

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/29/2022
NAME OF PROVIDER OR SUPPLIER OAKWOOD HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1613 OAKWOOD STREET BEDFORD, VA 24523		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments	{E 000}			
{F 000}	INITIAL COMMENTS	{F 000}			
{F 658}	<p>An unannounced Medicare/Medicaid revisit to the standard survey conducted 5/10/2022 through 5/19/2022, was conducted 6/28/2022 through 6/29/2022. No complaints were investigated. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. Uncorrected deficiencies are identified within this report.</p> <p>The census in this 111 certified bed facility was 73 at the time of the survey. The survey sample consisted of 13 current Resident reviews.</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, facility document review and clinical record review, the facility staff failed to follow professional standards of practice for one of thirteen residents in the survey sample. Nurses signed off medications for Resident #101 as administered when the medications were not available for administration.</p> <p>The findings include:</p> <p>Resident #101 was admitted to the facility with</p>	{F 658}	<p>F658/12VAC5-371-220 (A)(H)- Services Provided Meet Professional Standards This Plan of Correction is respectfully submitted as evidence of alleged compliance. This submission is neither an admission the deficiencies existed nor that we agree with them. It is an affirmation the corrections to the areas cited have been made and the facility is in compliance with the participation requirements.</p>		

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

TITLE

(X6) DATE

Juan Burnett

Administrative

7/15/22

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 658}	<p>Continued From page 1</p> <p>diagnoses that included multiple sclerosis, hypothyroidism, insomnia, morbid obesity, depression, anxiety, hypertension, chronic pain syndrome, chronic/seasonal rhinitis and rosacea. The minimum data set (MDS) dated 6/16/22 assessed Resident #101 as cognitively intact.</p> <p>Resident #101's clinical record documented a physician's order dated 12/15/21 for fluticasone (50 micrograms per spray) one spray in both nostrils each day for chronic rhinitis. The record documented a physician's order dated 2/28/22 for Deep Sea 0.65% nasal spray with instructions for one spray in both nostrils two times per day for nasal congestion. The record documented a physician's order dated 6/5/22 for metronidazole 0.75% cream topically to the face two times per day for rosacea.</p> <p>Resident #101's medication administration record (MAR) for June 2022 documented the fluticasone spray and Deep Sea nasal spray were not administered on 6/22/22, 6/23/22, 6/24/22 and 6/27/22. The MAR documented the fluticasone and Deep Sea spray as administered on 6/25/22 and 6/26/22 as ordered. Nursing notes dated 6/22/22, 6/23/22, 6/24/22 and 6/27/22 documented the fluticasone spray and Deep Sea spray were on order from the pharmacy and not available for administration.</p> <p>The resident's MAR documented the metronidazole 0.75% cream was not administered on 6/22/22, 6/23/22, 6/24/22, 6/27/22 and 6/28/22. The MAR documented the metronidazole cream as administered as ordered on 6/25/22 and 6/26/22. Nursing notes dated 6/22/22, 6/23/22, 6/24/22, 6/27/22 and 6/28/22 documented the metronidazole was on order</p>	{F 658}	<ol style="list-style-type: none"> 1. Residents #101 was assessed by nursing and the provider was notified of the physician orders not followed. No adverse effects were noted to residents from the failure to provide care per physician orders. It is the policy of Oakwood Health and Rehab to ensure that treatment and care are provided per physician orders. All residents have the potential to be affected by this alleged deficient practice. 2. The Director of Nursing/designee performed an audit of medications and treatments administered by nursing staff since 6/20/2022. Residents who missed an administration of a medication or a treatment were assessed by nursing staff and the provider and resident representative was notified. 		

