

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

PRINTED: 01/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/21/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARHAM HEALTH CARE &amp; REHAB CEN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2400 E PARHAM ROAD</b> <b>RICHMOND, VA 23228</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid Abbreviated survey was conducted 10/19/2022 through 10/21/2022. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  Five complaints were investigated during the survey: VA00056561-Substantiated with Deficiency. VA00055951-Substantiated with Deficiency. VA00055801-Substantiated with Deficiency. VA00055747-Substantiated with Deficiency. VA00055617-Substantiated with Deficiency.  The census in this 180 certified bed facility was 168 at the time of the survey. The survey sample consisted of 8 resident record reviews.	F 000			
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)  §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.  The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss	F 584		12/13/22	

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

TITLE

(X6) DATE

Electronically Signed

12/06/2022

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

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F 584	<p>Continued From page 1 or theft.</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, and in the course of a complaint investigation, the facility staff failed to provide a clean environment for 1 resident, Resident #8, in a survey sample of 8 residents.</p> <p>The findings include:</p> <p>For Resident #8, the facility staff failed to ensure that the restroom, located within the resident's room, was properly clean and sanitized.</p> <p>On 10/20/22 at approximately 10:30 AM, Resident #8's restroom was observed. A large amount of dried, crusted brown matter, which</p>	F 584	<p>The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F584 Safe/Clean/Comfortable/Homelike Environment</p> <p>1. Resident #8's bathroom was cleaned immediately and is being cleaned daily</p>		

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F 584	<p>Continued From page 2</p> <p>resembled feces, was located on the bathroom walls in close proximity to the toilet, as well as smeared on the toilet seat and base. An outline of a handprint, which contained dried, brown matter, resembling feces, was located on the bathroom wall by the door, along with brown fingerprints located on the door frame on the inside of the bathroom.</p> <p>Resident #8 was asked if any staff member had been in his bathroom that morning, and he replied, "No, not yet...only one person came in to make my bed, but that is all. They should be here shortly though".</p> <p>On 10/20/22 at approximately 12:30 PM, housekeeping employee L was observed cleaning rooms on the nursing unit, and confirmed she had not been down to the lower end yet.</p> <p>On 10/20/22 at approximately 3:30 PM, housekeeping employee L was observed cleaning resident rooms on the lower end, and confirmed that she had been in Resident #8's room and had completed cleaning there. Observation of Resident #8's restroom revealed the brown, crusty handprint remained on the bathroom wall, the brown fingerprints remained on the inside door frame, and dried, crusty brown areas remained on the lower wall and toilet base.</p> <p>The Facility Administrator was taken to Resident #8's room to observe the bathroom following housekeeping's cleaning. The Administrator stated, "This is unacceptable to my standards and expectations. It [the brown, crusty areas and handprint/fingerprints] definitely has the appearance of feces to me. I will have this taken care of right now".</p>	F 584	<p>and prn.</p> <ol style="list-style-type: none"> <li>2. Current residents in the center have the potential to be affected.</li> <li>3. The Housekeeping Manager or designer will educate all housekeeping staff on ensuring resident rooms and resident restrooms are properly cleaned and sanitized.</li> <li>4. The Housekeeping Manager or designee will complete a weekly review of resident rooms and resident restrooms for 30 days to ensure they are properly cleaned and sanitized.</li> <li>5. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem to no longer exist, the review will be conducted on a random basis.</li> <li>6. Date of compliance 12/13/2022</li> </ol>		

