The facility will monitor the provision of resident care and services every shift."</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM # 1, administrator and ASM # 2, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>Reference: (1) A type of movement disorder. This</p>	F 607			

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F 607	<p>Continued From page 22</p> <p>information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>2. The facility staff failed to implement their policies for the prevention of neglect for Resident #2 (R2). The staff failed to provide incontinence care on 6/4/2022 during the day shift.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2022, the resident was coded as having both short and long term memory difficulties and being severely impaired for making cognitive daily decisions. In Section G - Functional Status, R1 was coded as being totally dependent of two or more staff members for their toileting needs. In Section H - Bladder and Bowel, R1 was coded as being always incontinent of both bowel and bladder.</p> <p>The comprehensive care plan dated, 4/7/2015 documented in part, "Focus: (R2) is always incontinent (incontinent) of bowel and bladder." The "Interventions" documented, "Pericare after each incontinent episodes. Protection and containment program,; apply underwear over</p>	F 607			

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F 607	<p>Continued From page 23</p> <p>brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "NO TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."</p> <p>The Point of Care Toileting documentation dated 6/3/2022 at 10:59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4:54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10:59 p.m. The resident was totally dependent upon one staff member for toileting needs.</p> <p>An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (certified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did the best she could. She stated she did the B hall, and A hall but only got up to room 118. When asked if she changed R2, RN #2 stated she did not get to that room. RN #2 stated unless [LPN - licensed practical nurse #2] did them.</p> <p>An interview was conducted with LPN #2 on 6/22/2022 at 11:35 a.m. When asked if she worked on 6/4/2022, LPN #2 stated yes. When asked what she did that day, LPN #2 stated she passed medications, answered call lights, took</p>	F 607			



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F 607	<p>Continued From page 24</p> <p>residents to the bathroom and giving bed pans. When asked if she did incontinence care on any other residents, LPN #2 stated, she did some what she could get to. When asked if any residents were left unattended to, LPN #2 stated, [RN#2] was working as a CNA and was working with the residents. When asked if she did incontinence care on R2, LPN #2 stated she did not, she thought that [RN#2] did.</p> <p>An interview was conducted with CNA #1 on 6/22/2022 at 12:26 p.m. When asked what the negative outcome is of a resident not being changed for a shift, CNA #1 stated, breakdown (skin) is your number one concern. Second one is dignity to have them (the residents) sit in their waste. CNA #1 stated these were the two biggest concerns for her. When asked if R2 was left for an entire shift without being changed, is that a dignity issue, CNA #1 stated, "Yes, but neglect is first as he is unable to care for himself and due to his disease process he can't let you know that he needs to be changed.</p> <p>An interview was conducted with RN #1, the assistant director of nursing, on 6/22/2022 at 1:33 p.m. When asked if a resident not being changed for an entire shift is neglect, RN #1 stated, "Yes, there is no way to get around that if he wasn't touched for a shift."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. On 6/4/2022 it was determined that R2 was not changed for one shift. When asked the definition of neglect, ASM #2 stated it's the failure to receive care or services, anything that causes them harm. Dignity is more psychosocial but it can fall into both.</p>	F 607			

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F 607	Continued From page 25  When asked if she agreed R2 was neglected in terms of their care, ASM #2 stated the resident should receive care and if they didn't get care in the eight hours then that is neglect.  On 6/23/2022 at approximately 1:30 p.m. ASM #2 was asked, if the failure of the facility staff to provide incontinence care to (R2) on 6/4/2022 during the 7:00 a.m. to 3:00 p.m. shift met the definition of neglect ASM # 2 stated, yes. After reviewing the facility's policy regarding abuse and neglect ASM # 2 was asked if they implemented their policy to prevent neglect. ASM # 2 stated, no.  ASM#1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.  No further information was obtained prior to exit.	F 607			
F 656 SS=E	Complaint deficiency. 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 -	F 656	On 6/24/22, Director of Nursing(DON) initiated an audit of all current resident's medication administration records(MAR) from 6/1/22- 6/23/22 to include resident #1, Resident #2, resident #3, resident #5, resident #7. This audit is to ensure medications were administered per physician orders to include but not limited to sliding scale insulin with documentation on the MAR of administration, and/or notification of physician when medication not administered for further recommendations. The DON will address all concerns identified during the audit to include assessment of the resident, notification of the physician for further		7/22/22

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F 656	<p>Continued From page 26</p> <p>(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</p> <p>(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 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 staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to implement the comprehensive care plan for six of nine residents in the survey sample, Residents #1, #2, #3, #5, #6, and #7.</p>	F 656	<p>recommendations and/or education of the nurse. This audit will be completed by 6/30/22.</p> <p>On 6/24/22, the DON initiated an audit of all finger stick blood sugars (FSBS) orders. This audit was to ensure FBS were completed per physician orders with documentation on MAR, that sliding scale insulin was administered following the physician orders and that the physician was notified for any FSBS &gt;400. Th DON will address all concerns identified during audit. The audit will be completed by 6/24/22.</p> <p>On 6/23/22, the Director of Nursing (DON) assessed resident #2 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no concerns identified.</p> <p>6/23/22, the Director of Nursing(DON) assessed resident #6 for signs and symptoms of neglect to include but not limited to providing timely incontinent care when indicated. There were no concerns identified.</p> <p>On 6/23/22, the Director of Nursing(DON) completed an audit of all incontinent residents to include resident #2 and resident #6. This audit was to ensure all residents were provided incontinent care timely. The Assistant Director of Nursing(ADON) addresses all concerns identified during the audit to include providing incontinent care when indicated and education of staff.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>WAYLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>730 LUNENBURG HIGHW KEYSVILLE, VA 23947</b>		
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F 656	<p>Continued From page 27</p> <p>The findings include:</p> <p>1a. The facility staff failed to implement the comprehensive care plan for administering medications per the physician orders for Resident #1(R1).</p> <p>Resident #1 (R1) has a diagnosis of diabetes. On the most recent MDS (minimum data set) assessment, a quarterly assessment with an assessment reference date of 3/13/2022, the resident scored a "12" on the BIMS (brief interview for mental status) score, indicating the resident is moderately cognitively impaired for making daily decisions. In Section N - Medications the resident was coded as receiving insulin seven days of the look-back period and a diuretic seven days of the look back period.</p> <p>The comprehensive care plan documented in part the following:          "3/17/2022 - Focus: Chronic decline in intellectual functioning characterized by deficit in memory, judgment, decision making and thought process related to hx (history of) traumatic brain injury, Parkinson's."          "7/6/2018 - Focus: Potential for fluid volume deficit due to: diuretics." The "Interventions" documented in part, "Administer medications as ordered by the physician."          "3/25/2019 - Focus: Potential for fluid volume excess due to : CHF (congestive heart failure)." The "Interventions" documented in part, "Administer medications as ordered and observe for resident's response to therapy."          "3/25/2019 - Focus: Hypertension: at risk for complications of renal failure, arteriosclerotic disease, and/or retinopathy." The "Interventions" documented in part, "Administer medications as</p>	F 656	<p>On 6/23/22, the Social Worker completed resident questionnaires with all alert and oriented residents regarding incontinent care/toileting. The questionnaire is to identify any concerns related to timely incontinent care/or toileting assistance. The Assistant Director of Nursing(ADON)will address all concerns identified during the audit to include providing incontinent care/toileting assistance when indicated and education of staff.</p> <p>On 6/23/22, the Assistant Director of Nursing, initiated an in-service with all nurses regarding <i>Following Physician Orders</i>, with the emphasis on ensuring medications are administered per physician orders to include but not limited to sliding scale insulin with documentation on MAR of administration, and/or notification of the physician when medication not administered for further recommendations and on ensuring physician orders to include but not limited to orders for sliding scale insulin clearly defines parameters for administration to include dose, route, frequency, and when physician should be notified if indicated. In-Service will be completed by 6/30/22. After 6/30/22, any newly hired nurses will be in-serviced during orientation regarding <i>Following Physician Orders</i>.</p> <p>On 6/23/22, the ADON initiated an in-service with all nurses and nursing assistants on <i>Incontinent Care with the emphasis on providing incontinent care/toileting assistance timely per resident plan of care</i>. In-service will be completed by 6/30/22. After 6/30/22, any nurse or nursing assistant who has not completed the in-service will complete prior to next scheduled work shift. All newly hired nurses and nursing assistants will be in-serviced during orientation regarding <i>Incontinent care</i>.</p>		

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F 656	<p>Continued From page 28</p> <p>ordered and monitor for potential side effects."</p> <p>"10/30/2015 - Focus: (R1) has seizure disorder potential for complications; potential for injury." The "Interventions" documented in part, "Administer medications as ordered by the physician."</p> <p>"3/17/2022 - Focus: Diabetes Mellitus: Potential for complications of hyper/hypoglycemia; Resident is non-compliant with diet and/or treatment regimen." The "Interventions" documented in part, "FSBS (finger stick blood sugar) as ordered by physician and/or per facility protocol. Medication as ordered by the physician."</p> <p>The physician orders dated, 12/20/2017 documented, "Topamax (used to treat seizures) 50 mg (milligrams) 1 by mouth twice daily for anticonvulsants."</p> <p>The physician order dated, 12/20/2017 documented, "Symadine (used to treat Parkinson's disease)(2) 100 mg cap (capsule) take 1 capsule by mouth twice daily."</p> <p>The physician order dated, 12/20/2017 documented, "Coreg (used to treat heart failure and high blood pressure) 6.25 mg; 1 by mouth twice daily for hypertension. Hold if pulse less than 60."</p> <p>The physician order dated, 2/17/2022 documented, "Lasix (used to treat high blood pressure and fluid retention) 40 mg; take 1 tablet by mouth twice daily for fluid overload."</p> <p>The physician order dated, 12/15/2021 documented, "Insulin Detemir - Levemir Injection (used to treat diabetes); inject 20 units sub - Q (subcutaneous) every night at bedtime."</p>	F 656	<p>The Treatment Nurse, Assistant Director of Nursing (ADON) and the Minimum Data Set (MDS) will complete 10 resident care audits to include all shifts and weekends, resident #2 and resident #6 weekly x 4 weeks then monthly x 1 month utilizing the Resident Care Audit. The treatment nurse, ADON, and MDS nurse will address all concerns indicated to maintain resident dignity and re-training of staff. The Director of Nursing will review Resident Care Audit weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will review MARs weekly x 4 weeks then monthly x 1 utilizing the MAR Audit Tool. This audit is to ensure medications to include but not limited to sliding scale insulin was administered per physician orders. The Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will address all concerns identified during audit to include assessment of the resident, notification of the physician, and re-training of staff. The Director of Nursing will review the MAR Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Director of Nursing will present the findings of the <i>Resident Care Audit</i> and the <i>MAR Audit</i> to the Executive Quality Assurance Improvement (QAPI) Committee for 2 months. The Executive QAPI Committee will meet monthly x 2 months and review the Resident Care Audit and the MAR Audit to determine trends and/or issues that may need further intervention put into place and to determine the need for</p>		

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F 656	<p>Continued From page 29</p> <p>The physician order dated, 8/13/2021 documented, " Insulin Aspart - Novolog injection; inject as per SS (sliding scale) sub Q before meals and at bedtime 200 - 250 = 4 units, 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units."</p> <p>The physician order dated, 6/16/2021 documented, "Pepcid (used to treat acid reflux) 20 mg; take 1 tablet by mouth twice daily."</p> <p>The May and June 2022 MAR (medication administration record) documented the above orders.</p> <p>The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank: Topamax 50 mg - the 8:00 p.m. dose on 5/18/2022, 5/19/2022, 5/20/2022 and 5/24/2022. Symadine 100 mg - the 9:00 a.m. dose on 5/23/2022 and 5/25/2022; the 8:00 p.m. dose on 5/3/2022, 5/11/2022, 5/23/2022. Coreg 6.25 mg - the 8:00 p.m. dose on 5/18/2022 and 5/25/2022. Lasix 40 mg - the 4:00 p.m. dose on 5/17/2022. Levemir Insulin 20 units - the 8:00 p.m. dose on 5/11/2022 and 5/13/2022. Novolog Insulin - the 9:00 p.m. dose on 5/4/2022 and 5/5/2022.</p> <p>The June 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank:</p>	F 656			

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F 656	<p>Continued From page 30</p> <p>Coreg 6.25 mg - the 8:00 p.m. dose on 6/15/2022 Pepcid 20 mg - the 8:00 p.m. dose on 6/15/2022 Lasix 40 mg - the 4:00 p.m. dose on 6/13/2022 Levemir Insulin - The 8:00 p.m. dose on 6/3/2022, 6/5/2022, 6/10/2022, and 6/14/2022. Novolog Insulin - the 6:30 a.m. dose on 6/6/2022, 6/12/2022 and 6/15/2022. The Blood Sugar Summary documented the blood sugars: 6/6/2022 at 6:30 a.m. - 391 6/12/2022 at 6:30 a.m. - 210 6/15/2022 at 6:30 a.m. - 249 These blood sugar readings should have been treated with Novolog insulin and there was no documentation of any administered.</p> <p>Review of the nurse's notes for May and June 2022 failed to evidence documentation of why the medications were not administered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how does someone know it was given or not, LPN #1 stated, "You don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done." When asked the purpose of the care plan, ASM #2 stated it helps</p>	F 656			

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F 656	<p>Continued From page 31</p> <p>identify how the resident is to be cared for while here which includes their needs, how they communicate, and how they transfer/move. The care plan addresses all needs of care for the resident. When asked if the care plan says to give medications as ordered and they were not administered per the physician's order, is that implementing the care plan, ASM #2 stated, no.</p> <p>The facility policy, "Resident Care Plan" documented in part, "It is the policy of the facility to provide a written resident-centered care plan based on physician's orders, the assessment of the resident needs and preferences, and pre-admission screening and resident review (PASSR). Development and implementation of the resident's care plan will occur by participating disciplines available in the facility at the team conference under the direction of the RN coordinator."</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>(1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697012.html">https://medlineplus.gov/druginfo/meds/a697012.html</a></p> <p>(2) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682064.html">https://medlineplus.gov/druginfo/meds/a682064.html</a></p>	F 656			