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{F 658}	<p>Continued From page 2</p> <p>from the pharmacy and not available for administration.</p> <p>The clinical record documented no explanation of how the fluticasone, Deep Sea spray and metronidazole cream were administered on 6/25/22 and 6/26/22 when they were not available.</p> <p>On 6/28/22 at 12:25 p.m., the licensed practical nurse (LPN #2) caring for Resident #101 was interviewed about unavailable medications. LPN #2 stated Resident #101's nasal sprays and the metronidazole cream had been out of stock since 6/22/22. LPN #2 stated the nasal sprays at one time were provided by the pharmacy but now were ordered by the facility as house stock items. LPN #2 stated she thought the delay in the availability of the nasal sprays was due to this transition. LPN #2 stated the metronidazole cream was ordered and re-ordered but still had not been provided by the pharmacy. LPN #2 stated the metronidazole cream and the nasal sprays were not included in their emergency medicine supply. LPN #2 stated the nasal sprays were delivered today (6/28/22) but the metronidazole cream was still out of stock. LPN #2 stated she did not know why the cream and sprays were signed off as given over the weekend (6/25/22, 6/26/22) because the medications were out of stock.</p> <p>On 6/28/22 at 3:00 p.m., Resident #101 was interviewed about the fluticasone spray, Deep Sea spray and the metronidazole cream. The resident stated she had missed doses of these medications since the end of last week. The resident stated she was administered the nasal sprays today (6/28/22) but the cream for rosacea</p>	{F 658}	<p>3. The Staff Development Educator provided education on 6/29/22 to registered and licensed staff regarding providing care per physician orders. The education included, but was not limited to, the importance of following physician orders, the importance of administering medications and treatments as ordered.</p> <p>4. The Director of Nursing/Designee will perform an audit of medication administration and treatment administration records to ensure that physician orders are followed, medications and treatments are administered, and they are documented correctly. Audits will be completed daily of new written orders in last 24 hours and MAR and TAR audits for last 24 hours. Audits will be conducted daily x 5 days x 4 weeks then monthly for three months to ensure</p>		

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{F 658}	<p>Continued From page 3 was still out of stock.</p> <p>On 6/28/22 at 3:30 p.m., the unit manager (LPN #1) caring for Resident #101 was interviewed about the medications marked as administered when not available. LPN #1 stated the medications were ordered and not provided by the pharmacy. LPN #1 stated she was aware on Friday 6/24/22 that the last of the sprays and metronidazole cream were used and not available. LPN #1 stated the fluticasone spray, Deep Sea spray and metronidazole cream were not part of the facility's emergency medication inventory and were not available on 6/25/22 or 6/26/22 to administer. LPN #1 stated nurses should not have signed off the MAR indicating the medications were given but should have coded them as not available. LPN #1 stated the nasal sprays were delivered and administered today (6/28/22) but the metronidazole cream was still on order.</p> <p>On 6/29/22 at 8:20 a.m., the director of nursing (DON) was interviewed about the administration of Resident #101's nasal sprays and metronidazole cream. The DON had no explanation of why the nasal sprays and cream were listed as administered on 6/25/22 and 6/26/22 when the medications were not available.</p> <p>The facility's policy titled Medication Administration Schedule (undated) documented, "Medications are administered according to established schedules in collaboration with prescriber orders, pharmacy recommendations, and consideration for resident preferences...The exact time of medication administration is documented in the Medication Administration Record. If medication is administered early, late</p>	{F 658}	<p>substantial compliance is achieved. Any issues identified will be addressed immediately by the Director of Nursing/designee and appropriate actions will be taken. The Director of Nursing/designee will identify any trends and/or patters and provide education and training to staff on an ongoing basis. Findings will be presented to QAPI monthly for accountability.</p> <p>5. Date of Compliance: 6/30/2022</p>		

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{F 658}	Continued From page 4 (beyond the allowable interval), or is omitted, the reason is also documented..." The Lippincott Manual of Nursing Practice 11th edition on page 15 includes in a list of common departures from standards of nursing care, "...Failure to administer medications properly and in a timely fashion or to report and administer omitted doses appropriately...Failure to make prompt, accurate entries in a patient's medical record..." (1) This finding was reviewed with the administrator and director of nursing during a meeting on 6/29/22 at 10:35 a.m. (1) Nettina, Sandra M. Lippincott Manual of Nursing Practice. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2019.	{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 care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on a medication pass observation, resident interview, staff interview, facility document review and clinical record review, the facility staff failed to follow physician orders for two of thirteen residents in the survey sample and	{F 684}	F684/12VAC5-371-220 (A)(B)- Quality of Care This Plan of Correction is respectfully submitted as evidence of alleged compliance. This submission is neither an admission the deficiencies existed nor that we agree with them. It is an affirmation the corrections to the areas cited have been made and the facility is in compliance with the participation requirements.		