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F 584	Continued From page 3	F 584			
F 658 SS=D	<p>On 10/20/22 at 4:15, observation of Resident #8's restroom revealed the walls, toilet, baseboards, and doorframe appeared clean and well-scrubbed. The toilet bowl appeared clean and contained deodorizer. Resident #8 stated, "Thank you so much! I really appreciate my clean bathroom!"</p> <p>COMPLAINT RELATED DEFICIENCY</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:</p> <p>Based on clinical record review, staff interview, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide care and services in accordance with professional standards for 2 residents, Residents #5 and #3, in a survey sample of 8 residents.</p> <p>The findings include:</p> <p>1. For Resident #5, facility staff failed to administer wound treatments as ordered by the physician on 7/15/22, 7/25/22, and 7/27/22.</p> <p>On 10/20/22, Resident #5's clinical record was reviewed and revealed physician orders for wound care as follows:</p> <p>"Cleanse LLE (left lower extremity) wounds with</p>	F 658	<p>F658 Services Provided Meet Professional Standards</p> <ol style="list-style-type: none"> <li>Residents #3 and #5 no longer reside in the facility.</li> <li>Current residents in the center have the potential to be affected. Residents affected will be assessed to ensure there is no adverse reaction as a result of this and an alternative medication will be requested if applicable and wound treatments are completed.</li> <li>The Staff Development Coordinator or designee will educate all licensed nurses on administering medications and wound treatments as ordered by the physician with documentation on the MAR/TAR. In addition, education will also include the</li> </ol>	12/13/22	

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F 658	<p>Continued From page 4</p> <p>wound cleanser spray and 4x4 [gauze]. Apply silvasorb wound gel to each wound and cover with opticell AG silver gelling fiber. Cover with 4x4/ABD (abdominal) pad, secure with kerlix and wrap with ACE bandage every day shift every Mon (Monday), Wed (Wednesday), Fri (Friday) for Wound Care. Order date 7/13/22 and discontinue date 7/22/22."</p> <p>The Treatment Administration Record revealed no wound care entry for Friday, 7/15/22.</p> <p>"Cleanse RLE (right lower extremity) with wound cleaner, wipe clean, apply xerofoam, ABD pad, secure with kerlix rolled gauze, and wrap with ACE wrap every day shift every Mon, Wed, Fri for Wound Care. Order date 7/13/22 and discontinue date 7/22/22."</p> <p>The Treatment Administration Record revealed no wound care entry for Friday, 7/15/22.</p> <p>"Clean left lateral lower leg wound with wound cleanser, apply Mupirocin 2% [ointment] to wound, cover with kerlix, secure with ACE wrap or coban wrap loosely daily, every day shift for wound care/lymphedema. Order date 7/22/22 and discontinue date 8/19/22."</p> <p>The Treatment Administration Record revealed no wound care entry for 7/22/22, 7/25/22 and 7/27/22.</p> <p>"Wrap right lower leg with ACE/loose coban wrap daily for edema, every day shift for wound care. Order date 7/22/22 and discontinue date 8/19/22."</p> <p>The Treatment Administration Record revealed</p>	F 658	<p>process for obtaining medications from the pharmacy and the inhouse Omnicell machine.</p> <p>4. The Unit Manager or designee will complete a weekly review for 30 days to ensure medications and wound treatments have been administered as ordered by the physician with documentation on the MAR/TAR.</p> <p>5. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem to no longer exist, the review will be conducted on a random basis.</p> <p>6. Date of compliance 12/13/2022</p>		

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F 658	<p>Continued From page 5</p> <p>no wound care entry for 7/22/22, 7/25/22, and 7/27/22.</p> <p>The Facility Administrator and Director of Nursing (DON) were updated on the findings and confirmed their expectation for nursing staff to follow physician orders for wound care and treatments, to include documentation of wound care they have provided on the Treatment Administration Record. The DON stated, "If treatments are not documented, I cannot say that [wound care] was performed as ordered by the physician. The DON stated that the facility's professional nursing standards reference was Lippincott.</p> <p>According to Lippincott "Manual of Nursing Practice", Eleventh Edition, 2019, page 15, "Standards of Practice", Box 2-1 entitled, "Common Legal Claims for Departure from Standards of Care", read in part, "Failure to perform a nursing treatment or procedure properly" and "Failure to implement a physician's, advanced practice nurse's, or physician assistant's order properly or in a timely fashion".</p> <p>No further information was provided.</p> <p>COMPLAINT DEFICIENCY</p> <p>2. For Resident #3, the facility staff failed to administer medications per physicians order.</p> <p>A review of the clinical record revealed Resident # 3 did not receive the following medications:</p>	F 658			