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F 656	<p>Continued From page 32</p> <p>(3) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697042.html">https://medlineplus.gov/druginfo/meds/a697042.html</a></p> <p>(4) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682858.html">https://medlineplus.gov/druginfo/meds/a682858.html</a></p> <p>(5) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a606012.html">https://medlineplus.gov/druginfo/meds/a606012.html</a></p> <p>(6) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605013.html">https://medlineplus.gov/druginfo/meds/a605013.html</a></p> <p>(7) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a687011.html">https://medlineplus.gov/druginfo/meds/a687011.html</a></p> <p>1.b. For (R1), The facility staff failed to implement the comprehensive care plan for the administration of insulin per the physician orders.</p> <p>The comprehensive care plan dated 9/28/2015 and reviewed on 3/17/2022, documented in part, "Focus: Diabetes Mellitus: Potential for complications of hyper/hypoglycemia; Resident is non-compliant with diet and/or treatment regimen." The "Interventions" documented in part, "FSBS (finger stick blood sugar) as ordered by physician and/or per facility protocol. Medication as ordered by the physician."</p> <p>The physician order dated, 8/13/2021, documented, "Novolog Inj (injection) (used to treat diabetes) (1) 100U/ML (units per milliliter) - inject as per SS (sliding scale) sub -Q</p>	F 656			

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F 656	<p>Continued From page 33</p> <p>(subcutaneously) before meals and at bedtime: [blood sugar] 200 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units. Discard 28 days after opening."</p> <p>The May 2022 MAR (medication administration record) documented the above order. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented: 5/2/2022 at 4:30 p.m. - BS (blood sugar) - 436 - 10 units given 5/4/2022 at 9:00 p.m. - BS - 401 - no documented insulin given 5/14/2022 at 4:30 p.m. - BS - 450 - 10 units given 5/19/2022 at 4:30 p.m. - BS - 467 - 10 units given 5/30/2022 at 4:30 p.m. - BS - 433 - 10 units given</p> <p>The June 2022 MAR documented the above order for Novolog Insulin. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented: 6/8/2022 at 4:30 p.m. - BS - 415 - 10 units given 6/17/2022 at 11:30 a.m. - BS - 509 - 10 units given 6/18/2022 at 9:00 p.m. - BS - 489 - 10 units given</p> <p>Review of the nurse's notes failed to evidence documentation that the nurse contacted the physician to obtain orders for a blood sugar above 400.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how</p>	F 656			

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F 656	<p>Continued From page 34</p> <p>does someone know it was given or not, LPN #1 stated, "you don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done." When asked the purpose of the care plan, ASM #2 stated it helps identify how the resident is to be cared for while here which includes their needs, how they communicate, and how they transfer/move. The care plan addresses all needs of care for the resident. When asked if the care plan says to give medications as ordered and they were not administered per the physician's order, is that implementing the care plan, ASM #2 stated, no.</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>References:</p> <p>(1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605013.html">https://medlineplus.gov/druginfo/meds/a605013.html</a>.</p> <p>2.a. For (R2), the facility staff failed to implement</p>	F 656			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAYLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>730 LUNENBURG HIGHW</b> <b>KEYSVILLE, VA 23947</b>		
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F 656	<p>Continued From page 35</p> <p>the care plan for the administration of medications for Resident #2 (R2).</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2022, the resident was coded as having both short and long term memory difficulties and being severely impaired for making cognitive daily decisions.</p> <p>The comprehensive care plan documented in part, the following:          "12/26/2013 - Focus: Problematic manner in which resident acts characterized by ineffective coping; Agitation/combativeness related to: cognitive impairment, impaired reasoning skills, D/T (due to) dementia, R/T (related to) Huntington's chorea." The "Interventions" documented in part, "Give medications as prescribed by MD (medical doctor)."          "4/12/2019 - Focus: Huntington's Chorea." The "Interventions" documented in part, "Medications to control involuntary movements as directed."          "2/14/2019 - Focus: Huntington's chorea (R2) is at risk for impaired chewing and swallowing, uncontrolled movements or extremities, trunk and face, dementia." The "Interventions" documented in part, "Medications as ordered. Monitor bowel elimination for adequate functioning and notify physician of significant changes."          "11/9/2015 - Focus: (R2) takes psychotropic medications daily." The "Interventions" documented in part, "Administer medications per physician's order."          "9/26/2015 - Focus: (R2) has seizure disorder and at risk for potential for complications and injury."</p> <p>The physician orders dated, 12/18/2020,</p>	F 656			

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F 656	Continued From page 36 documented, "Risperdal 0.5 mg (milligrams) (used to treat behavior problems such as aggression, self-injury, and sudden mood changes) (1) - Risperidone Tab (tablet) 0.5 mg once daily for Huntington's Chorea." The physician order dated, 12/18/2020, documented, "Senna Plus (used to treat constipation) (2) 8.6 - 50 mg take 1 tablet by mouth twice daily for constipation." The physician order dated, 12/18/2020, documented, "Xenazine (used to treat chorea [sudden movements that you cannot control] caused by Huntington's disease) (3) 25 mg tablet, take 1/2 tablet = 12.5 mg by mouth twice a day for Huntington's chorea." The physician order dated, 12/18/2020, documented, "Naphcon - A solution (used to treat the symptoms of Allergic Conjunctivitis) (4); instill 2 drops into each eye twice a day for eye allergies." The physician order dated, 8/10/2021, documented, "Keppra - Levetiracetam (used in combination with other medications to treat seizure in adults) (5) - take 7.5 ml (milliliters) (750 mg) by mouth twice daily." The physician order dated, 4/18/2022, documented, "Neurontin - Gabapentin cap (capsule) 300 mg - take 1 capsule by mouth three times a day for seizures." The physician order dated, 12/18/2020, documented, "Risperdal 0.5 mg - take 2 tablets = 1 mg by mouth at bedtime for Huntington's chorea." The physician order dated, 6/21/2021, documented, "Cholecalciferol 50,000 - Vitamin D3 50,000 (Vitamin D helps your body absorb calcium. Calcium is one of the main building blocks of bone. A lack of vitamin D can lead to bone diseases such as osteoporosis or rickets.	F 656			

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F 656	<p>Continued From page 37</p> <p>Vitamin D also has a role in your nerve, muscle, and immune systems.) (7) units cap take 1 capsule by mouth every week for Vitamin - D deficiency."</p> <p>The May 2022 and June 2022 MAR documented the above orders.</p> <p>The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank.</p> <p>Risperdal 0.5 mg - the 6:00 a.m. dose on 5/6/2022</p> <p>Senna Plus 8.5-50 mg -the 4:00 p.m. dose on 5/28/2022</p> <p>Xenazine 25 mg dose - the 4:00 p.m. on 5/28/2022</p> <p>Naphcon A - the 4:00 p.m. on 5/28/2022</p> <p>Keppra - the 8:00 p.m. dose on 5/27/2022</p> <p>Neurontin 300 mg - the 8:00 a.m. and 4:00 p.m. dose on 5/27/2022</p> <p>Risperdal 1 mg - the 8:00 p.m. dose on 5/3/2022</p> <p>Bisacodyl 10 mg - the 12:00 a.m. dose on 5/24/2022.</p> <p>The June MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times:</p> <p>Senna Plus 8.5 - 50 mg - the 4:00 p.m. dose on 6/2/2022, 6/5/2022, 6/14/2022 and 6/21/2022.</p> <p>Xenazine 25 mg - the 4:00 p.m. dose on 6/14/2022 and 6/21/2022</p> <p>Naphcon A - the 4:00 p.m. dose on 6/21/2022</p> <p>Keppra - the 4:00 p.m. dose on 6/13/2022</p> <p>Neurontin 300 mg - the 8:00 p.m. dose on 6/5/2022 and 6/7/2022</p>	F 656			

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F 656	<p>Continued From page 38</p> <p>Cholecalciferol 50,000 units - the 8:00 a.m. dose on 6/21/2022.</p> <p>Review of the nurse's notes for May and June 2022 failed to evidence documentation as to why the medications were not administered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how does someone know it was given or not, LPN #1 stated, "you don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done." When asked the purpose of the care plan, ASM #2 stated it helps identify how the resident is to be cared for while here which includes their needs, how they communicate, and how they transfer/move. The care plan addresses all needs of care for the resident. When asked if the care plan says to give medications as ordered and they were not administered per the physician's order, is that implementing the care plan, ASM #2 stated, no.</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately</p>	F 656			

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F 656	<p>Continued From page 39 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>References:</p> <p>(1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a694015.html">https://medlineplus.gov/druginfo/meds/a694015.html</a></p> <p>(2) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601112.html">https://medlineplus.gov/druginfo/meds/a601112.html</a></p> <p>(3) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a618009.html">https://medlineplus.gov/druginfo/meds/a618009.html</a></p> <p>(4) This information was obtained from the following website: <a href="https://www.rxlist.com/naphcon-a-drug.htm">https://www.rxlist.com/naphcon-a-drug.htm</a></p> <p>(5) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a></p> <p>(6) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a></p> <p>(7) This information was obtained from the following website: <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a></p> <p>2.b. For (R2), the comprehensive care plan dated, 4/7/2015 documented in part, "Focus: (R2) is always incontinent (incontinent) of bowel and bladder." The "Interventions" documented,</p>	F 656			



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F 656	<p>Continued From page 40</p> <p>"Pericare after each incontinent episodes. Protection and containment program,; apply underwear over brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "NO TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."</p> <p>The Point of Care Toileting documentation dated 6/3/2022 at 10:59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4:54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10:59 p.m. The resident was totally dependent upon one staff member for toileting needs.</p> <p>An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (certified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did the best she could. She stated she did the B hall, and A hall but only got up to room 118. When asked if she changed R2, RN #2 stated she did not get to that room. RN #2 stated unless [LPN - licensed practical nurse #2] did him. .</p> <p>An interview was conducted with LPN #2 on 6/22/2022 at 11:35 a.m. When asked if she worked on 6/4/2022, LPN #2 stated yes. When</p>	F 656			

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F 656	<p>Continued From page 41</p> <p>asked what she did that day, LPN #2 stated she passed medications, answered call lights, took residents to the bathroom and giving bed pans. When asked if she did incontinence care on any other residents, LPN #2 stated, she did some what she could get to. When asked if any residents were left unattended to, LPN #2 stated, [RN#2] was working as a CNA and was working with the residents. When asked if she did incontinence care on R2, LPN #2 stated she did not, she thought that [RN#2] did.</p> <p>An interview was conducted with RN #1, the assistant director of nursing, on 6/22/2022 at 1:33 p.m. When asked if she provided any incontinence care to residents on 6/4/2022, RN #1 stated due to her physical limitations she was unable to provide incontinence care and she did not do any incontinence care on any residents on 6/4/2022. When asked if the care plan states to change and provide incontinence care and it wasn't done, is that following the care plan, RN #1 stated, no, there is no way that it could have been followed.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done." When asked the purpose of the care plan, ASM #2 stated it helps identify how the resident is to be cared for while here which includes their needs, how they communicate, and how they transfer/move. The care plan addresses all needs of care for the</p>	F 656			

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F 656	<p>Continued From page 42</p> <p>resident. When asked if the care plan says to provide incontinence care after each incontinent episode and it wasn't done, as in the case with R2 on 6/4/2022, is that implementing the care plan, ASM #2 stated, no.</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>3. For (R3), the facility staff failed to implement the care plan for the administration of medications.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/1/2022, the resident was coded as not having short or long term memory difficulties and was coded as being independent in making daily cognitive decisions.</p> <p>The comprehensive care plan documented in part the following: "3/1/2016 - Focus: Chronic Pain related to arthritis." The "Interventions" documented in part, "Administer pain medications as per MD (medical doctor) orders and note the effectiveness." "3/6/2018 - Focus: State of nourishment; potential for less than body requirements related to being on a therapeutic diet, being on mechanically altered diet, leaves 25% or more on food uneaten at most meals, decreased appetite." The "Interventions" documented in part, "Provide</p>	F 656			

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F 656	<p>Continued From page 43</p> <p>Supplements as ordered."</p> <p>4/10/2017 - Focus: Potential for bleeding/bruising R/T (related to) receiving aspirin and plavix." The "Interventions" documented in part, "Administer medications as ordered by the physician."</p> <p>The physician orders dated, 1/17/2013, documented, "Centrum/MVI (multivitamin) (nutritional supplement) (1) - 1 tab (tablet) by mouth once daily for supplement."</p> <p>The physician order dated, 3/3/2016, documented, "Plavix (used alone or with aspirin to prevent serious or life-threatening problems with the heart and blood vessels in people who have had a stroke, heart attack, or severe chest pain.) (2)75 mg (milligrams) tablet, 1 by mouth once daily for CVA (cerebral vascular accident - stroke)/ hypertension."</p> <p>The physician order dated, 4/5/2008, documented, "Tylenol (used to treat pain or fever) (3) 325 mg tablet, 2 tablet by mouth twice daily for arthritis pain."</p> <p>The May and June 2022 MAR (medication administration record) documented the above orders.</p> <p>The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank: Centrum - the 9:00 a.m. dose on 5/29/2022 Plavix 75 mg - the 9:00 a.m. dose on 5/29/2022 Tylenol 650 mg - the 9:00 a.m. dose on 5/29/2022</p> <p>The June 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented</p>	F 656			