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{F 684}	<p>Continued From page 5</p> <p>failed to accurately enter/implement a medication order for one of thirteen residents in the survey sample.</p> <p>For at least four days, Resident #101 was not administered fluticasone spray, Deep Sea nasal spray and metronidazole cream as ordered by the physician.</p> <p>Resident #106 was not administered the medications levothyroxine, Colace and Cymbalta as ordered by the physician.</p> <p>Resident #113 missed doses of an antibiotic due to inaccurate order entry.</p> <p>The findings include:</p> <p>1. Resident #101 was admitted to the facility with diagnoses that included multiple sclerosis, hypothyroidism, insomnia, morbid obesity, depression, anxiety, hypertension, chronic pain syndrome, chronic/seasonal rhinitis and rosacea. The minimum data set (MDS) dated 6/16/22 assessed Resident #101 as cognitively intact.</p> <p>Resident #101's clinical record documented a physician's order dated 12/15/21 for fluticasone (50 micrograms per spray) one spray in both nostrils each day for chronic rhinitis. The record documented a physician's order dated 2/28/22 for Deep Sea 0.65% nasal spray with instructions for one spray in both nostrils two times per day for nasal congestion. The record documented a physician's order dated 6/5/22 for metronidazole 0.75% cream topically to the face two times per day for rosacea.</p> <p>Resident #101's medication administration record</p>	{F 684}	<p>1. The prescription medication order for resident #113 was reviewed and revised to reflect the appropriate medication, dosage, and frequency per FNP's order. Resident # 113 was assessed by nursing staff and FNP resumed antibiotic treatment extending for a total of 7. Oakwood Heath and Rehab has identified that all residents with FNP's written orders are at risk from this alleged deficient practice. Residents #101 and #106 were assessed by nursing and the provider was notified of the physician orders not followed. No adverse effects were noted to residents from the failure to provide care per physician orders. It is the policy of Oakwood Health and Rehab to ensure that treatment and care are provided per physician orders. All residents have the potential to be affected by this alleged deficient practice.</p>		

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{F 684}	<p>Continued From page 6</p> <p>(MAR) for June 2022 documented the fluticasone spray and Deep Sea nasal spray were not administered on 6/22/22, 6/23/22, 6/24/22 and 6/27/22. The resident's MAR documented the metronidazole 0.75% cream was not administered on 6/22/22, 6/23/22, 6/24/22, 6/27/22 and 6/28/22.</p> <p>Nursing notes dated 6/22/22, 6/23/22, 6/24/22 and 6/27/22 documented the fluticasone spray, Deep Sea spray and metronidazole were on order from the pharmacy and not available for administration. A nursing note dated 6/28/22 documented the metronidazole 0.75% cream remained on order from the pharmacy.</p> <p>On 6/28/22 at 12:25 p.m., the licensed practical nurse (LPN #2) caring for Resident #101 was interviewed about missed medications. LPN #2 stated Resident #101's nasal sprays and the metronidazole cream had been ordered from the pharmacy but not delivered. LPN #2 stated the nasal sprays at one time were provided by the pharmacy but now were ordered by the facility as house stock items. LPN #2 stated she thought the delay in the availability of the nasal sprays was due to this transition. LPN #2 stated the metronidazole cream was ordered and re-ordered but still had not been provided by the pharmacy. LPN #2 stated the metronidazole cream and the nasal sprays were not included in their emergency medicine supply. LPN #2 stated she had not notified the provider about the missed/unavailable medications.</p> <p>On 6/28/22 at 3:00 p.m., Resident #101 was interviewed about the fluticasone spray, Deep Sea spray and the metronidazole cream. The resident stated she had missed doses of these</p>	{F 684}	<p>2. The Director of Nursing/designee performed an audit of medications and treatments administered by nursing staff since 6/20/2022. Residents who missed an administration of a medication or a treatment were assessed by nursing staff and the provider and resident representative was notified.</p> <p>3. The Staff Development Educator provided education on 6/29/22 to registered and licensed staff regarding providing care per physician orders. The education included, but was not limited to, the importance of following physician orders, the importance of administering medications and treatments as ordered.</p>		