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F 658	<p>Continued From page 6</p> <p>Lorazepam (anti-anxiety) Tablet 0.5 MG- This medication was not administered on 7/13/22 at 9 AM and 5 PM, as evidenced by blanks in the MAR and progress note stating "Awaiting from Pharmacy." A review of the facility's emergency medication supply (stat box) list revealed this medication was available for administration.</p> <p>Risperidone (an anti-psychotic) Tablet 0.25 MG- This medication was not administered on 7/13/22 at 9 AM as evidenced by blanks in the MAR and progress note stating "Awaiting from Pharmacy." A review of the facility's emergency medication supply (stat box) list revealed this medication was available for administration.</p> <p>Hydroxyzine HCl (anti-histamine also used for mild anxiety) Tablet 25 MG -This medication was not administered on 7/8/22 at 9 AM and 2 PM as evidenced by blanks in the MAR and progress note stating "Awaiting from Pharmacy." A review of the facility's emergency medication supply (stat box) list revealed this medication was available for administration.</p> <p>There is no documentation that the physician was notified regarding any of these medications not being administered to Resident #3.</p> <p>A review of the facility's medication administration policy revealed, in part: "Notify the attending physician and/or prescriber of ...Medications held."</p> <p>On 10-19-22 at 1:37 PM, an interview was conducted with the LPN (licensed practical nurse) A. LPN A stated, "If meds (medications) are not available, staff are to try to get them out of the in-house stock of medications. If they can't, they</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>are to call the pharmacy and physician." When asked about the documentation of those medications, she stated "If it's not signed off on the MAR it's not been given."</p> <p>On 10/20/22 at approximately 11:30 AM an interview was conducted with LPN E who stated, that the Nurses are supposed to inform the provider if medications are refused consistently or held for any reason. She also stated if we don't have a medication in the cart we are supposed to check the stat box contents and notify the on call to see if there is something else they want to prescribe.</p> <p>On the afternoon of 10/20/22 the Administrator was asked the nursing guidance used by the facility and he stated it was Mosby's and Lippincott.</p> <p>Guidance for nursing standards for the administration of medication is provided by "Fundamentals of Nursing, 7th Edition, Mosby's/ Potter-Perry, p. 705: Professional standards, such as the American Nurses Association's Nursing Scope and Standards of Nursing Practice of (2004), apply to the activity of medication administration. To prevent medication errors, follow the six rights of medications. Many medication errors can be linked, in some way, to an inconsistency in adhering to the six rights of medication administration. The six rights of medication administration include the following: 1. The right medication. 2. The right dose. 3. The right client. 4. The right route. 5. The right time. 6. The right documentation."</p> <p>According to "Fundamentals of Nursing- Lippincott Williams and Wilkins 2007 page 165:</p>	F 658			



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F 658	Continued From page 8 After administering a tablet or capsule, be sure to record: drug given, dose given, date and time of administration, signing out the drug on the patients medication record ...any omission or withholding of a drug for any reason. If a drug is refused, withheld, or omitted for any reason, the prescriber must be notified..."	F 658			
F 697 SS=G	During the end of day debriefing, the Administrator was made aware of the findings, and no further information was provided.  Pain Management CFR(s): 483.25(k)  §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide pain management for two Residents (Resident #1 and #6) in a survey sample of eight Residents. For Resident #6, the facility staff failed to initiate any pain relieving measures following a fall resulting in a fracture, resulting in harm.  The findings included:  For Resident #6, who had a fall on 9/15/22 resulting in a complete displacement femoral neck fracture, and who reported pain, the facility staff failed to assess for pain, and failed to	F 697	F697 Pain Management  1. Resident #1 no longer resides in the facility. Resident #6 resides in the center and has a prn order for pain. No action was taken due to the time frame having already passed. 2. Current residents in the center have the potential to be affected. Residents affected will be assessed for pain to ensure there is no adverse reaction as a result of this and an alternative medication will be requested if applicable. 3. The Staff Development Coordinator or designee will educate all licensed nurses on pain management to include assessing	12/13/22	