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F 656	<p>Continued From page 44</p> <p>prescribed times, the squares on the MAR were blank: Centrum - the 9:00 a.m. dose on 6/11/2022, 6/12/2022, 6/13/2022, and 6/14/2022 Tylenol 650 mg - the 5:00 p.m. dose on 6/4/2022</p> <p>Review of the nurse's notes for May and June 2022 failed to evidence documentation of why the mediations were not administered.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how does someone know it was given or not, LPN #1 stated, "You don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done." When asked the purpose of the care plan, ASM #2 stated it helps identify how the resident is to be cared for while here which includes their needs, how they communicate, and how they transfer/move. The care plan addresses all needs of care for the resident. When asked if the care plan says to give medications as ordered and they were not administered per the physician's order, is that implementing the care plan, ASM #2 stated, no.</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the</p>	F 656			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAYLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>730 LUNENBURG HIGHW</b> <b>KEYSVILLE, VA 23947</b>		
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F 656	<p>Continued From page 45</p> <p>facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>References:</p> <p>(1) This information was obtained from the following website: <a href="https://www.empr.com/drug/centrum/">https://www.empr.com/drug/centrum/</a></p> <p>(2) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601040.html">https://medlineplus.gov/druginfo/meds/a601040.html</a></p> <p>(3) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a></p> <p>4. For (R5), the facility staff failed to implement the comprehensive care plan for the administration of insulin.</p> <p>(R5) was admitted to the facility with a diagnoses that included by not limited to: type 2 (two) diabetes mellitus (1).</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/10/2022, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section N0350 "Insulin" coded (R5) as receiving seven insulin injection in the past seven days.</p> <p>The POS (physician's order sheet) dated</p>	F 656			

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F 656	<p>Continued From page 46</p> <p>05/01/2022 through 05/31/2022 for (R5) documented in part, "Humalog (2) INJ (injection) 100/ML (milliliter). SS (sliding scale): 0 (zero)-149=0 units; 150-199=1 unit, 200-249=2 units, 250-299=3 units, 300-349= 4units, 350-399=5 units, 400-450=6 units, &gt; (greater than) 450 or &lt; (less than) 60 call MD (medical doctor). Accuchecks before meals and at bedtime. 01/5/2022:"</p> <p>"Lantus (3) INJ 100/ML. Inject 15 units sub-Q (subcutaneous - beneath the skin) every evening for glucose (sugar) control. 01/05/2022."</p> <p>"Lantus INJ 100/ML. Inject 26 units sub-Q every morning for glucose (sugar) control. 01/05/2022."</p> <p>The eMAR (electronic medication administration record) for (R5) dated "May 2022" documented the physician's orders as stated above. Review of the eMAR failed to evidence (R5's) blood sugars on 05/19/2022 at 11:30 a.m., and 05/28/2022 at 4:30 p.m. and failed to evidence the amount of insulin administered on 05/19/2022 at 11:30 a.m., 05/23/2022 at 6:30 a.m., 05/24/2022 at 9:00 p.m., 05/25/2022 at 11:30 a.m. and on 05/28/2022 at 4:30 p.m. Further review of the eMAR revealed a blank on 05/04/2022 at 8:00 p.m. for the administration of 15 units of Lantus.</p> <p>The eMAR (electronic medication administration record) for (R5) dated "June 2022" documented the physician's orders as stated above. Review of the eMAR failed to evidence (R5's) blood sugars on 06/02/2022 at 6:30 a.m., 06/08/2022 at 6:30 a.m., 06/11/2022 at 9:00 p.m., 06/14/2022 at 4:30 p.m., and on 06/18/2022 at 4:30 p.m. and failed to evidence the amount of insulin</p>	F 656			

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F 656	<p>Continued From page 47</p> <p>administered on 06/02/2022 at 6:30 a.m., 06/03/2022 at 6:30 a.m., -6/06/2022 at 6:30 a.m., 06/08/2022 at 6:30 a.m., 06/11/2022 at 9:00 p.m., 06/12/2022 at 6:30 a.m., 11:30 a.m., 4:30 p.m. and at 9:00 p.m., 06/14/2022 at 4:30 p.m., 06/15/2022 at 6:30 a.m. and at 4:30 p.m., 06/18/2022 at 4:30 p.m. and on 06/20/2022 at 9:00 p.m. Further review of the eMAR revealed a blank on 06/07/2022 at 8:00 p.m. for the administration of 26 units of Lantus and on a blank on 06/12/2022 at 6:00 a.m. for the administration of 26 units of Lantus</p> <p>The comprehensive care plan for (R5) dated 01/31/2020 documented in part, "Focus. Diabetes Mellitus: Potential for complications of hyper/hypoglycemia: Date Initiated: 01/31/2020." Under "Interventions" it documented in part, "FSBS (fasting blood sugars) as ordered by physician and/or per facility protocol. Date Initiated: 01/31/2020."</p> <p>The facility's nurse's notes dated 05/01/2022 through 06/22/2022 failed to evidence (R5's) blood sugars and/or the amount of insulin administered to (R5) on the dates and times listed above.</p> <p>Review of (R5's) EHR (electronic health record) revealed a list of blood sugars from 05/01/2022 through 06/22/2022. Review of the list failed to evidence blood sugars on 05/19/2022 at 11:30 a.m., 05/28/2022 at 4:30 p.m., 06/02/2022 at 6:30 a.m., 06/08/2022 at 6:30 a.m., 06/11/2022 at 9:00 p.m., 06/14/2022 at 4:30 p.m., and on 06/18/2022 at 4:30 p.m.</p> <p>On 06/23/2022 at approximately 8:56 a.m., an interview was conducted with ASM (administrative</p>	F 656			



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F 656	<p>Continued From page 48</p> <p>staff member) # 2, director of nursing. After reviewing the eMARs dated May and June 2022 for (R5) ASM # 2 was asked about the blanks. ASM # 2 stated that if it wasn't documented it wasn't done.</p> <p>On 6/22/2022 at 3:59 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. When asked to describe the purpose of a resident's care plan, ASM #2 stated it's to help identify how the resident is to be cared for while here which meets their needs, how they communicate, and how to transfer or move. ASM # 2 also stated that the care plan addresses all the needs of the care for the resident. After reviewing (R5's) comprehensive care plan for diabetes mellitus, ASM # 2 was asked if the care plan was being implemented if there was no documented of bloods sugars or the amount of insulin administered as stated above. ASM # 2 stated that the care plan was not implemented.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing, ASM # 4, facility consultant and LPN # 5 clinical corporate director, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>References: (1) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a>.</p>	F 656			

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F 656	<p>Continued From page 49</p> <p>(2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f</a></p> <p>(3) A long- acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b861fdd9-e134-436e-8c0c-a60dd0006dd3">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b861fdd9-e134-436e-8c0c-a60dd0006dd3</a></p> <p>5. For (R6), the facility staff failed to implement the comprehensive care plan for incontinence care.</p> <p>(R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2),</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.</p> <p>A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022 revealed that (R6) was toileted/received</p>	F 656			

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F 656	<p>Continued From page 50</p> <p>incontinence care on 06/04/2022 at 5:28 a.m. Further review of the ADL sheets failed to evidence that (R6) received incontinence care during the 7-3 shift.</p> <p>The comprehensive care plan for (R6) dated 03/13/2020 documented in part, "Focus. Activities of Daily Living/ Personal Care. Date Initiated: 03/13/2020; Urinary incontinence related to: Cognitive impairment, Physical immobility. Date Initiated: 03/13/2020; Parkinson's Disease Date Initiated: 03/13/2020." Under "Interventions" it documented in part, "NO TOILETING required. Uses incontinent products. Date Initiated: 05/20/2020; Pericare after each incontinent episodes with application of barrier cream frequently. Date Initiated: 03/13/2020; Provide assistance with ADLs as necessary. Date Initiated: 03/13/2020."</p> <p>On 06/22/2022 at approximately 11:22 a.m., an interview was conducted with RN (registered nurse) # 2 wound nurse. When asked how often do they have to work as a CNA (certified nursing assistant) RN # 2 stated that on 06/04/2022 that is was only day they were filling in as a CNA and that they were the only CNA working on the 7-3 (7:00 a.m. to 3:00 p.m.) shift. When asked if there were residents who were not attended to RN # 2 stated yes. When asked if (R6) received incontinence care during the 7-3 shift RN # 2 stated no that they did not get to (R6). RN # 2 further stated that they informed the oncoming shift, 3-11 (3:00 p.m. to 11:00 p.m.), that they did not provide incontinence care to (R6) so they could provide the incontinence care. RN # 2 stated that they did the best they could. When asked if (R6's) care plan was followed for incontinence care RN # 2 stated no.</p>	F 656			

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F 656	<p>Continued From page 51</p> <p>On 6/22/2022 at 3:59 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. When asked to describe the purpose of a resident's care plan, ASM #2 stated it's to help identify how the resident is to be cared for while here which meets their needs, how they communicate, and how to transfer or move. ASM # 2 also stated that the care plan addresses all the needs of the care for the resident. After reviewing (R6's) comprehensive care plan for incontinence care, ASM # 2 was asked if the care plan was being implemented if there was no documented of (R6) receiving incontinent care on 06/04/2022. ASM # 2 stated that the care plan was not implemented.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM # 1, administrator and ASM # 2, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>Reference: (1) A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as</p>	F 656			

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F 656	<p>Continued From page 52</p> <p>autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>6. For (R7), the facility staff failed to implement comprehensive care plan for the administration of medications.</p> <p>(R7) was admitted to the facility with a diagnoses that included by not limited to: major depressive disorder, seizures, high cholesterol, Sjogren's disease (1) pain, and muscle spasms.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/18/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions.</p> <p>The POS (physician's order sheet) dated 05/01/2022 through 05/31/2022 for (R7) documented in part: "Cymbalta Duloxetine CAP (capsule) 60MG (milligrams). Take 1 (one) capsule by mouth twice daily for depression. 02/20/21."</p> <p>"Visine Dry Eye Relief DRP (drop) Artificial tears. Instill 1 drop each eye three times a day for dryness. 02/21/21."</p> <p>"Naproxen TAB 375MG. Take 1 table t by mouth at bedtime for arthritis pain. 02/21/21."</p> <p>The comprehensive care plan for (R7) documented in part, " ...Acts depressed related</p>	F 656			

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F 656	<p>Continued From page 53</p> <p>to: loss of independence, depression, CVA, left hemiplegia. Date Initiated: 07/23/2019, Administer medication as per MD orders. Date Initiated: 07/23/2019; Osteoarthritis: At risk for fractures; hx (history) of fractures due to disease progress; Date Initiated: 02/11/2020, Administer pain medication as per MD orders and note the effectiveness. Date Initiated: 04/23/2021; Actual Pain/discomfort, Acute/Chronic related to (bil) (bilateral) eye dryness. Date Initiated: 11/24/2020, Administer eye drop medication as per MD orders and note the effectiveness. Date Initiated: 11/24/2020; Use of psychotropic drugs ...due to diagnosis of: decline mood/ behavior, depression anti-depressant. Date Initiated: 07/23/2019, Administer medications per physician's orders. Date Initiated: 12/13/2019."</p> <p>The eMAR for (R7) dated May 2022 documented the physician's orders as stated above. Review of the eMAR revealed blanks on 05/03/2022 at 4:00 p.m. for the administration of Cymbalta on 05/04/2022, on 05/30/2022 at 8:00 p.m. for the administration of Visine eye relief.</p> <p>The eMAR for (R7) dated June 2022 documented the physician's orders as stated above. Review of the eMAR revealed blanks on 06/07/2022 at 4:00 p.m. for the administration of Cymbalta on 06/07/2022, 06/12/2022, 06/15/2022 and on 06/18/2022 at 6:00 a.m. for the administration of Visine eye relief and on 06/14/2022 at 8:00 p.m. for the administration of Naproxen.</p> <p>The facility's nurse's notes dated 05/01/2022 through 06/22/2022 failed to evidence the administration of (R7's) medications of Cymbalta, Visine, and Naproxen on the dates and times listed above.</p>	F 656			

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F 656	<p>Continued From page 54</p> <p>On 6/22/2022 at 3:59 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. When asked to describe the purpose of a resident's care plan, ASM #2 stated it's to help identify how the resident is to be cared for while here which meets their needs, how they communicate, and how to transfer or move. ASM # 2 also stated that the care plan addresses all the needs of the care for the resident. After reviewing (R7's) comprehensive care plan, ASM # 2 was asked if the care plan was being implemented for the administration of Cymbalta, Visine and Naproxen. ASM # 2 stated that the care plan was not implemented.</p> <p>On 06/23/2022 at approximately 8:56 a.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. After reviewing the eMARs dated May and June 202 for (R7) ASM # 2 was asked about the blanks. ASM # 2 stated that if it wasn't documented it wasn't done.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>References: (1) An autoimmune disorder in which the glands</p>	F 656			

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F 656	Continued From page 55 that produce tears and saliva are destroyed. This causes dry mouth and dry eyes. The condition may affect other parts of the body, including the kidneys and lungs. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000456.htm#:~:text=Sj%C3%B6gren%20syndrome%20is%20an%20autoimmune,includin%20the%20kidneys%20and%20lungs.">https://medlineplus.gov/ency/article/000456.htm#:~:text=Sj%C3%B6gren%20syndrome%20is%20an%20autoimmune,includin%20the%20kidneys%20and%20lungs.</a>  (2) Used to treat depression in adults and generalized anxiety disorder. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a604030.html">https://medlineplus.gov/druginfo/meds/a604030.html</a> .  (3) Used to relieve pain, tenderness, swelling, and stiffness caused by osteoarthritis. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a681029.html">https://medlineplus.gov/druginfo/meds/a681029.html</a> .	F 656			
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 staff interview, facility document review, clinical record, review and in the course of a complaint investigation, it was determined the facility staff failed to clarify a physician order for sliding scale insulin for one of nine residents in the survey sample, Resident #1 (R1).	F 658	On 6/23/22, the Assistant Director of Nursing clarified with the physician sliding scale for resident #1 and updated the medication administration record.  On 6/23 the Director of Nursing initiated an audit of all sliding scale insulin orders to include orders for resident #1. This audit is to identify any order without clear parameters for notification of physician with elevated blood sugars. The DON will address all concerns identified during the audit to include but not limited to assessment of the resident, notification of the physician for clarification of orders and education of the staff. Audit will be completed 6/24/22.	7/22/22	