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{F 684}	<p>Continued From page 7</p> <p>medications since the end of last week. The resident stated she "got a little congested" due to the missed nasal sprays and described the congestion as "nothing bad." Resident #101 stated her "cheeks were pink" from the missed metronidazole cream but this caused her no discomfort.</p> <p>On 6/28/22 at 3:10 p.m., the director of nursing (DON) was interviewed about Resident #101's missed medications. The DON stated the nasal sprays were provided previously by the pharmacy but had recently been switched to house stock. The DON did not know why the metronidazole cream had not been sent by pharmacy.</p> <p>On 6/28/22 at 3:30 p.m., the unit manager (LPN #1) caring for Resident #101 was interviewed about the missed medications. LPN #1 stated the medications were ordered and not provided by the pharmacy. LPN #1 stated she received no communication from the pharmacy that the nasal sprays had been switched to house stock items and were no longer provided with the pharmacy deliveries. LPN #1 stated the pharmacy was not timely with deliveries. LPN #1 stated she had called the pharmacy several times about the metronidazole cream and was told it would be on the next delivery but the cream still had not been provided. LPN #1 stated the fluticasone spray, Deep Sea spray and metronidazole cream were not part of the facility's emergency medication inventory.</p> <p>The facility's policy titled Unavailable Medications (revised 8/2020) documented, "...The facility must make every effort to ensure that medications are available to meet the needs of each resident...The pharmacy staff shall...Notify</p>	{F 684}	<p>4. The Director of Nursing/Designee will perform an audit of medication administration and treatment administration records to ensure that physician orders are followed, medications and treatments are administered, and they are documented correctly. Audits will be completed daily of new written orders in last 24 hours and MAR and TAR audits for last 24 hours. Audits will be conducted daily x 5 days x 4 weeks then monthly for three months to ensure that substantial compliance is achieved. Any issues identified will be addressed immediately by the Director of Nursing/designee and appropriate actions will be taken. The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be presented to QAPI monthly for accountability.</p>		

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{F 684}	<p>Continued From page 8</p> <p>nursing staff that the order product(s) is/are unavailable...Notify nursing staff of when it is anticipated that the drug(s) will become available...Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available...The nursing staff shall...Notify the attending physician (or on-call physician when applicable) of the situation and explain the circumstances, expected availability, and alternative therapy(ies) available. If the facility nurse is unable to obtain a response from the attending physician or on-call physician, the nurse should notify the nursing supervisor and contact the Facility Medical Director for orders and/or direction...Obtain a new order and cancel/discontinue the order for the non-available medication...Notify the pharmacy of the replacement order." (sic)</p> <p>This finding was reviewed with the administrator and director of nursing during a meeting on 6/29/22 at 10:35 a.m.</p> <p>2. Resident #106 was recently admitted to the facility with the following diagnoses, including but not limited to: right total knee replacement, depression, and hypothyroidism. Due to her recent admission there was no MDS (minimum data set) available.</p> <p>On 06/28/2022 at approximately 2:00 p.m. the clinical record reviewed. Documentation the clinical record indicated eight medications were not given per physician order as scheduled with reasoning "Waiting on pharmacy" for the administration times of 8:00 p.m. on 06/27/2022 and 6:00 a.m. on 06/28/2022.</p> <p>The DON (director of nursing) was interviewed on 06/29/2022 at approximately 8:15 a.m. She</p>	{F 684}			

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{F 684}	<p>Continued From page 9</p> <p>stated, "Some of those medications should be here in the (Name of onsite dispensary) or as house stock." She provided a list of medications available in the onsite medication dispensary. Two of the eight medications, Levothyroxine 50 mcg, and Duloxetine 30 mg were both listed as available on the (Name of onsite medication dispensary) Inventory. The DON reviewed the medical record, she was asked if the nurse who had signed off that she was "waiting on pharmacy", had access to the dispensary. She stated, "Yes, all of our nurses, and the agency nurses now have access. If she didn't know what to do she should have asked someone."</p> <p>One additional medications Docusate Sodium 100 mg was a stock medications per the DON. She stated, "The nurse should have looked and checked the lists to see what is available or asked for help, she is fairly new." The other five medications were not available in house and were delivered on 06/28/2022 by the pharmacy for administration per physician orders.</p> <p>The DON presented a typed document on 06/29/2022 at 8:53 a.m., that contained the following: "What to do when a medication is unavailable: If the patient is a new admission, or if there is a medication unavailable the following steps should be taken to avoid a delay in care: 1. Check OTC (over the counter) medication list at nursing station for available medications; 2. Check (Name of onsite dispensary) list for available prescription medications; 3. If the medication is not available OTC or in (name of onsite dispensary), provider or designee must be notified that medications are unavailable and a progress note reporting that the provider or designee (i.e.; Director of Nursing) has been</p>	{F 684}			