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F 697	<p>Continued From page 9</p> <p>implement any pain relieving measures, resulting in unrelieved pain, and continued distress for three days.</p> <p>Resident #6 was admitted to the facility on 1/25/22.</p> <p>On 10/19/22, a review of Resident #6's clinical record revealed Resident #6 fell on 9/15/22. The nursing note dated 9/15/22 at 7:30 AM read, "Resident noted on floor near sink lying flat on her back. Resident states she got [up] and tried to walk to the bathroom because she had to urinate badly. Wheelchair was parked next to her bed. Assessment performed. Abrasion to right knee noted. Resident c/o (complained of) of mild pain to right knee and right hip. MD (medical doctor) aware gave order to obtain right knee and right hip x-ray to ensure no injury is presenting. Vitals are WNL (within normal limits). RP (responsible party) notified."</p> <p>Review of the September 2022 MAR (Medication Administration Record) and physician orders revealed resident #6 had no physician orders for any type of pain management/reducing medications at the time of the fall, despite rating pain a 4 on a scale of 1-10 (documented in the vital signs portion of the clinical record 20 minutes after the fall occurred). Review of the nursing notes and care plan revealed no evidence of any non-pharmacological interventions being implemented.</p> <p>Review of the physician orders revealed an order for "Acetaminophen Tablet 325 MG (milligrams), Give 2 tablets by mouth every 8 hours as needed for generalized pain." The order date was 9/17/22, with a "created" and "start date" of</p>	F 697	<p>residents for pain, implementing pain measures as necessary for residents who voice complaints or show signs and/or symptoms of pain.</p> <p>4. The Unit Manager or designee will complete a weekly review for 30 days to ensure residents who have voiced or show signs and/or symptoms of pain have been assessed and pain-relieving measures have been implemented.</p> <p>5. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem to no longer exist, the review will be conducted on a random basis.</p> <p>6. Date of compliance 12/13/2022</p>		

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F 697	<p>Continued From page 10</p> <p>9/18/22. The order was also discontinued on 9/18/22. The Medication administration record (MAR) revealed that this medication was not given/administered at all.</p> <p>On 10/19/22, Resident #6 was interviewed and reported that she was in pain and hurt following the fall. During the interview, Resident #6's sister entered the room. The sibling added to the interview, and stated the Resident was in pain until she had surgery.</p> <p>On 10/19/22, the Resident #6's daughter reported that she visited the resident on the evening of 9/15/22, following the fall. She stated Resident #6 was in obvious distress and guarding her hip. She stated she visited another day following the fall, prior to hospitalization, and again the Resident was in pain. The daughter said she had daily pain.</p> <p>There were no notes or assessments in the clinical record to indicate Resident #6 had been assessed for pain, medicated for pain, or had any nursing interventions following the fall, until 9/18/22 at 12:09 PM, when Resident #6 was recorded as having had a pain rating of 5 on a scale of 1-10 in the weight and vital signs portal on the electronic medical record (EMR). The facility staff did not record any pain assessments for Resident #6 on the MAR or under the "Assessments" tab in the EMR.</p> <p>A progress note dated 9/18/22 at 2:16 PM, read, "Resident had a fall on 9/16/2022 complained of pain on her right side. X-ray was done on right hip. Results shows right femoral fx (fracture) Dr. [name redacted] was call [sic] and new order received to send resident to [hospital name</p>	F 697			

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F 697	<p>Continued From page 11</p> <p>redacted] for evaluation. RP [name redacted] was called and made aware. Resident was sent to [hospital name redacted] via ambulance." This note was written by LPN (licensed practical nurse) B.</p> <p>On 10/19/22 at 3:27 PM, LPN B was interviewed. The nurse stated, "I was in providing incontinence care and the Resident was in pain and not her usual self, so I was going to order an x-ray. When I called [x-ray company name redacted] they said one had been done, and they had tried to call the facility but no one would answer. I had them fax me the report, and I called the doctor and they sent her out [to the hospital]."</p> <p>Resident #6's x-ray results were reported to the facility on 9/16/22 at 5:55 a.m. Review of this report revealed: "There is an acute femoral neck (hip) fracture with complete displacement ..." The provider/doctor was not made aware of the x-ray results until 9/18/22, when a nurse observed Resident #6 to not be her usual self, grimacing in pain during incontinence care.</p> <p>Following the end of day meeting held on 10/20/22, the facility submitted a statement from LPN B, which read: "On 9/17/22- Obtained an order for Tylenol due to resident, [Resident #6's name redacted] complaining of discomfort, no location of pain indicated. The daughter was at bedside. Nurse [LPN B's name redacted] states that the Tylenol was administered 9/17/22..."</p> <p>A review of the facility policy, "Pain Management Assessments," revealed, in part: "Assess all patients for pain as part of the admission nursing assessment. 2. Initiate a pain assessment any time thereafter should a patient experience pain</p>	F 697			