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F 658	<p>Continued From page 56</p> <p>The findings include:</p> <p>The facility staff failed to clarify a physician order for when the blood sugars were outside of the prescribed parameters for (R1).</p> <p>Resident #1 (R1) had a diagnosis of diabetes. On the most recent MDS (minimum data set) assessment, a quarterly assessment with an assessment reference date of 3/13/2022, the resident scored a "12" on the BIMS (brief interview for mental status) score, indicating the resident is moderately cognitively impaired for making daily decisions. In Section N - Medications the resident was coded as receiving insulin seven days of the look-back period.</p> <p>The physician order dated, 8/13/2021, documented, "Novolog Inj (injection) (used to treat diabetes) (1) 100U/ML (units per milliliter) - inject as per SS (sliding scale) sub -Q (subcutaneously) before meals and at bedtime: [blood sugar] 200 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units. Discard 28 days after opening."</p> <p>The May 2022 MAR (medication administration record) documented the above order. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented: 5/2/2022 at 4:30 p.m. - BS (blood sugar) - 436 - 10 units given 5/4/2022 at 9:00 p.m. - BS - 401 - no documented insulin given 5/14/2022 at 4:30 p.m. - BS - 450 - 10 units given 5/19/2022 at 4:30 p.m. - BS - 467 - 10 units given 5/30/2022 at 4:30 p.m. - BS - 433 - 10 units given</p>	F 658	<p>On 6/23/22, the Assistant Director of Nursing, initiated an in-service with all nurses regarding Following Physician Orders, with the emphasis on ensuring medications are administered per physician orders to include but not limited to sliding scale insulin with documentation on MAR of administration, and/or notification of the physician when medication not administered for further recommendations and on ensuring physician orders to include but not limited to orders for sliding scale insulin clearly defines parameters for administration to include dose, route, frequency, and when physician should be notified if indicated. In-Service will be completed by 6/30/22. After 6/30/22, any newly hired nurses will be in-serviced during orientation regarding Following Physician Orders.</p> <p>The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will review MARs weekly x 4 weeks then monthly x 1 utilizing the <i>FSBS Order Audit Tool</i>. This audit is to ensure all orders clearly define parameters for administering sliding scale insulin for finger stick blood sugars (FSBS) to include but not limited to when FSBS &gt;400 and when order does not list parameters for notification of the physician. The Director of Nursing will review the MAR Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p>		

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F 658	<p>Continued From page 57</p> <p>The June 2022 MAR documented the above order for Novolog Insulin. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented:</p> <p>6/8/2022 at 4:30 p.m. - BS - 415 - 10 units given</p> <p>6/17/2022 at 11:30 a.m. - BS - 509 - 10 units given</p> <p>6/18/2022 at 9:00 p.m. - BS - 489 - 10 units given</p> <p>Review of the nurse's notes failed to evidence documentation that the nurse contacted the physician to obtain orders for a blood sugar above 400.</p> <p>The comprehensive care plan dated 9/28/2015 and reviewed on 3/17/2022, documented in part, "Focus: Diabetes Mellitus: Potential for complications of hyper/hypoglycemia; Resident is non-compliant with diet and/or treatment regimen." The "Interventions" documented in part, "FSBS (finger stick blood sugar) as ordered by physician and/or per facility protocol. Medication as ordered by the physician."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/23/2022 at 8:56 a.m. ASM #2 was asked to review the above order for Novolog insulin. When asked what the nurse to do if the blood sugar is outside the prescribed parameters, ASM #2 stated the nurse should call the doctor. When asked if the order needs clarification, ASM #2 stated, yes, it needs to be clarified to include what to do if the blood sugar is outside of the prescribed parameters.</p> <p>According to Potter and Perry's, Fundamentals of Nursing, 7th edition, page 268 documents the</p>	F 658	<p>The Director of Nursing will present the findings of the FSBS Order Audit Tool to the Executive Quality Assurance Improvement (QAPI) Committee for 2 months. The Executive QAPI Committee will meet monthly x 2 months and review the FSBS Order Audit Tool to determine trends and/or issues that may need further intervention put into place and to determine the need for further frequency of monitoring.</p>		

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F 658	Continued From page 58 following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original order."  ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.  ASM #2 stated on 6/23/2022 at approximately 3:00 p.m. the facility did not have a policy related to clarifying physician orders.  No further information was obtained prior to exit.  Complaint deficiency.  References: (1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605013.html">https://medlineplus.gov/druginfo/meds/a605013.html</a> .	F 658			
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	F 684	On 6/24/22, Director of Nursing(DON) initiated an audit of all current resident's medication administration records(MAR) from 6/1/22- 6/23/22 to include resident #1, Resident #2, resident #3, resident #5, resident #7. This audit is to ensure medications were administered per physician orders to include but not limited to sliding scale insulin with documentation on the MAR of administration, and/or notification of physician when medication not administered for further recommendations. The DON will address all concerns identified	7/22/22	

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F 684	<p>Continued From page 59</p> <p>care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, the facility staff failed to provide care and services in accordance with professional standards of practice and the comprehensive plan of care for five of nine residents in the survey sample, Residents #1, #2, #3, #5, and #7.</p> <p>The findings include:</p> <p>1. The facility staff failed to administer Levemir, Coreg, Pepcid, Lasix, Topamax, and Novolog insulin for Resident #1 (R1).</p> <p>Resident #1 (R1) has a diagnosis of diabetes. On the most recent MDS (minimum data set) assessment, a quarterly assessment with an assessment reference date of 3/13/2022, the resident scored a "12" on the BIMS (brief interview for mental status) score, indicating the resident is moderately cognitively impaired for making daily decisions. In Section N - Medications the resident was coded as receiving insulin seven days of the look-back period and a diuretic seven days of the look back period.</p> <p>The physician orders dated, 12/20/2017 documented, "Topamax (used to treat seizures) 50 mg (milligrams) 1 by mouth twice daily for anticonvulsants."</p> <p>The physician order dated, 12/20/2017 documented, "Symadine (used to treat Parkinson's disease)(2) 100 mg cap (capsule) take 1 capsule by mouth twice daily."</p> <p>The physician order dated, 12/20/2017</p>	F 684	<p>during the audit to include assessment of the resident, notification of the physician for further recommendations and/or education of the nurse. This audit will be completed by 6/30/22.</p> <p>On 6/24/22, the DON initiated an audit of all finger stick blood sugars (FSBS) orders. This audit was to ensure FSBS were completed per physician orders with documentation on MAR, that sliding scale insulin was administered following the physician orders and that the physician was notified for any FSBS &gt;400. Th DON will address all concerns identified during audit. The audit will be completed by 6/24/22</p> <p>On 6/23/22, the Assistant Director of Nursing, initiated an in-service with all nurses regarding Following Physician Orders, with the emphasis on ensuring medications are administered per physician orders to include but not limited to sliding scale insulin with documentation on MAR of administration, and/or notification of the physician when medication not administered for further recommendations and on ensuring physician orders to include but not limited to orders for sliding scale insulin clearly defines parameters for administration to include dose, route, frequency, and when physician should be notified if indicated. In-Service will be completed by 6/30/22 After 6/30/22, any newly hired nurses will be in-serviced during orientation regarding Following Physician Orders.</p> <p>The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will review MARs weekly x 4 weeks then monthly x 1 utilizing the MAR Audit Tool. This audit is to ensure</p>		

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F 684	<p>Continued From page 60</p> <p>documented, "Coreg (used to treat heart failure and high blood pressure) 6.25 mg; 1 by mouth twice daily for hypertension. Hold if pulse less than 60."</p> <p>The physician order dated, 2/17/2022 documented, "Lasix (used to treat high blood pressure and fluid retention) 40 mg; take 1 tablet by mouth twice daily for fluid overload."</p> <p>The physician order dated, 12/15/2021 documented, "Insulin Detemir - Levemir Injection (used to treat diabetes); inject 20 units sub - Q (subcutaneous) every night at bedtime."</p> <p>The physician order dated, 8/13/2021 documented, " Insulin Aspart - Novolog injection; inject as per SS (sliding scale) sub Q before meals and at bedtime 200 - 250 = 4 units, 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units."</p> <p>The physician order dated, 6/16/2021 documented, "Pepcid (used to treat acid reflux) 20 mg; take 1 tablet by mouth twice daily."</p> <p>The May and June 2022 MAR (medication administration record) documented the above orders.</p> <p>The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank:</p> <p>Topamax 50 mg - the 8:00 p.m. dose on 5/18/2022, 5/19/2022, 5/20/2022 and 5/24/2022.</p> <p>Symadine 100 mg - the 9:00 a.m. dose on 5/23/2022 and 5/25/2022; the 8:00 p.m. dose on 5/3/2022, 5/11/2022, 5/23/2022.</p> <p>Coreg 6.25 mg - the 8:00 p.m. dose on 5/18/2022 and 5/25/2022.</p> <p>Lasix 40 mg - the 4:00 p.m. dose on 5/17/2022.</p>	F 684	<p><i>medications to include but not limited to sliding scale insulin was administered per physician orders. The Assistant Director of Nursing,(ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will address all concerns identified during audit to include assessment of the resident, notification of the physician, and re-training of staff. The Director of Nursing will review the MAR Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</i></p> <p><i>The Director of Nursing will present the findings of the MAR Audit to the Executive Quality Assurance Improvement (QAPI) Committee for 2 months. The Executive QAPI Committee will meet monthly x 2 months and review the MAR Audit to determine trends and/or issues that may need further intervention put into place and to determine the need for further frequency of monitoring.</i></p>		

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F 684	<p>Continued From page 61</p> <p>Levemir Insulin 20 units - the 8:00 p.m. dose on 5/11/2022 and 5/13/2022.</p> <p>Novolog Insulin - the 9:00 p.m. dose on 5/4/2022 and 5/5/2022.</p> <p>The June 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank:</p> <p>Coreg 6.25 mg - the 8:00 p.m. dose on 6/15/2022</p> <p>Pepcid 20 mg - the 8:00 p.m. dose on 6/15/2022</p> <p>Lasix 40 mg - the 4:00 p.m. dose on 6/13/2022</p> <p>Levemir Insulin - The 8:00 p.m. dose on 6/3/2022, 6/5/2022, 6/10/2022, and 6/14/2022.</p> <p>Novolog Insulin - the 6:30 a.m. dose on 6/6/2022, 6/12/2022 and 6/15/2022.</p> <p>The Blood Sugar Summary documented the blood sugars:</p> <p>6/6/2022 at 6:30 a.m. - 391</p> <p>6/12/2022 at 6:30 a.m. - 210</p> <p>6/15/2022 at 6:30 a.m. - 249</p> <p>These blood sugar readings should have been treated with Novolog insulin and there was no documentation of any administered.</p> <p>Review of the nurse's notes for May and June 2022 failed to evidence documentation of why the medications were not administered.</p> <p>The comprehensive care plan documented in part the following:</p> <p>"3/17/2022 - Focus: Chronic decline in intellectual functioning characterized by deficit in memory, judgment, decision making and thought process related to hx (history of) traumatic brain injury, Parkinson's."</p> <p>"7/6/2018 - Focus: Potential for fluid volume deficit due to: diuretics." The "Interventions"</p>	F 684			

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F 684	<p>Continued From page 62</p> <p>documented in part, "Administer medications as ordered by the physician."</p> <p>"3/25/2019 - Focus: Potential for fluid volume excess due to : CHF (congestive heart failure)."</p> <p>The "Interventions" documented in part, "Administer medications as ordered and observe for resident's response to therapy."</p> <p>"3/25/2019 - Focus: Hypertension: at risk for complications of renal failure, arteriosclerotic disease, and/or retinopathy." The "Interventions" documented in part, "Administer medications as ordered and monitor for potential side effects."</p> <p>"10/30/2015 - Focus: (R1) has seizure disorder potential for complications; potential for injury." The "Interventions" documented in part, "Administer medications as ordered by the physician."</p> <p>"3/17/2022 - Focus: Diabetes Mellitus: Potential for complications of hyper/hypoglycemia; Resident is non-compliant with diet and/or treatment regimen." The "Interventions" documented in part, "FSBS (finger stick blood sugar) as ordered by physician and/or per facility protocol. Medication as ordered by the physician."</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how does someone know it was given or not, LPN #1 stated, "You don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM</p>	F 684			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAYLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>730 LUNENBURG HIGHW</b> <b>KEYSVILLE, VA 23947</b>		
(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	<p>Continued From page 63</p> <p>#2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done."</p> <p>An interview was conducted with ASM #3, the medical doctor, on 6/23/2022. When discussing the blanks on the MARs where medications above were not documented as given, ASM #3 stated, "If they called me, it should have been documented. If it wasn't documented we always say it wasn't done."</p> <p>The facility policy, "Medication Administration" documented in part, "Any deviation from the following principles shall be considered a medication error: 1. To the right resident. 2. Administration of the right medication. 3. In the right dose. 4. By the right route. 5. By the right method. 6. At the right time. All recognized deviations from the above principles shall be reported to the Supervisor, immediately. The Supervisor shall initiate a Medication Error Report which shall be submitted to the Director of Nursing."</p> <p>When asked what the professional standard the facility follows, ASM #4, the facility consultant, stated they initially follow their policies by following the physician orders.</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p>	F 684			