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

PRINTED: 07/14/2022
FORM APPROVED
OMB NO. 0938-0391

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{F 684}	<p>Continued From page 10 made aware so substitutions can be made if necessary."</p> <p>The above information was discussed during an end of the day meeting on 06/29/2022 at approximately 10:30 a.m. with the DON and the administrator.</p> <p>No further information was obtained prior to the exit conference on 06/29/2022.</p> <p>3. The facility failed to ensure Resident #113's antibiotic medication was entered correctly in accordance with professional standards of practice for one of 13 residents in the survey sample, Resident #113.</p> <p>Resident #113's diagnoses included, but were not limited to: anemia, dementia, BPH (benign prostatic hypertrophy), obstructive uropathy with chronic Foley catheter use, high blood pressure, and gout.</p> <p>The most recent MDS (minimum data set) was quarterly review dated 06/03/22. The resident was assessed with a cognitive score 6, indicating the resident had severe impairment in daily decision making skills. The resident was also assessed as requiring supervision with set up only for most all ADL's (activities of daily living).</p> <p>On 06/29/22 at approximately 7:50 AM, a medication pass and pour was completed with LPN (Licensed Practical Nurse) #4 for Resident #113.</p> <p>A medication reconciliation was completed for Resident #113 at approximately 8:30 AM.</p>	{F 684}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 11</p> <p>The medication reconciliation revealed the resident had a current physician's order for, "Keflex 500 mg (milligrams) Give 1 tablet by mouth every 8 hours every 7 days (not every day for 7 days)... (Active: 06/27/22 Start Date: 06/27/22)." This order was entered and ordered by the (Nurse Practitioner) on 06/27/22 at 1:33 PM.</p> <p>The resident's current EMARs (electronic medication administration records) were reviewed. The EMAR documented that the Keflex Capsule 500 mg was administered once on 06/27/22 at 4:00 PM. The remainder of the June 2022 EMAR for the Keflex was marked with an "X." The EMAR for the Keflex documented, "Keflex Capsule 500 mg...Give 1 tablet by mouth every 8 hours every 7 day(s) for UTI." The order did not have a start date or an end/discontinuation date.</p> <p>On 06/29/22 at approximately 8:45 AM, LPN #4 was interviewed regarding the above information. The LPN pulled the medication administration record up for Resident #113. The EMAR did not show the medication, Keflex to be administered. The LPN was then asked to look at the physician's orders. The LPN stated that she wasn't sure how medications entered by the practitioner are checked for accuracy, but stated that she thought those orders went directly to the pharmacy.</p> <p>On 06/29/22 at approximately 8:50 AM, the DON (director of nursing) and ADON (assistant director of nursing) were asked what the process was for reviewing orders entered into the electronic system for accuracy. The DON stated that the NP will give them a list of the orders and that she</p>	{F 684}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 684}	<p>Continued From page 12</p> <p>and the ADON will review for accuracy and then the orders are entered into the system. The DON stated that when the order is entered into the system by the practitioner that it goes directly to the pharmacy and that there is not really a way for the facility to do an audit to ensure accuracy. The DON and the ADON were made aware of the concern with Resident #113's antibiotic medication. The DON stated, "I think I see the problem (antibiotic ordered for every 7 days instead of every day for 7 days), I don't think it was intended that way." A policy was requested on ensuring medication orders are entered correctly into the electronic record system.</p> <p>A policy was presented titled, "Medication Orders" and documented, "...orders for medication, specify the type, route, dosage, frequency, and strength of the medication ordered...Orders for medications must include...name and strength of the drug...number of doses, start and stop date, and/or duration of therapy..."</p> <p>On 06/29/22 at 10:15 AM, the NP was interviewed and stated that was an error and that it was entered incorrectly and should have been entered for three times per day everyday for 7 days.</p> <p>On 06/29/22 at 10:30 AM the DON and ADON were made aware again of the above concerns with Resident #113's antibiotic medication not being entered correctly as intended by the NP, per the interview with the NP.</p> <p>No further information and/or documentation was presented prior to the exit conference on 06/29/22 at 11:00 AM.</p>	{F 684}			