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F 697	Continued From page 12 that is not usual for the patient. 3. Administration of pain medication and effectiveness will be documented. 4. Non-pharmacological interventions will be documented with the administration of PRN ([as needed]). 5. If pain is not relieved, notify physician. Any unusual findings and follow-up interventions are to be documented on the progress notes including notification of physician and responsible party. 6. Care plan specific interventions will be developed based on pain assessment and individual patient needs."  On 10/21/22, the facility Administrator and Corporate staff were again made aware of the above findings, and that the lack of intervention resulted in Resident #6 having pain that was not treated, constituting harm.	F 697			
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §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.  §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.	F 755		12/13/22	

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F 755	<p>Continued From page 13</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 staff interview, clinical record review, facility document review, and in the course of a complaint investigation, the facility failed ensure physician ordered medications were available for administration for three Residents (Resident #4, #3 &amp; #1) in a sample of 8 residents.</p> <p>The findings include:</p> <p>1. For Resident #4 multiple medications were unavailable.</p> <p>Resident #4 was admitted to the facility on 2-15-22 and discharged on 2-21-22 (6 days later).</p> <p>Resident #4 was assessed on the day of admission, and documented as being dependent on staff for all activities of daily living such as eating, bathing, hygiene, and toileting.</p> <p>On 10-19-22 from 11:30 AM, til 12:00 noon, LPN</p>	F 755	<p>F755 Pharmacy</p> <ol style="list-style-type: none"> <li>Residents #1, #3, and #4 no longer reside in the facility.</li> <li>Current residents in the center have the potential to be affected. A review of the medication carts was completed to ensure resident medications are available.</li> <li>The Staff Development Coordinator will educate all licensed nurses on the process for ensuring physician ordered medications are available for all residents.</li> <li>The Unit Manager or designee will review the medication carts and resident's administration records weekly for 30 days to ensure physician ordered medications are available and being administered as per physician orders.</li> <li>Results of the review will be presented to the QAPI committee for review and recommendation. Once the</li> </ol>		

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F 755	<p>Continued From page 14</p> <p>(licensed practical nurse) A was observed passing medications on the first unit as you enter the nursing facility. She was asked what meds she was administering, and if they were lunchtime medications. She responded "no, these are still the morning medications (9:00 AM)."</p> <p>A review of Resident #4's clinical record was conducted. This review revealed the following excerpts from the progress notes:</p> <p>2-16-22 2:07 PM - "Awaiting meds (medications)." 2-16-22 5:06 PM - "Awaiting meds (medications)." 2-16-22 8:07 PM - "On order (medications)." 2-17-22 11:25 AM - "Pending delivery (medications)." 2-17-22 2:26 PM - "Pending delivery (medications)." 2-17-22 9:04 PM - "On order (medications)."</p> <p>The Resident did not receive the following medications from 2-15-22 through 2-21-22, as documented in the February 2022 Medication Administration Record (MAR).</p> <p>2-16-22 Co q-10 100 mg 9:00 AM for heart health. 2-16-22 Mirbegrone ER 25 mg 9:00 AM. For over active bladder. 2-16-22 Trelegy 1 puff powder inhalant 9:00 AM for asthma. 2-16-22 Trospium 20 mg 7:30 AM for over active Bladder. 2-15-22 (9 PM), 2-16-22 (9 AM) Guafenisin ER 600 mg twice per day for expectorant mucus from lungs. 2-16-22 (9 AM), 2-19-22 (9 AM &amp; 5 PM)</p>	F 755	<p>committee determines the problem to no longer exist, the review will be conducted on a random basis.</p> <p>6. Date of compliance 12/13/2022</p>		