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F 684	<p>Continued From page 64 Complaint deficiency.</p> <p>(1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697012.html">https://medlineplus.gov/druginfo/meds/a697012.html</a></p> <p>(2) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682064.html">https://medlineplus.gov/druginfo/meds/a682064.html</a></p> <p>(3) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697042.html">https://medlineplus.gov/druginfo/meds/a697042.html</a></p> <p>(4) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682858.html">https://medlineplus.gov/druginfo/meds/a682858.html</a></p> <p>(5) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a606012.html">https://medlineplus.gov/druginfo/meds/a606012.html</a></p> <p>(6) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605013.html">https://medlineplus.gov/druginfo/meds/a605013.html</a></p> <p>(7) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a687011.html">https://medlineplus.gov/druginfo/meds/a687011.html</a></p> <p>2. The facility staff failed to administered Risperdal, Senna Plus, Xenazine, Naphcon - A, Keppra, Neurontin, Bisacodyl, Cholecalciferol per the physician orders for Resident #2 (R2).</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an</p>	F 684			

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F 684	<p>Continued From page 65</p> <p>assessment reference date of 4/13/2022, the resident was coded as having both short and long term memory difficulties and being severely impaired for making cognitive daily decisions.</p> <p>The physician orders dated, 12/18/2020, documented, "Risperdal 0.5 mg (milligrams) (used to treat behavior problems such as aggression, self-injury, and sudden mood changes) (1) - Risperidone Tab (tablet) 0.5 mg once daiy for Huntington's Chorea."</p> <p>The physician order dated, 12/18/2020, documented, "Senna Plus (used to treat constipation) (2) 8.6 - 50 mg take 1 tablet by mouth twice daily for constipation."</p> <p>The physician order dated, 12/18/2020, documented, "Xenazine (used to treat chorea [sudden movements that you cannot control] caused by Huntington's disease) (3) 25 mg tablet, take 1/2 tablet = 12.5 mg by mouth twice a day for Huntington's chorea."</p> <p>The physician order dated, 12/18/2020, documented, "Naphcon - A solution (used to treat the symptoms of Allergic Conjunctivitis) (4); instill 2 drops into each eye twice a day for eye allergies."</p> <p>The physician order dated, 8/10/2021, documented, "Keppra - Levetiracetam (used in combination with other medications to treat seizure in adults) (5) - take 7.5 ml (milliliters) (750 mg) by mouth twice daily."</p> <p>The physician order dated, 4/18/2022, documented, "Neurontin - Gabapentin cap (capsule) 300 mg - take 1 capsule by mouth three times a day for seizures."</p> <p>The physician order dated, 12/18/2020, documented, "Risperdal 0.5 mg - take 2 tablets = 1 mg by mouth at bedtime for Huntington's chorea."</p>	F 684			

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F 684	<p>Continued From page 66</p> <p>The physician order dated, 6/21/2021, documented, "Cholecalciferol 50,000 - Vitamin D3 50,000 (Vitamin D helps your body absorb calcium. Calcium is one of the main building blocks of bone. A lack of vitamin D can lead to bone diseases such as osteoporosis or rickets. Vitamin D also has a role in your nerve, muscle, and immune systems.) (7) units cap take 1 capsule by mouth every week for Vitamin - D deficiency."</p> <p>The May 2022 and June 2022 MAR documented the above orders.</p> <p>The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank.</p> <p>Risperdal 0.5 mg - the 6:00 a.m. dose on 5/6/2022</p> <p>Senna Plus 8.5-50 mg -the 4:00 p.m. dose on 5/28/2022</p> <p>Xenazine 25 mg dose - the 4:00 p.m. on 5/28/2022</p> <p>Naphcon A - the 4:00 p.m. on 5/28/2022</p> <p>Keppra - the 8:00 p.m. dose on 5/27/2022</p> <p>Neurontin 300 mg - the 8:00 a.m. and 4:00 p.m. dose on 5/27/2022</p> <p>Risperdal 1 mg - the 8:00 p.m. dose on 5/3/2022</p> <p>Bisacodyl 10 mg - the 12:00 a.m. dose on 5/24/2022.</p> <p>The June MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times:</p> <p>Senna Plus 8.5 - 50 mg - the 4:00 p.m. dose on 6/2/2022, 6/5/2022, 6/14/2022 and 6/21/2022.</p>	F 684			

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F 684	<p>Continued From page 67</p> <p>Xenazine 25 mg - the 4:00 p.m. dose on 6/14/2022 and 6/21/2022</p> <p>Naphcon A - the 4:00 p.m. dose on 6/21/2022</p> <p>Keppra - the 4:00 p.m. dose on 6/13/2022</p> <p>Neurontin 300 mg - the 8:00 p.m. dose on 6/5/2022 and 6/7/2022</p> <p>Cholecalciferol 50,000 units - the 8:00 a.m. dose on 6/21/2022.</p> <p>Review of the nurse's notes for May and June 2022 failed to evidence documentation as to why the medications were not administered.</p> <p>The comprehensive care plan documented in part, the following:</p> <p>"12/26/2013 - Focus: Problematic manner in which resident acts characterized by ineffective coping; Agitation/combateness related to: cognitive impairment, impaired reasoning skills, D/T (due to) dementia, R/T (related to) Huntington's chorea." The "Interventions" documented in part, "Give medications as prescribed by MD (medical doctor)."</p> <p>"4/12/2019 - Focus: Huntington's Chorea." The "Interventions" documented in part, "Medications to control involuntary movements as directed."</p> <p>"2/14/2019 - Focus: Huntington's chorea (R2) is at risk for impaired chewing and swallowing, uncontrolled movements or extremities, trunk and face, dementia." The "Interventions" documented in part, "Medications as ordered. Monitor bowel elimination for adequate functioning and notify physician of significant changes."</p> <p>"11/9/2015 - Focus: (R2) takes psychotropic medications daily." The "Interventions" documented in part, "Administer medications per physician's order."</p> <p>"9/26/2015 - Focus: (R2) has seizure disorder and at risk for potential for complications and</p>	F 684			

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F 684	<p>Continued From page 68 injury."</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how does someone know it was given or not, LPN #1 stated, "you don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done."</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>References: (1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a694015.html">https://medlineplus.gov/druginfo/meds/a694015.h tml</a> (2) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a6">https://medlineplus.gov/druginfo/meds/a6</a></p>	F 684			

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F 684	<p>Continued From page 69 01112.html (3) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a618009.html">https://medlineplus.gov/druginfo/meds/a618009.html</a> (4) This information was obtained from the following website: <a href="https://www.rxlist.com/naphcon-a-drug.htm">https://www.rxlist.com/naphcon-a-drug.htm</a> (5) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a> (6) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a> (7) This information was obtained from the following website: <a href="https://medlineplus.gov/vitamind.html">https://medlineplus.gov/vitamind.html</a></p> <p>3. The facility staff failed to administer Centrum Multivitamin, Plavix, and Tylenol to Resident #3 per the physician orders.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/1/2022, the resident was coded as not having short or long term memory difficulties and was coded as being independent in making daily cognitive decisions.</p> <p>The physician orders dated, 1/17/2013, documented, "Centrum/MVI (multivitamin) (nutritional supplement) (1) - 1 tab (tablet) by mouth once daily for supplement." The physician order dated, 3/3/2016, documented, "Plavix (used alone or with aspirin to prevent serious or life-threatening problems with the heart and blood vessels in people who</p>	F 684			

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F 684	<p>Continued From page 70</p> <p>have had a stroke, heart attack, or severe chest pain.) (2)75 mg (milligrams) tablet, 1 by mouth once daily for CVA (cerebral vascular accident - stroke)/ hypertension."</p> <p>The physician order dated, 4/5/2008, documented, "Tylenol (used to treat pain or fever) (3) 325 mg tablet, 2 tablet by mouth twice daily for arthritis pain."</p> <p>The May and June 2022 MAR (medication administration record) documented the above orders.</p> <p>The May 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank: Centrum - the 9:00 a.m. dose on 5/29/2022 Plavix 75 mg - the 9:00 a.m. dose on 5/29/2022 Tylenol 650 mg - the 9:00 a.m. dose on 5/29/2022</p> <p>The June 2022 MAR failed to evidence the documentation of the following medications having been administered at the documented prescribed times, the squares on the MAR were blank: Centrum - the 9:00 a.m. dose on 6/11/2022, 6/12/2022, 6/13/2022, and 6/14/2022 Tylenol 650 mg - the 5:00 p.m. dose on 6/4/2022</p> <p>Review of the nurse's notes for May and June 2022 failed to evidence documentation of why the medications were not administered.</p> <p>The comprehensive care plan documented in part the following: "3/1/2016 - Focus: Chronic Pain related to arthritis." The "Interventions" documented in part,</p>	F 684			

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F 684	<p>Continued From page 71</p> <p>"Administer pain medications as per MD (medical doctor) orders and note the effectiveness."</p> <p>"3/6/2018 - Focus: State of nourishment; potential for less than body requirements related to being on a therapeutic diet, being on mechanically altered diet, leaves 25% or more on food uneaten at most meals, decreased appetite." The "Interventions" documented in part, "Provide Supplements as ordered."</p> <p>4/10/2017 - Focus: Potential for bleeding/bruising R/T (related to) receiving aspirin and plavix." The "Interventions" documented in part, "Administer medications as ordered by the physician."</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/22/2022 at 3:16 p.m. When asked what a blank on the MAR is indicative of, LPN #1 stated if it's not documented you didn't do it, but in the real world someone didn't sign it off. When asked if it's blank how does someone know it was given or not, LPN #1 stated, "You don't know."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked what the blanks on the MAR mean, ASM #2 stated it (the medication) it was not given. ASM #2 further stated, more than likely, the logistics of it, the nurse didn't sign it off during her med (medication) pass. The golden rule is if it's not documented it wasn't done."</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p>	F 684			



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F 684	<p>Continued From page 72</p> <p>No further information was obtained prior to exit.</p> <p>Complaint deficiency.</p> <p>References:</p> <p>(1) This information was obtained from the following website: <a href="https://www.empr.com/drug/centrum/">https://www.empr.com/drug/centrum/</a></p> <p>(2) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a601040.html">https://medlineplus.gov/druginfo/meds/a601040.html</a></p> <p>(3) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a681004.html">https://medlineplus.gov/druginfo/meds/a681004.html</a></p> <p>4. The facility staff failed to obtain Resident #5's blood sugar and/or the amount of insulin administered.</p> <p>(R5) was admitted to the facility with a diagnoses that included by not limited to: type 2 (two) diabetes mellitus (1).</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/10/2022, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section N0350 "Insulin" coded (R5) as receiving seven insulin injection in the past seven days.</p> <p>The POS (physician's order sheet) dated 05/01/2022 through 05/31/2022 for (R5) documented in part, "Humalog (2) INJ (injection) 100/ML (milliliter). SS (sliding scale): 0 (zero)-149=0 units; 150-199=1 unit, 200-249=2</p>	F 684			

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F 684	<p>Continued From page 73</p> <p>units, 250-299=3 units, 300-349= 4units, 350-399=5 units, 400-450=6 units, &gt; (greater than) 450 or &lt; (less than) 60 call MD (medical doctor). Accuchecks before meals and at bedtime. 01/5/2022."</p> <p>"Lantus (3) INJ 100/ML. Inject 15 units sub-Q (subcutaneous - beneath the skin) every evening for glucose (sugar) control. 01/05/2022."</p> <p>"Lantus INJ 100/ML. Inject 26 units sub-Q every morning for glucose (sugar) control. 01/05/2022."</p> <p>The eMAR (electronic medication administration record) for (R5) dated "May 2022" documented the same physician's orders as stated above. Review of the eMAR failed to evidence (R5's) blood sugars on 05/19/2022 at 11:30 a.m., and 05/28/2022 at 4:30 p.m. and failed to evidence the amount of insulin administered on 05/19/2022 at 11:30 a.m., 05/23/2022 at 6:30 a.m., 05/24/2022 at 9:00 p.m., 05/25/2022 at 11:30 a.m. and on 05/28/2022 at 4:30 p.m. Further review of the eMAR revealed a blank on 05/04/2022 at 8:00 p.m. for the administration of 15 units of Lantus.</p> <p>The eMAR (electronic medication administration record) for (R5) dated "June 2022" documented the same physician's orders as stated above. Review of the eMAR failed to evidence (R5's) blood sugars on 06/02/2022 at 6:30 a.m., 06/08/2022 at 6:30 a.m., 06/11/2022 at 9:00 p.m., 06/14/2022 at 4:30 p.m., and on 06/18/2022 at 4:30 p.m. and failed to evidence the amount of insulin administered on 06/02/2022 at 6:30 a.m., 06/03/2022 at 6:30 a.m., 6/06/2022 at 6:30 a.m., 06/08/2022 at 6:30 a.m., 06/11/2022 at 9:00 p.m., 06/12/2022 at 6:30 a.m., 11:30 a.m., 4:30 p.m.</p>	F 684			

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F 684	<p>Continued From page 74</p> <p>and at 9:00 p.m., 06/14/2022 at 4:30 p.m., 06/15/2022 at 6:30 a.m. and at 4:30 p.m., 06/18/2022 at 4:30 p.m. and on 06/20/2022 at 9:00 p.m. Further review of the eMAR revealed a blank on 06/07/2022 at 8:00 p.m. for the administration of 26 units of Lantus and on a blank on 06/12/2022 at 6:00 a.m. for the administration of 26 units of Lantus</p> <p>The comprehensive care plan for (R5) dated 01/31/2020 documented in part, "Focus. Diabetes Mellitus: Potential for complications of hyper/hypoglycemia: Date Initiated: 01/31/2020." Under "Interventions" it documented in part, "FSBS (fasting blood sugars) as ordered by physician and/or per facility protocol. Date Initiated: 01/31/2020."</p> <p>The facility's nurse's notes dated 05/01/2022 through 06/22/2022 failed to evidence (R5's) blood sugars and/or the amount of insulin administered to (R5) on the dates and times listed above.</p> <p>Review of (R5's) EHR (electronic health record) revealed a list of blood sugars from 05/01/2022 through 06/22/2022. Review of the list failed to evidence blood sugars on 05/19/2022 at 11:30 a.m., 05/28/2022 at 4:30 p.m., 06/02/2022 at 6:30 a.m., 06/08/2022 at 6:30 a.m., 06/11/2022 at 9:00 p.m., 06/14/2022 at 4:30 p.m., and on 06/18/2022 at 4:30 p.m.</p> <p>On 06/23/2022 at approximately 8:56 a.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. After reviewing the eMARs dated May and June 2022 for (R5) ASM # 2 was asked about the blanks. ASM # 2 stated that if it wasn't documented it</p>	F 684			