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

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{F 755} {F 755} SS=E	<p>Continued From page 13</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on a medication pass observation, staff interview, facility document review and clinical record review, the facility staff failed to ensure</p>	{F 755} {F 755}	<p>F755/12VAC 5-371-300(A)- Pharmacy Services/Procedures/Pharma cist/Records This Plan of Correction is respectfully submitted as evidence of alleged compliance. This submission is neither an admission the deficiencies existed nor that we agree with them. It is an affirmation the corrections to the areas cited have been made and the facility is in compliance with the participation requirements.</p> <p>1. Residents #101 and #106 were assessed by nursing and the provider was notified of the physician orders not followed. Residents #101 and #106 had no adverse effects from the failure to provide care per physician orders. The prescription medication order for resident #106 was reviewed and revised to reflect the appropriate medication, dosage, and</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 755}	<p>Continued From page 14</p> <p>medications were available for administration for two of thirteen residents in the sample and failed to ensure medication order accuracy for one of thirteen residents in the sample.</p> <p>Medications prescribed for Resident #101 and 106 were not provided by the pharmacy for administration as ordered by the physician.</p> <p>An antibiotic order for Resident #113, entered in error by the provider, was filled without question and/or verification by the pharmacy resulting in missed doses of the medication.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Resident #101 was admitted to the facility with diagnoses that included multiple sclerosis, hypothyroidism, insomnia, morbid obesity, depression, anxiety, hypertension, chronic pain syndrome, chronic/seasonal rhinitis and rosacea. The minimum data set (MDS) dated 6/16/22 assessed Resident #101 as cognitively intact. Resident #101's clinical record documented a physician's order dated 12/15/21 for fluticasone (50 micrograms per spray) one spray in both nostrils each day for chronic rhinitis. The record documented a physician's order dated 2/28/22 for Deep Sea 0.65% nasal spray with instructions for one spray in both nostrils two times per day for nasal congestion. The record documented a physician's order dated 6/5/22 for metronidazole 0.75% cream topically to the face two times per day for rosacea. Resident #101's medication administration record (MAR) for June 2022 documented the fluticasone spray and Deep Sea nasal spray were not 	{F 755}	<p>frequency per FNP's order. It is the policy of Oakwood Health and Rehab to ensure that treatment and care are provided per physician orders. All residents have the potential to be affected by this alleged deficient practice.</p> <ol style="list-style-type: none"> 2. The Director of Nursing/designee has performed an audit of medications administered by nursing staff since 6/20/2022. Any resident missing an administration of a medication has been assessed by nursing staff and the provider. 3. The Staff Development Educator provided education on 6/29/22 to registered and licensed staff regarding process for when a medication is not available. The education included, but was not limited to, notification to provider for new orders, accessing the STAT box, using the back-up 		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 755}	<p>Continued From page 15</p> <p>administered on 6/22/22, 6/23/22, 6/24/22 and 6/27/22. The resident's MAR documented the metronidazole 0.75% cream was not administered on 6/22/22, 6/23/22, 6/24/22, 6/27/22 and 6/28/22.</p> <p>Nursing notes dated 6/22/22, 6/23/22, 6/24/22 and 6/27/22 documented the fluticasone spray, Deep Sea spray and metronidazole were on order from the pharmacy and not available for administration. A nursing note dated 6/28/22 documented the metronidazole 0.75% cream remained on order from the pharmacy.</p> <p>On 6/28/22 at 12:25 p.m., the licensed practical nurse (LPN #2) caring for Resident #101 was interviewed about the unavailable medications. LPN #2 stated Resident #101's nasal sprays and the metronidazole cream had been ordered from the pharmacy but had not been delivered. LPN #2 stated the nasal sprays at one time were provided by the pharmacy but now were ordered by the facility as house stock items. LPN #2 stated she thought the delay in the availability of the nasal sprays was due to this transition. LPN #2 stated the metronidazole cream was ordered and re-ordered and still not provided by the pharmacy. LPN #2 stated the metronidazole cream and the nasal sprays were not included in their emergency medicine supply.</p> <p>On 6/28/22 at 3:10 p.m., the director of nursing (DON) was interviewed about Resident #101's unavailable medications. The DON stated the nasal sprays were provided previously by the pharmacy but had recently been switched to house stock. The DON did not know why the metronidazole cream had not been provided by pharmacy.</p>	{F 755}	<p>pharmacy if medications are unavailable from the primary pharmacy, and reporting any concerns to the nursing supervisor.</p> <p>4. The Director of Nursing/designee will audit the MAR daily, 5 times weekly for 4 weeks to review medication availability, accurate documentation, and provider notification. Any issues identified will be addressed immediately by Director of Nursing/designee and appropriate actions will be taken. The Director of Nursing/designee will identify any trends and/or patterns, and additional education and training will be provided to employees on an ongoing basis. Findings will be presented to QAPI monthly for accountability.</p> <p>5. Date of Compliance: 6/30/2022</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 755}	<p>Continued From page 16</p> <p>On 6/28/22 at 3:30 p.m., the unit manager (LPN #1) caring for Resident #101 was interviewed about the unavailable medications. LPN #1 stated the medications were ordered and not provided by the pharmacy. LPN #1 stated she received no communication from the pharmacy that the nasal sprays had been switched to house stock items and were no longer provided with the pharmacy deliveries. LPN #1 stated the pharmacy was not timely with deliveries. LPN #1 stated she had called the pharmacy several times about the metronidazole cream and was told it would be on the next delivery but the cream had still not been provided. LPN #1 stated the fluticasone spray, Deep Sea spray and metronidazole cream were not part of the facility's emergency medication inventory.</p> <p>The facility's policy titled Unavailable Medications (revised 8/2020) documented, "...The facility must make every effort to ensure that medications are available to meet the needs of each resident...The pharmacy staff shall...Notify nursing staff that the order product(s) is/are unavailable...Notify nursing staff of when it is anticipated that the drug(s) will become available...Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available..." (sic)</p> <p>This finding was reviewed with the administrator and director of nursing during a meeting on 6/29/22 at 10:35 a.m.</p> <p>2. Resident #106 was recently admitted to the facility with the following diagnoses, including but not limited to: right total knee replacement, depression, and hypothyroidism. Due to her recent admission there was no MDS (minimum</p>	{F 755}			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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{F 755}	<p>Continued From page 17 data set) available.</p> <p>On 06/28/2022 at approximately 2:00 p.m. the clinical record reviewed. Documentation the clinical record indicated eight medications were not given as scheduled with reasoning "Waiting on pharmacy" for the administration times of 8:00 p.m. on 06/27/2022 and 6:00 a.m. on 06/28/2022.</p> <p>The DON (director of nursing) was interviewed on 06/29/2022 at approximately 8:15 a.m. She stated, "Some of those medications should be here in the (Name of onsite dispensary) or as house stock." She provided a list of medications available in the onsite medication dispensary. Two of the eight medications, Levothyroxine 50 mcg, and Duloxetine 30 mg were both listed as available on the (Name of onsite medication dispensary) Inventory. The DON reviewed the medical record, she was asked if the nurse who had signed off that she was "waiting on pharmacy", had access to the dispensary. She stated, "Yes, all of our nurses, and the agency nurses now have access. If she didn't know what to do she should have asked someone."</p> <p>One additional medications Docusate Sodium 100 mg was a stock medications per the DON. She stated, "The nurse should have looked and checked the lists to see what is available or asked for help, she is fairly new." The other five medications were not available in house and were delivered on 06/28/2022 by the pharmacy for administration.</p> <p>The DON presented a typed document on 06/29/2022 at 8:53 a.m., that contained the following: "What to do when a medication is unavailable: If the patient is a new admission, or</p>	{F 755}			