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F 755	<p>Continued From page 15</p> <p>Prednisolone 1% eye drops, 1 drop in right eye for inflammation.</p> <p>Review of the on-site emergency medication stock (stat box) contents list revealed that these following medications were not available in the facility stock for administration to Resident #4 in the dosages ordered by the physician.</p> <p>There was no documentation of the facility staff using medication from the Stat box or calling the physician to notify of the unavailable medications for Resident #4.</p> <p>There were valid Physicians Orders for the medications listed as unavailable.</p> <p>On 10-19-22 at 1:37 PM, an interview was conducted with the LPN administering drugs on the first unit. LPN A stated, "If meds (medications) are not available, staff are to try to get them out of the in-house stock of medications. If they can't, they are to call the pharmacy and physician." When asked about the documentation of those medications, she stated "If it's not signed off on the MAR it's not been given."</p> <p>On 10-20-22 at the end of day debrief, the DON (Director of Nursing) confirmed the process for reordering medications. She stated, "There are several options, and you can press the reorder button in the computer or call the pharmacy." When asked when meds are to be ordered, the DON said, "When meds get down to a 7 day supply we will go ahead and order them to prevent them from running out. We have a backup pharmacy that can deliver meds as well."</p>	F 755			



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F 755	<p>Continued From page 16</p> <p>On 10-20-22, during the end of day debriefing, the Administrator and DON (Director of Nursing) were notified of the issue, and both stated they had nothing further to provide.</p> <p>2. For Resident #3 the facility staff failed to ensure multiple physician-ordered medications were available for administration.</p> <p>On the morning of 10/20/22 a review of the clinical record revealed that Resident #3 had not been given his medications on the day of admission. He did not receive the following medications:</p> <p>Clonidine Patch Weekly 0.2 MG (milligrams)/24HR (hours) Apply 0.2 mg transdermal in the Afternoon every 7 day(s) for htn (hypertension). This medication was ordered for 7/8/22 and was not administered until 7/15/22. This medication was not available in the facility's emergency medication supply (stat box). There was no documentation of physician notification.</p> <p>Divalproex Sodium Capsule Delayed Release Sprinkle 125 MG Give 2 capsule by mouth two times a day for ANTICONVULSANT Order Date 7/08/2022 2:43 AM. This medication was not administered on 7/8/22 at 9 AM and 5 PM. This medication was not available in the facility's emergency medication supply (stat box). There was no documentation of physician notification.</p> <p>According to the documentation in the progress notes section of the clinical record, the facility was "Awaiting arrival from pharmacy" for the above medications.</p> <p>On 10/20/22 an interview with LPN (licensed</p>	F 755			

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F 755	<p>Continued From page 17</p> <p>practical nurse) E revealed that the facility staff should first check the Stat Box to see if it is available, then notify the pharmacy and the physician, to see if he or she would like to prescribe an alternate medication until the ordered medication arrives.</p> <p>On 10/20/22 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.</p> <p>3. For Resident # 1, the facility staff failed to ensure multiple medications were available for administration.</p> <p>Resident # 1 was admitted on 6/30/2022 and discharged on 7/1/2022.</p> <p>Review of the Progress Notes revealed Resident # 1 signed out AMA (Against Medical Advice) on 7/1/2022. The Progress note written 7/1/22 at 9:42 a.m. stated, "Resident is discharging AMA (against medical advice), but requested pain med (medication) son is driving."</p> <p>7/1/22 at 10:56 a.m., the physician progress note included this excerpt: "Resident leaving AMA due to medication issues and he did not feel comfortable staying, as COVID currently active in the building. He is leaving with his son-states he has medications at home."</p> <p>Further review of the Progress Notes and Medication Administration Records for 6/30/2022 and 7/1/2022 revealed documentation of the following medications ordered on 6/30/2022 at 4:05 p.m. but not available for administration:</p>	F 755			