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F 684	<p>Continued From page 75 wasn't done.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing, ASM # 4, facility consultant and LPN # 5 clinical corporate director, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>References: (1) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm">https://www.nlm.nih.gov/medlineplus/ency/article/001214.htm</a>. (2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f</a>. (3) A long- acting human insulin analog indicated to improve glycemic control in adults and children with type 1 diabetes mellitus and in adults with type 2 diabetes mellitus. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b861fdd9-e134-436e-8c0c-a60dd0006dd3">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=b861fdd9-e134-436e-8c0c-a60dd0006dd3</a>. 5. Facility staff failed to administer Resident # 7's medications according to the physician's orders. (R7) was admitted to the facility with a diagnoses</p>	F 684			

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F 684	<p>Continued From page 76</p> <p>that included by not limited to: major depressive disorder, seizures, high cholesterol, Sjogren's disease (1) pain, and muscle spasms.</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/18/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions.</p> <p>The POS (physician's order sheet) dated 05/01/2022 through 05/31/2022 for (R7) documented in part, "Cymbalta Duloxetine CAP (capsule) 60MG (milligrams). Take 1 (one) capsule by mouth twice daily for depression. 02/20/21."</p> <p>"Keppra (3) 500mg tab (tablet). Levetiracetam TAB 500mg. Take 1 tablet by mouth twice daily for seizures. 02/21/21."</p> <p>"Visine Dry Eye Relief DRP (drop) Artificial tears. Instill 1 drop each eye three times a day for dryness. 02/21/21."</p> <p>"Lioresal (4) 10mg. Baclofen TAB 10mg. Take 1 tablet by mouth three times a day for muscle spasms. 02/21/21."</p> <p>"Lipitor (Atorvastatin) (5) TAB 40MG. Take 1 tablet by mouth at bedtime for hyperlipidemia. 02/21/21."</p> <p>"Naproxen TAB 375MG. Take 1 tablet by mouth at bedtime for arthritis pain. 02/21/21."</p> <p>The comprehensive care plan for (R7) documented in part, "...Acts depressed related to: loss of independence, depression, CVA, left hemiplegia. Date Initiated: 07/23/2019, Administer medication as per MD orders. Date Initiated: 07/23/2019; Seizure Disorder: Potential for complications ... Date Initiated: 02/11/2020.</p>	F 684			

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F 684	<p>Continued From page 77</p> <p>Observe resident for signs/symptoms of seizure activity Date Initiated: 02/11/2020; Osteoarthritis: At risk for fractures; hx (history) of fractures due to disease progress; Date Initiated: 02/11/2020, Administer pain medication as per MD orders and note the effectiveness. Date Initiated: 04/23/2021; Actual Pain/discomfort, Acute/Chronic related to (bil) (bilateral) eye dryness. Date Initiated: 11/24/2020, Administer eye drop medication as per MD orders and note the effectiveness. Date Initiated: 11/24/2020; At risk for state of nourishment; more than body requirement characterized by weight gain, related to: Other: increase in PO intake, snacking between meals Date Initiated: 07/28/2020. Diet as ordered (Reg. NAS) ...Date Initiated: 07/28/2020; Use of psychotropic drugs ...due to diagnosis of: decline mood/ behavior, depression anti-depressant. Date Initiated: 07/23/2019, Administer medications per physician's orders. Date Initiated: 12/13/2019."</p> <p>The eMAR for (R7) dated May 2022 documented the physician's orders as stated above. Review of the eMAR revealed blanks on 05/03/2022 at 4:00 p.m. for the administration of Cymbalta and Keppra, on 05/04/2022, on 05/30/2022 at 8:00 p.m. for the administration of Visine eye relief and on 05/27/2022 at 2:00 p.m. for administration of Lioresal.</p> <p>The eMAR for (R7) dated June 2022 documented the physician's orders as stated above. Review of the eMAR revealed blanks on 06/07/2022 at 4:00 p.m. for the administration of Cymbalta and Keppra, on 06/07/2022, 06/12/2022, 06/15/2022 and on 06/18/2022 at 6:00 a.m. for the administration of Visine eye relief, on 06/14/2022 at 8:00 p.m. for the administration of Lipitor and</p>	F 684			

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F 684	<p>Continued From page 78</p> <p>Naproxen.</p> <p>The facility's nurse's notes dated 05/01/2022 through 06/22/2022 failed to evidence the administration of (R7's) medications of Cymbalta, Keppra, Visine, Lioresal, Lipitor and Naproxen on the dates and times listed above.</p> <p>On 06/23/2022 at approximately 8:56 a.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. After reviewing the eMARs dated May and June 202 for (R7) ASM # 2 was asked about the blanks. ASM # 2 stated that if it wasn't documented it wasn't done.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>References: (1) An autoimmune disorder in which the glands that produce tears and saliva are destroyed. This causes dry mouth and dry eyes. The condition may affect other parts of the body, including the kidneys and lungs. This information was obtained from the website: <a href="https://medlineplus.gov/ency/article/000456.htm#:~:text=Sj%C3%B6gren%20syndrome%20is%20an%20autoimmune,incluing%20the%20kidneys%20and%20lungs.">https://medlineplus.gov/ency/article/000456.htm#:~:text=Sj%C3%B6gren%20syndrome%20is%20an%20autoimmune,incluing%20the%20kidneys%20and%20lungs.</a></p>	F 684			

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F 684	Continued From page 79  (2) Used to treat depression in adults and generalized anxiety disorder. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a604030.html">https://medlineplus.gov/druginfo/meds/a604030.html</a> .  (3) Used alone and along with other medications to control partial-onset seizures (seizures that involve only one part of the brain) in adults, children, and infants 1 month of age or older. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a699059.html">https://medlineplus.gov/druginfo/meds/a699059.html</a> .  (4) Used to treat pain and certain types of spasticity. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a682530.html#:~:text=Baclofen%20is%20in%20a%20class,pain%20and%20improves%20muscle%20movement">https://medlineplus.gov/druginfo/meds/a682530.html#:~:text=Baclofen%20is%20in%20a%20class,pain%20and%20improves%20muscle%20movement</a> .  (5) Used together with diet, weight loss, and exercise to reduce the risk of heart attack and stroke and to decrease the chance that heart surgery will be needed in people who have heart disease or who are at risk of developing heart disease. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a600045.html#:~:text=Atorvastatin%20is%20used%20together%20with,risk%20of%20developing%20heart%20disease">https://medlineplus.gov/druginfo/meds/a600045.html#:~:text=Atorvastatin%20is%20used%20together%20with,risk%20of%20developing%20heart%20disease</a> .	F 684			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)  §483.25(e) Incontinence.	F 690	On 6/23/22, the Director of Nursing(DON) assessed Resident #2 for incontinence to ensure resident had been provided incontinent care timely. There were no concerns identified.		7/22/22



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F 690	<p>Continued From page 80</p> <p>§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.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(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;</p> <p>(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</p> <p>(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.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to provide incontinence care for two of nine</p>	F 690	<p><i>On 6/23/22, the Director of Nursing(DON) assessed resident #6 for incontinence to ensure resident has been provided incontinent care timely. There were no concerns identified.</i></p> <p><i>On 6/23/22, the Director of Nursing(DON) completed an audit of all incontinent residents to include resident #2 and resident #6. This audit was to ensure all residents were provided incontinent care timely. The Assistant Director of Nursing(ADON) addresses all concerns identified during the audit to include providing incontinent care when indicated and education of staff.</i></p> <p><i>On 6/23/22, the Social Worker completed resident questionnaires with all alert and oriented residents regarding incontinent care/toileting. The questionnaire is to identify any concerns related to timely incontinent care/or toileting assistance. The Assistant Director of Nursing(ADON)will address all concerns identified during the audit to include providing incontinent care/toileting assistance when indicated and education of staff.</i></p> <p><i>On 6/23/22, Assistant Director of Nursing(ADON) initiated an in-service with all nurses and nursing assistants to include agency staff regarding Incontinent Care with emphasis on providing incontinent care/ toileting assistance timely per resident plan of care. In-service will be completed by 6/30/22. After 6/30/22, any nurse or nursing assistant who has not completed the in-service will complete prior to next scheduled work shift. All newly hired nurses and nursing assistants will be in-serviced during orientation regarding Incontinent Care.</i></p>		

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NAME OF PROVIDER OR SUPPLIER  <b>WAYLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>730 LUNENBURG HIGHW KEYSVILLE, VA 23947</b>		
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F 690	<p>Continued From page 81</p> <p>residents in the survey sample, Residents # 6 (R6) and # 2 (R2).</p> <p>The findings include:</p> <p>1. The facility staff failed to perform incontinence care for Resident # 6 (R6) on 6/4/2022 during the day shift.</p> <p>(R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2),</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.</p> <p>A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022 revealed that (R6) was toileted/received incontinence care on 06/04/2022 at 5:28 a.m. Further review of the ADL sheets failed to evidence that (R6) received incontinence care during the 7 a.m.-3 p.m. shift.</p> <p>On 06/22/2022 at approximately 11:22 a.m., an interview was conducted with RN (registered nurse) # 2 wound nurse. When asked how often they have to work as a CNA (certified nursing assistant) RN # 2 stated that on 06/04/2022 that it was the only day they were filling in as a CNA and that they were the only CNA working on the 7-3 shift. When asked if there were residents who</p>	F 690	<p><i>The Treatment Nurse, Assistant Director of Nursing(ADON), and the Minimum Data Set Nurse (MDS) will complete 10 resident care audits to include all shifts and weekends weekly x 4 weeks then monthly x 1 month utilizing the Resident Care Audit. The Treatment Nurse, Assistant Director of Nursing, and MDS nurse will address all concerns identified during the audit to include providing incontinent care/toileting assistance when indicated to maintain resident dignity and re-training of staff. The Director of Nursing will review the Resident Care Audits weekly x 4 weeks then monthly x1 month to ensure all concerns were addressed.</i></p> <p><i>The Director of Nursing will present findings of the Resident Care Audit to the Executive Quality Assurance Performance Improvement (QAPI) committee meeting for 2 months. The Executive QAPI Committee will meet monthly for 2 months and review the Resident Care Audit to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</i></p>		

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F 690	<p>Continued From page 82</p> <p>were not attended to during that shift on 06/04/2022, RN # 2 stated yes. When asked if (R6) received incontinence care during the 7-3 shift RN # 2 stated no that they did not get to provide incontinent care to (R6). RN # 2 further stated that they informed the oncoming shift, 3-11 (3:00 p.m. to 11:00 p.m.), that they did not provide incontinence care to (R6) so they could provide the incontinence care. RN # 2 stated that they did the best they could.</p> <p>On 06/22/2022 at 12:25 p.m., an interview was conducted with CNA # 1. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours. CNA # 1 further stated that they knew (R6) and they were not able to tell someone when they are soiled.</p> <p>On 06/22/22 at 3:56 p.m., an interview was conducted ASM (administrative staff member) # 2, director of nursing (DON). When informed of (R6) not receiving incontinence care during the 7-3 shift on 06/04/2022 ASM # 2 stated they were not aware of (R6) not receiving incontinence care. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM # 1, administrator and ASM # 2, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p>	F 690			

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F 690	<p>Continued From page 83</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>Reference:</p> <p>(1) A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>2. The facility staff failed to perform incontinence care for Resident #2 on 6/4/2022 on the day shift.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2022, the resident was coded as having both short and long term memory difficulties and being severely impaired for making cognitive daily decisions. In Section G - Functional Status, R1 was coded as being totally dependent of two or more staff members for their toileting needs. In Section H - Bladder and Bowel, R1 was coded as being always incontinent of both bowel and bladder.</p> <p>The comprehensive care plan dated, 4/7/2015 documented in part, "Focus: (R2) is always incont</p>	F 690			

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F 690	<p>Continued From page 84</p> <p>(incontinent) of bowel and bladder." The "Interventions" documented, "Pericare after each incontinent episodes. Protection and containment program,; apply underwear over brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "NO TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."</p> <p>The Point of Care Toileting documentation dated 6/3/2022 at 10:59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4:54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10:59 p.m. The resident was totally dependent upon one staff member for toileting needs.</p> <p>An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (certified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did the best she could. She stated she did the B hall, and A hall but only got up to room 118. When asked if she changed R2, RN #2 stated she did not get to that room. RN #2 stated unless [LPN - licensed practical nurse #2] did him. .</p> <p>An interview was conducted with LPN #2 on</p>	F 690			

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F 690	Continued From page 85 6/22/2022 at 11:35 a.m. When asked if she worked on 6/4/2022, LPN #2 stated yes. When asked what she did that day, LPN #2 stated she passed medications, answered call lights, took residents to the bathroom and giving bed pans. When asked if she did incontinence care on any other residents, LPN #2 stated, she did some what she could get to. When asked if any residents were left unattended to, LPN #2 stated, [RN#2] was working as a CNA and was working with the residents. When asked if she did incontinence care on R2, LPN #2 stated she did not, she thought that [RN#2] did.  An interview was conducted with RN #1, the assistant director of nursing, on 6/22/2022 at 1:33 p.m. When asked if she provided any incontinence care to residents on 6/4/2022, RN #1 stated due to her physical limitations she was unable to provide incontinence care and she did not do any incontinence care on any residents on 6/4/2022.  ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.  No further information was obtained prior to exit.	F 690			
F 725 SS=D	Complaint deficiency. Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)  §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with	F 725	On 7/6/22, the Administrator reviewed the daily staff sheet and determined there was sufficient staffing to meet the needs of their residents based upon the acuity level to ensure the residents reach their highest practicable physical, mental and psychosocial		7/22/22