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{F 755}	<p>Continued From page 18</p> <p>if there is a medication unavailable the following steps should be taken to avoid a delay in care: 1. Check OTC (over the counter) medication list at nursing station for available medications; 2. Check (Name of onsite dispensary) list for available prescription medications; 3. If the medication is not available OTC or in (name of onsite dispensary), provider or designee must be notified that medications are unavailable and a progress note reporting that the provider or designee (i.e.; Director of Nursing) has been made aware so substitutions can be made if necessary."</p> <p>The above information was discussed during an end of the day meeting on 06/29/2022 at approximately 10:30 a.m. with the DON and the administrator.</p> <p>No further information was obtained prior to the exit conference on 06/29/2022.</p> <p>3. The facility pharmacy failed to ensure interpretation of an antibiotic medication order for accuracy for Resident #113.</p> <p>Resident #113's diagnoses included, but were not limited to: anemia, dementia, BPH (benign prostatic hypertrophy), obstructive uropathy with chronic Foley catheter use, high blood pressure, and gout.</p> <p>The most recent MDS (minimum data set) was quarterly review dated 06/03/22. The resident was assessed with a cognitive score 6, indicating the resident had severe impairment in daily decision making skills. The resident was also assessed as requiring supervision with set up only for most all ADL's (activities of daily living).</p>	{F 755}			

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{F 755}	<p>Continued From page 19</p> <p>On 06/29/22 at approximately 7:50 AM, a medication pass and pour was completed with LPN (Licensed Practical Nurse) #4 for Resident #113.</p> <p>A medication reconciliation was completed for Resident #113 at approximately 8:30 AM.</p> <p>The medication reconciliation revealed the resident had a current physician order for, "Keflex 500 mg (milligrams) Give 1 tablet by mouth every 8 hours every 7 days (not every day for 7 days)... (Active: 06/27/22 Start Date: 06/27/22)." This order was entered by the (Nurse Practitioner) on 06/27/22 at 1:33 PM.</p> <p>The resident's current EMARs (electronic medication administration records) were reviewed. The EMAR showed that the Keflex 500 mg was administered on 06/27/22 at 4:00 PM. The EMAR was blocked out with an "X" for the remainder of the month of June 2022. The EMAR for the Keflex documented, "Keflex Capsule 500 mg...Give 1 tablet by mouth every 8 hours every 7 day(s) for UTI." The order on the EMAR did not have a start date for this medication and did not have an end/discontinuation date for the antibiotic.</p> <p>On 06/29/22 at approximately 8:45 AM, LPN #4 was interviewed regarding the above information. The LPN pulled the medication administration record up for Resident #113. The MAR did not show the medication to be administered. The LPN was then asked to look at the physician's orders. The LPN stated that she wasn't sure how medications entered by the practitioner and checked for accuracy, but stated that she thought those go directly to the pharmacy.</p>	{F 755}			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 06/29/2022
NAME OF PROVIDER OR SUPPLIER OAKWOOD HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1613 OAKWOOD STREET BEDFORD, VA 24523		
(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 755}	<p>Continued From page 20</p> <p>On 06/29/22 at approximately 8:50 AM, the DON (director of nursing) and ADON (assistant director of nursing) were asked what the process was for reviewing orders entered into the electronic system. The DON stated that the NP will give them a list of the orders and that she and the ADON will review for accuracy. The DON stated that when the order is entered into the system by the practitioner that it goes directly to the pharmacy and that there is not really a way to do an audit. The DON and the ADON were made aware of the concern with Resident #113's antibiotic medication. The DON stated, "I think I see the problem, (the antibiotic was ordered every 7 days, instead of every day for 7 days) I don't think it was intended that way." A policy was requested on pharmacy responsibility for accuracy of medication orders entered into the system.</p> <p>A pharmacy policy was presented titled, "Medication Management" documented, "...When a resident receives a new medication, the medication order is evaluated for the following...The dose, route of administration, duration...and are in agreement with current clinical practice, clinical guidelines, and/or manufacturer's specifications for use..."</p> <p>On 06/29/22 at 10:15 AM, the NP was interviewed and stated that she entered the medication and entered it that way in error and that it was incorrect. The NP stated that it should have been entered for three times per day everyday for 7 days, not three times per day every 7 days.</p> <p>On 06/29/22 at 10:30 AM the DON and ADON</p>	{F 755}			

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{F 755}	Continued From page 21 were made aware again of the above concerns with Resident #113's antibiotic medication not being entered correctly as actually intended by the NP, per the NP's interview. No further information and/or documentation was presented prior to the exit conference on 06/29/22 at 11:00 AM.	{F 755}	F761/VAC5-371-300(B)- Label/Store Drugs and Biologicals This Plan of Correction is respectfully submitted as evidence of alleged compliance. This submission is neither an admission the deficiencies existed nor that we agree with them. It is an affirmation the corrections to the areas cited have been made and the facility is in compliance with the participation requirements.		
{F 761} SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by:	{F 761}			

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{F 761}	<p>Continued From page 22</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to ensure that medications (insulin) were dated when opened on two of four medication carts observed.</p> <p>Findings were:</p> <p>On 06/28/2022 at approximately 3:30 p.m., two medication carts on the second floor were observed with LPN (licensed practical nurse) #3. The first cart contained one vial of Lispro insulin that was opened, but not dated. The second cart contained two vials of Lispro insulin that were opened and not dated. LPN #3 was asked what the policy was regarding insulin. She stated, "I am a traveler, but they should be dated when they are opened and used for 30 days, then discarded."</p> <p>The facility policy "Storage of Medications" contained the following information: "When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated...the expiration date...will be 30 days from opening, unless the manufacturer recommends another date or regulations/guidelines require different dating. If a vial or container is found without a stated date opened, the date opened will automatically default to the date dispensed and the expiration date will be calculated accordingly..."</p> <p>The above information was discussed during an end of day meeting with the DON (director of nursing) and the administrator on 06/29/2022 at approximately 10:30 a.m.</p> <p>No further information was obtained prior to the exit conference on 06/29/2022.</p>	{F 761}	<p>2. The Director of Nursing/designee has performed a walk-through inspection of medication carts and medication storage areas and discarded out-of-date items and has ensured medications were labeled and dated correctly. A system has been implemented to audit and correct the storage, labeling, dating of medications.</p> <p>3. The Staff Development Educator provided education on 6/29/22 to registered and licensed, staff. The education included, but was not limited to, proper labeling, dating, and storage of medications as per policy.</p> <p>4. The Director of Nursing/designee will perform walk-through audits of medication carts and medication storage areas five times weekly for four weeks until substantial compliance is achieved. Any variances identified will be immediately</p>		

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			<p>corrected and further education will be provided to staff regarding prevention of these variances. Findings will be presented to QAPI monthly for accountability.</p> <p>5. Date of Compliance: 6/30/2022.</p>		