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F 725	<p>Continued From page 86</p> <p>the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review and in the course of a complaint investigation, it was determined that the facility staff failed to maintain sufficient nursing staff to care for a resident needs for two of nine residents in the survey sample, Residents # 6 (R6) and # 2 (R2).</p> <p>The findings include:</p> <p>1. The facility staff failed to provide incontinence care due to insufficient nursing staff for (R6).</p>	F 725	<p>well-being to include but not limited to ADL and incontinent care. There were no concerns identified.</p> <p>on 7/6/22, the Administrator and Director of Nursing (DON) reviewed clinical staffing schedule for the next 7 days. This review is to ensure sufficient staff were scheduled to meet the needs of the residents based upon the acuity level to ensure the residents reach their highest practicable physical, mental and psychosocial well being to include but not limited to ADL and incontinent care. The DON will address all concerns identified during the audit. Audit will be completed by 7/6/22.</p> <p>On 7/6/22, the Administrator verified facility contracts with staffing agencies. The facility will utilize agency staffing to ensure daily staffing is adequate according to the acuity level of the residents.</p> <p>On 7/6/22, The Facility Nurse Consultant in-serviced the Administrator, DON, and scheduler regarding Sufficient staffing with the emphasis on staffing expectations and ensuring the schedule is reviewed daily for adequate staffing patterns to meet the needs of the needs of residents. The needed care to residents that enable them to reach the highest practicable physical, mental, and psychosocial well-being. All newly hired Administrators, DON, and schedulers will be in-serviced during orientation regarding Sufficient Staffing.</p>		

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F 725	<p>Continued From page 87</p> <p>(R6) was admitted to the facility with diagnoses that included but were not limited to: Parkinson's disease (1) and intellectual disabilities (2),</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/2022, the resident scored 3 (three) out of 15 on the BIMS (brief interview for mental status), indicating the resident is severely impaired of cognition for making daily decisions. Under Section G "Functional Status" (R6) was coded as totally dependent of two staff members for physical assistance for toilet use.</p> <p>The as-worked schedule for 6/4/2022 documented three nurses were scheduled for the 7:00 a.m. to 3:00 p.m. shift. Two CNAs (certified nursing assistants) were scheduled. Both CNAs had documented, "WNBI (will not be in)." Next to RN (registered nurse) #2 was documented "CNA."</p> <p>A review of (R6's) ADL (activities of daily living) sheets dated 05/26/2022 through 06/08/2022 revealed that (R6) was toileted/received incontinence care on 06/04/2022 at 5:28 a.m. Further review of the ADL sheets failed to evidence that (R6) received incontinence care during the 7-3 shift.</p> <p>On 06/22/2022 at approximately 11:22 a.m., an interview was conducted with RN (registered nurse) # 2 wound nurse. When asked how often they have to work as a CNA (certified nursing assistant RN # 2 stated that on 06/04/2022 that it was the only day they were filling in as a CNA and that they were the only CNA working on the 7-3 shift. When asked if there were residents who</p>	F 725	<p>On 7/6/22, the Director of Nursing initiated an in-service with all nurses and nursing assistants to include agency in regards to Sufficient Staffing with emphasis on (1) validating staff presence at beginning of shift and review assignment (2) notification od DON, ADON, and /or Administrator by phone if adequate staffing is not available (3) staff must not leave assignment until relieving staff are in place (4) staff must notify nurse before leaving assignment to ensure adequate coverage is in place. In-service will be complete by 7/13/22. All newly hired nurses and nursing assistants to will be in-serviced during orientation. regarding Sufficient Staffing.</p> <p>On 7/6/22, the Director of Nursing posted contact information for DON, ADON and Administrator for staff reference at each nursing station.</p> <p>The Administrator/DON will audit staffing schedule at the beginning of each shift to include nights and weekends x 2 weeks then twice weekly x 2 weeks then weekly x 1 month utilizing the Sufficient Staff Audit Tool. This audit is to ensure facility has sufficient staff to meet the needs of the residents based upon the acuity level to ensure the residents reach their highest practicable physical, mental, and psychosocial well-being and that the facility provides adequate nurse coverage. All areas of concern will be immediately addressed by the DON/Administrator to include the use of Administrative Nurses pulled to the hall to meet resident care needs. The Administrator will initial the Sufficient Staff Tool daily to assure the staffing patterns are appropriate to meet the needs of resident care.</p>		



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F 725	<p>Continued From page 88</p> <p>were not attended to during that shift on 06/04/2022. RN # 2 stated yes. When asked if (R6) received incontinence care during the 7-3 shift RN # 2 stated no that they did not get to provide incontinent care to (R6). RN # 2 further stated that they informed the oncoming shift, 3-11 (3:00 p.m. to 11:00 p.m.), that they did not provide incontinence care to (R6) so they could provide the incontinence care. RN # 2 stated that they did the best they could.</p> <p>On 06/22/2022 at 12:25 p.m., an interview was conducted with CNA # 1. When asked if they worked the 7-3 shift on 06/04/2022 CNA # 1 stated that they called out on 06/04/2022 and called the director of nursing and was instructed to call the assistant director of nursing (ADON) because the director of nursing was on vacation and the ADON was covering for the weekend. CNA # 1 stated they called the ADON and made them aware that there was an illness in the family and could not make it in and the ADON stated that they hoped CNA # 1's family member felt better. When asked if they were aware of staffing issues on 06/04/2022 CNA # 1 stated no. When asked to describe the procedure for incontinence care for a resident who is totally dependent for toileting CNA # 1 stated that the resident should be checked and /or changed every two hours. When informed that (R6) did not receive incontinence care during the 7-3 shift CNA # 1 stated that they knew (R6) and they were not able to tell someone when they are soiled.</p> <p>On 06/22/22 at 1:19 p.m., an interview was conducted with OSM (other staff member) # 1, ward clerk/scheduler. When asked to describe the minimal staffing requirements in order to provide adequate and consistent resident care</p>	F 725	<p>The DON will forward all monitoring audits to the facility consultant weekly x 8 weeks The facility consultant will review plan of correction and monitoring tools weekly x 8 weeks to ensure compliance with POC. The facility consultant will address all concerns with the Regional Vice President(RVP), Administrator, and DON during the review.</p> <p>The Director of Nursing will present the results of the <i>Sufficient Staff Audit Tool</i> to the Quality Assurance Performance Improvement (QAPI) Committee monthly x 2 months. The QAPI Committee will meet and review the <i>Sufficient Staff Audit Tool</i> monthly x 2 months to determine trends and/or issues that may need further interventions put into place and to determine the need for further and/or frequency of monitoring.</p>		

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F 725	<p>Continued From page 89</p> <p>OSM # 1 stated that it is based on the facility census and that over the past several months the facility census has been between 50 and 52 residents. OSM # 1 stated that for a census of 51 residents or less the minimal staff on the 7-3 shift is five CNAs and two nurses, 3-11 shift three CNAs and two nurses and on the 11-7 shift three CNAs and two nurses. When asked to describe the procedure they follow when the facility does not have enough staff to fulfill a shift OSM # 1 stated that they have contracts with four nursing agencies and they call the agencies to fill the positions. OSM # 1 stated that the agency nurse's or CNAs don't always show up or they call out.</p> <p>On 06/22/22 at 1:33 p.m., an interview was conducted RN (registered nurse) # 1, assistant director of nursing (ADON). When asked about the staffing issue on 06/04/2022 on the 7-3 shift, RN # 1 stated that they with came in to to the facility to help out. When asked what type of help they provided RN # 1 stated that they assisted with feed residents, at breakfast and lunch time and completed an admission. RN # 1 further stated that they were not aware of any resident's who did not receive incontinence care during the shift.</p> <p>On 06/23/2022 at approximately 1:30 p.m., ASM (administrative staff member) # 1, administrator and ASM # 2, director of nursing, ASM # 3, regional director of clinical services and LPN # 5 traveling MDS coordinator, were made aware of the findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p>	F 725			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/23/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>WAYLAND NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>730 LUNENBURG HIGHW KEYSVILLE, VA 23947</b>		
(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 725	<p>Continued From page 90</p> <p>Reference: (1) A type of movement disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html">https://www.nlm.nih.gov/medlineplus/parkinsonsdisease.html</a>.</p> <p>(2) Refers to a group of disorders characterized by a limited mental capacity and difficulty with adaptive behaviors such as managing money, schedules and routines, or social interactions. Intellectual disability originates before the age of 18 and may result from physical causes, such as autism or cerebral palsy, or from nonphysical causes, such as lack of stimulation and adult responsiveness. This information was obtained from the website: <a href="https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100">https://www.report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=100</a></p> <p>2. The facility staff failed to provide incontinence care due to insufficient nursing staff for Resident #2.</p> <p>The as-worked schedule for 6/4/2022 documented three nurses were scheduled for the 7:00 a.m. to 3:00 p.m. shift. Two CNAs (certified nursing assistants) were scheduled. Both CNAs had documented, "WNBI (will not be in)." Next to RN (registered nurse) #2 was documented "CNA."</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/13/2022, the resident was coded as having both short and long term memory difficulties and being severely impaired for making cognitive daily decisions. In Section G - Functional Status, R1 was coded as</p>	F 725			

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F 725	<p>Continued From page 91</p> <p>being totally dependent of two or more staff members for their toileting needs. In Section H - Bladder and Bowel, R1 was coded as being always incontinent of both bowel and bladder.</p> <p>The Point of Care Toileting documentation dated 6/3/2022 at 10:59 p.m. documented the resident was coded as having been changed and was dependent on one staff member. On 6/4/2022 at 4:54 a.m. it was documented as "8.8" The "Legend Report" documents an "8.8" indicates the care/activity did not occur. The next documentation was documented on 6/4/2022 at 10:59 p.m. The resident was totally dependent upon one staff member for toileting needs.</p> <p>The comprehensive care plan dated, 4/7/2015 documented in part, "Focus: (R2) is always incont (incontinent) of bowel and bladder." The "Interventions" documented, "Pericare after each incontinent episodes. Protection and containment program,; apply underwear over brief." The care plan dated, 11/19/2019 documented in part, "Activities of Daily Living/Personal Care." The "Interventions" documented in part, "NO TOILETING required. Uses incontinent products. Incontinent of bladder. Incontinent of bowel."</p> <p>An interview was conducted with RN (registered nurse) #2, on 6/22/2022 at 11:22 a.m. When asked if she worked on 6/4/2022 as a CNA (certified nursing assistant), RN #2 stated that she was the only one providing direct care, the nurses were busy doing medications and treatments. When asked if she got everyone changed, gotten out of bed and dressed, RN #2 stated, no. RN #2 stated there were resident that were not attended to. RN #2 stated she did the</p>	F 725			

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F 725	<p>Continued From page 92</p> <p>best she could. She stated she did the B hall, and A hall but only got up to room 118. When asked if she changed R2, RN #2 stated she did not get to that room. RN #2 stated unless [LPN - licensed practical nurse #2] did him. When asked if anyone else came in to help, RN #2 stated the ADON (assistant director of nursing) came in to help feed.</p> <p>An interview was conducted with LPN #2 on 6/22/2022 at 11:35 a.m. When asked if she worked on 6/4/2022, LPN #2 stated yes. When asked what she did that day, LPN #2 stated she passed medications, answered call lights, took residents to the bathroom and giving bed pans. When asked if she did incontinence care on any other residents, LPN #2 stated, she did some what she could get to. When asked if any residents were left unattended to, LPN #2 stated, [RN#2] was working as a CNA and was working with the residents. When asked if she did incontinence care on R2, LPN #2 stated she did not, she thought that [RN#2] did. When asked who does the staffing, LPN #2 stated, [name of OSM - other staff member #1]. When asked if OSM #1 does the staffing on the weekend, LPN #2 stated no. When asked then who does it, LPN #2 stated they call [name of OSM #1] and the DON (director of nursing). LPN #2 stated OSM #1 tried to get someone to come in.</p> <p>A second interview was conducted with RN #2 on 6/22/2022 at 12:02 p.m. When asked if she assisted in getting any more help into the facility on 6/4/2022, RN #2 stated she had called the ADON and she went through the list to see if anyone could come in. RN #2 stated she didn't have the number to contact the agency to see if they could send someone, but no one would</p>	F 725			

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F 725	<p>Continued From page 93 come in.</p> <p>An interview was conducted with OSM #1, the ward clerk/scheduler, on 6/22/2022 at 1:18 p.m. When asked how long in advance she makes a schedule, OSM #1 stated monthly. OSM #1 stated the facility utilizes a lot of agency versus their own staff. OSM #1 stated she puts out the daily staffing sheets each day. When she puts out the schedule and some days it still had two CNAs and we need five, because we have so little staff, we are awaiting for the agency to fill the spots. When asked how many CNAs are normally scheduled on the day shift, OSM #1 stated, at least five, two nurses and a treatment nurse. When asked her role on the weekend in regards to staffing, OSM #1 stated she tried to get as many staff as she can. OSM #1 stated she is not here on the weekend so the staff have to call the DON. The DON will reach out to whomever to get staff in. When asked who reaches out to the agency to fill those spots, OSM #1 stated the DON.</p> <p>An interview was conducted with RN #1, the ADON, on 6/22/2022 at 1:33 p.m. When asked her knowledge of 6/4/2022, RN #1 stated the scheduler was called and made calls to other staff not working. The administrator called her, they called me to tell me there was a call out and called other people, couldn't get anyone to come in. RN #1 stated she got her scrubs on and went to work. When asked what kind of work she did, RN #1 stated she fed people breakfast and lunch. RN #1 stated she had done an admission. When asked if she performed any incontinence care, RN #1 stated due to medical issues she did not do any pushing or pulling on residents. When asked if she was aware of any resident not</p>	F 725			

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F 725	Continued From page 94 receiving incontinence care, RN #1 stated, no.  An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. When asked her involvement with staffing on 6/4/2022, ASM #2 stated she was on vacation and received a call from a CNA for a call off. ASM #2 stated she was on vacation and sent her a text message to call the ADON. Were you aware that two residents had not been changed for an entire shift, ASM #2 stated she was not aware of that until today, 6/22/2022.  ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.  No further information was obtained prior to exit.	F 725			
F 760 SS=E	Complaint deficiency. Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to ensure one of nine residents in the survey sample was free of significant medication errors, Resident #1.	F 760	On 6/23/22, the Assistant Director of Nursing clarified with the physician sliding scale for resident #1 and updated the medication administration record.  On 6/23 the Director of Nursing initiated an audit of all medication administration record (MAR). This audit is to ensure all residents receiving insulin were administered insulin to include sliding scale insulin per physician orders. The DON will notify the physician for all concerns identified during the audit for further recommendations and/or clarification of physician order. Audit will be completed 6/24/22.	7/22/22	

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F 760	<p>Continued From page 95</p> <p>The findings include:</p> <p>The facility staff gave Resident #1 insulin without a physician order when the resident's blood sugar was greater than 400.</p> <p>Resident #1 (R1) had a diagnosis of diabetes. On the most recent MDS (minimum data set) assessment, a quarterly assessment with an assessment reference date of 3/13/2022, the resident scored a "12" on the BIMS (brief interview for mental status) score, indicating the resident is moderately cognitively impaired for making daily decisions. In Section N - Medications the resident was coded as receiving insulin seven days of the look-back period.</p> <p>The physician order dated, 8/13/2021, documented, "Novolog Inj (injection) (used to treat diabetes) (1) 100U/ML (units per milliliter) - inject as per SS (sliding scale) sub -Q (subcutaneously) before meals and at bedtime: [blood sugar] 200 - 250 = 4 units; 251 - 300 = 6 units; 301 - 350 = 8 units; 351 - 400 = 10 units. Discard 28 days after opening."</p> <p>The May 2022 MAR (medication administration record) documented the above order. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented:</p> <p>5/2/2022 at 4:30 p.m. - BS (blood sugar) - 436 - 10 units given</p> <p>5/4/2022 at 9:00 p.m. - BS - 401 - no documented insulin given</p> <p>5/14/2022 at 4:30 p.m. - BS - 450 - 10 units given</p> <p>4/19/2022 at 4:30 p.m. - BS - 467 - 10 units given</p> <p>5/30/2022 at 4:30 p.m. - BS - 433 - 10 units given</p>	F 760	<p>On 6/24/22, the DON initiated an audit of all sliding scale insulin orders. This audit is to identify any order that clearly define parameters for administering sliding scale insulin for finger stick blood sugars (FSBS) to include but not limited to when FSBS is greater than 400 and when order does not list parameters for notification of the physician. The DON will address all concerns identified during the audit to include notification of the physician for clarification of the order.. The audit will be completed by 6/24/22.</p> <p>On 6/23/22, the Assistant Director of Nursing, initiated an in-service with all nurses regarding (1) <i>Following Physician Orders</i>, with the emphasis on ensuring medications are administered per physician orders to include but not limited to sliding scale insulin clearly defines parameters for administration to include dose, route, frequency and when physician should be notified if indicated and (2) <i>Rights of Medication Administration</i> with the emphasis on administering medications to the right resident, administration of right medication, in the right dose, by the right route, by the right method and at the right time In-Service will be completed by 6/30/22 After 6/30/22, any newly hired nurses will be in-serviced during orientation regarding <i>Following Physician Orders</i>.</p> <p>The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will review MARs weekly x 4 weeks then monthly x 1 utilizing the <i>MAR Audit Tool</i>. This audit is to ensure medications to include but not limited to</p>		



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F 760	<p>Continued From page 96</p> <p>The June 2022 MAR documented the above order for Novolog Insulin. On the following dates and times, the blood sugar is documented and the amount of insulin given or not given documented:</p> <p>6/8/2022 at 4:30 p.m. - BS - 415 - 10 units given</p> <p>6/17/2022 at 11:30 a.m. - BS - 509 - 10 units given</p> <p>6/18/2022 at 9:00 p.m. - BS - 489 - 10 units given</p> <p>Review of the nurse's notes failed to evidence documentation that the nurse contacted the physician to obtain orders for a blood sugar above 400.</p> <p>The comprehensive care plan dated 9/28/2015 and reviewed on 3/17/2022, documented in part, "Focus: Diabetes Mellitus: Potential for complications of hyper/hypoglycemia; Resident is non-compliant with diet and/or treatment regimen." The "Interventions" documented in part, "FSBS (finger stick blood sugar) as ordered by physician and/or per facility protocol. Medication as ordered by the physician."</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/22/2022 at 3:59 p.m. The above order for Novolog insulin was reviewed with ASM #2. When asked what a nurse is to give when the resident's blood sugar is over 400, ASM #2 stated the nurse should contact the doctor and follow their orders. ASM #2 further stated there is no indication of what to do. When asked if the nurse contacts the doctor, where is that documented, ASM #2 stated it should be documented in the progress notes.</p> <p>An interview was conducted with ASM #3, the</p>	F 760	<p>sliding scale insulin was administered by physician orders. The Administrative nurses to include the Assistant Director of Nursing, (ADON) Treatment Nurse and Minimum Data Set nurse (MDS) will address all concerns identified during the audit to include assessment of resident, notification of the physician and re-training of staff. The Director of Nursing will review the MAR Audit Tool weekly x 4 then monthly x 1 to ensure all concerns were addressed.</p> <p>The Director of Nursing will present the findings of the <i>MAR Audit Tool</i> to the Executive Performance Improvement (QAPI) Committee monthly x 2 months. The Executive QAPI Committee will meet monthly for 2 months and review the MAR audit Tool to determine trends and/or issues that may need further interventions put in place and to determine the need for further frequency of monitoring.</p>		

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F 760	<p>Continued From page 97</p> <p>medical doctor on 6/23/2022 at 10:09 a.m. The above order for Novolog insulin was reviewed with ASM #3. When asked what a nurse should do if the blood sugar is outside of the above parameters, ASM #3 stated they are supposed to call me. When asked if she had been contacted by the nurse's for the above blood sugars, ASM #3 stated not that she could recall. ASM #3 further stated if they called it should have been documented, if it wasn't documented, we always say it wasn't done. If the blood sugar is over 400 they (the nurses) need to call me (ASM #3).</p> <p>The facility policy, "Medication Administration" documented in part, "Any deviation from the following principles shall be considered a medication error: 1. To the right resident. 2. Administration of the right medication. 3. In the right dose. 4. By the right route. 5. By the right method. 6. At the right time. All recognized deviations from the above principles shall be reported to the Supervisor, immediately. The Supervisor shall initiate a Medication Error Report which shall be submitted to the Director of Nursing." The policy did not address the administration of a sliding scale insulin. The facility policy, "Administration of Subcutaneous Medication" failed to evidence documentation related to the administration of a sliding scale insulin.</p> <p>ASM #1, the administrator, ASM #2, ASM #4, the facility consultant, and ASM #5, the clinical corporate director, were made aware of the above concerns on 6/23/2022 at approximately 1:30 p.m.</p> <p>No further information was obtained prior to exit.</p>	F 760			

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F 760	Continued From page 98 Complaint deficiency.  References: (1) This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605013.html">https://medlineplus.gov/druginfo/meds/a605013.h tml.</a>	F 760			
F 842 SS=E	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care	F 842	On 6/23/22, the Director of Nursing (DON) initiated an audit of all medication administration (MAR) records to include MAR for resident #5 from 6/1/22-6/23/22. This audit is to ensure medications were administered per physician order and/or staff documented reason medication not administered with notification of the physician of medication not administered for further recommendation. The DON will address all concerns identified during the audit to include assessment of the resident and notification of the physician for further recommendations. The audit will be completed by 6/24/22  On 6/23/22, the Assistant Director of Nursing(ADON) initiated an in-service with all nurses regarding Following Physician Orders with emphasis on documentation of medication administration on the MAR and/or notification of the physician when medication not administered for further recommendations. In- service will be completed by 6/30/22. After 6/30/22, any nurse who has not received the in-service will receive the in-service prior to next scheduled work shift. All newly hired nurses will be in-serviced during orientation regarding following physician orders. The Administrative nurses to include Assistant Director of Nursing, treatment nurse and minimum data set nurse (MDS) will review MARs weekly x 4 weeks then monthly x 1	7/22/22	

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F 842	<p>Continued From page 99</p> <p>operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, clinical record review and in the course of</p>	F 842	<p>month utilizing the MAR Audit Tool. This audit is to ensure medications were administered per physician order and/or staff documented reason medication not administered with notification of the physician of medication not administered for further recommendation. The ADON will address all concerns identified during the audit to include assessment of the resident and notification of the physician for further recommendations. The Director of Nursing will review the MAR Audit Tool weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The Director of Nursing will present the findings of the MAR Audit Tool to the Executive Quality Assurance Performance Improvement (QAPI) committee monthly for 2 months. The Executive QAPI Committee will meet monthly for 2 months and review the MAR Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 842	<p>Continued From page 100</p> <p>a complaint investigation it was determined that the facility staff failed to maintain an accurate clinical record for one of nine residents in the survey sample, Resident # 5 (R5).</p> <p>The findings include:</p> <p>The facility staff failed to document the reason why (R5's) insulin was not administered.</p> <p>(R5) was admitted to the facility with a diagnoses that included by not limited to: type 2 (two) diabetes mellitus (1).</p> <p>On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 05/10/2022, the resident scored 14 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section N0350 "Insulin" coded (R5) as receiving seven insulin injections in the past seven days.</p> <p>The POS (physician's order sheet) dated 05/01/2022 through 05/31/2022 for (R5) documented in part, "Humalog (2) INJ (injection) 100/ML (milliliter). SS (sliding scale): 0 (zero)-149=0 units; 150-199=1 unit, 200-249=2 units, 250-299=3 units, 300-349= 4units, 350-399=5 units, 400-450=6 units, &gt; (greater than) 450 or &lt; (less than) 60 call MD (medical doctor). Accuchecks before meals and at bedtime. 01/5/2022."</p> <p>The eMAR (electronic medication administration record) for (R5) dated "May 2022" documented the physician's orders as stated above. Review of the eMAR revealed the nurse's initials were circled and no evidence of a blood sugar and the</p>	F 842			

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F 842	<p>Continued From page 101</p> <p>amount of insulin on 05/01/2022 at 4:30 p.m., 05/06/2022 at 4:30 p.m., 05/10/2022 at 4:30 p.m., 05/14/2022 at 11:30 a.m., 05/20/2022 at 4:30 p.m., 05/25/2022 at 4:30 p.m. and 9:p.m. and on 05/26/2022 at 4:30 p.m. and 9:p.m. Further review of the eMAR failed to evidence documentation under "Nurse's Medication Notes."</p> <p>The eMAR (electronic medication administration record) for (R5) dated "June 2022" documented the physician's orders as stated above. Review of the eMAR revealed the nurse's initials were circled and no evidence of a blood sugar and the amount of insulin on 06/01/2022 at 4:30 p.m. Further review of the eMAR failed to evidence documentation under "Nurse's Medication Notes."</p> <p>The comprehensive care plan for (R5) dated 01/31/2020 documented in part, "Focus. Diabetes Mellitus: Potential for complications of hyper/hypoglycemia: Date Initiated: 01/31/2020." Under "Interventions" it documented in part, "FSBS (fasting blood sugars) as ordered by physician and/or per facility protocol. Date Initiated: 01/31/2020."</p> <p>The facility's nurse's notes dated 05/01/2022 through 06/22/2022 failed to evidence reason why (R5's) insulin was not administered on the dates and times listed above.</p> <p>On 06/23/2022 at approximately 8:56 a.m., an interview was conducted with ASM (administrative staff member) # 2, director of nursing. After reviewing the eMARs dated May and June 2022 for (R5) ASM # 2 was asked about the dates and times listed above where the nurse's initials were circled. ASM # 2 stated that the circled initials indicated that the insulin was not administered</p>	F 842			

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F 842	<p>Continued From page 102</p> <p>and that the nurse would document the reason it was not administered on the back of the eMAR or the nurse's notes. After reviewing the nurse's notes and the back pages of the eMARs for (R5) ASM # 2 stated that there was no documentation about why the insulin was held on the dates and times listed above.</p> <p>The facility's policy "Medical Records Policy Manual" documented in part, "Medical records at this facility are maintained to provide complete and accurate resident information for continuity of care. The medical record will contain sufficient information to identify the resident clearly, justify the diagnosis and treatment, and document results accurately through the course of the resident's health care ....The medical record serves as the basis for review, study and evaluation of the care rendered to the resident. In addition, the medical record enables another health care provider to assume the care of the resident at any time."</p> <p>On 11/17/2021 at approximately 5:00 p.m., ASM [administrative staff member] # 1, administrator, ASM # 2, assistant administrator, ASM # 3, director of nursing, ASM # 4, administrator of sister facility and ASM # 5, nurse consultant, were made aware of the above findings.</p> <p>No further information was provided prior to exit.</p> <p>Complaint deficiency.</p> <p>References: (1) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/ency/article/">https://www.nlm.nih.gov/medlineplus/ency/article/</a></p>	F 842			

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F 842	Continued From page 103 001214.htm. (2) A rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. This information was obtained from the website: <a href="https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f">https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c8ecbd7a-0e22-4fc7-a503-faa58c1b6f3f</a>	F 842			