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F 755	<p>Continued From page 18</p> <p>Aspirin Low Dose Tablet Chewable 81 MG (Aspirin) Give 81 mg by mouth one time a day for prophylaxis- Not given 7/1/2022 at 9 a.m.</p> <p>Cetirizine HCl Tablet 10 MG Give 1 tablet by mouth one time a day for Allergy symptoms-Not given at 7/1/2022 at 9.a.m.</p> <p>Latanoprost Solution 0.005 % Instill 1 drop in both eyes at bedtime for glaucoma-Not given 6/30/22 at 9 p.m.</p> <p>Pantoprazole Sodium Tablet Delayed Release 40 MG Give 40 mg by mouth one time a day for GERD - Scheduled at 7:30 a.m.-Not given 7/1/2022 at 7:30 a.m.</p> <p>Xarelto Tablet 20 MG (Rivaroxaban) Give 1 tablet by mouth one time a day for atrial fibrillation- Not given 7/1/2022 at 9 a.m.</p> <p>Review of the Physicians Orders revealed there were valid orders for the medications listed above.</p> <p>Review of the on-site emergency medication stock (stat box) contents list revealed that these medications were not available in the facility stock (Omniceil) (stat box) for administration to Resident #1 in the dosages ordered by the physician</p> <p>During an interview on 10/19/2022 at 12:55 p.m., LPN (Licensed Practical Nurse) C explained the procedure for new admissions to the facility. LPN C stated "the medication list comes with the resident to the facility and the nurse clarifies the medications with the facility physician." LPN C stated medications could be extracted from the</p>	F 755			

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F 755	Continued From page 19 Omniceil "PIXUS" (the onsite back-up inventory of a few medications) if they were available or come from the Pharmacy "depending on the time of the last administration of the medication". LPN C stated "medications are delivered from the facility's Pharmacy on the next run. The Pharmacy is in Maryland." LPN C also stated "the Pharmacy usually delivers medications in the morning and late afternoon and STAT (emergency) runs are available."  Review of the Pharmacy information sheet revealed the following statements: "New orders/refill requests received before 12 pm will arrive with the first scheduled delivery." New orders/refill requests received after 12 pm (M-F) and after 5:30 pm (S/Su/Holidays) will arrive on the first scheduled delivery the following day." New orders/refill requests received after cutoff will arrive on the next scheduled delivery.  During the end of day debriefing on 10/20/2022, the facility Administrator, Director of Nursing, and Corporate Nurse Consultant were informed of the findings that medications were not available for administration as ordered by the physician.  No further information was provided.	F 755			
F 760 SS=D	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	F 760		12/13/22	

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F 760	<p>Continued From page 20</p> <p>by: Based on staff interview, clinical record review, and facility document review, the facility failed to prevent significant medication errors for two Residents (Resident #4, and #3) in a sample of 8 residents.</p> <p>1. For Resident #4 multiple significant medications were unavailable for administration.</p> <p>The Findings included;</p> <p>Resident #4 was admitted to the facility on 2-15-22 and discharged on 2-21-22 (6 days later).</p> <p>A review of Resident #4's clinical record was conducted. This review revealed the following excerpts from the progress notes:</p> <p>2-16-22 2:07 PM - "Awaiting meds (medications)". 2-16-22 5:06 PM - "Awaiting meds (medications)". 2-16-22 8:07 PM - "On order (medications)". 2-17-22 11:25 AM - "Pending delivery (medications)". 2-17-22 2:26 PM - "Pending delivery (medications)". 2-17-22 9:04 PM - "On order (medications)".</p> <p>The Resident did not receive the following significant medications from 2-15-22 through 2-21-22, as documented in the February Medication Administration Record (MAR).</p> <p>2-16-22 Potassium 20 MEQ (milliequivalents) at 9:00 AM. Replacement supplement when taking Lasix. 2-16-22 Lasix 40 mg (milligrams) at 9:00 AM for</p>	F 760	<p>F760 Resident are Free of Significant Med Errors</p> <ol style="list-style-type: none"> <li>1. Resident #3 and Resident #4 no longer reside in the facility.</li> <li>2. A review was conducted for the last 30 days to ensure for current residents to ensure medications are available for administration.</li> <li>3. The Staff Development Coordinator will educate all licensed nurses on the process for obtaining medications from the Pharmacy. When medications are not available and not located in the Omnicell, the Director of Nursing (DON) will be notified.</li> <li>4. The Unit Manager or designee will review the resident's administration records weekly for 30 days to ensure physician ordered medications are available. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem to no longer exist, the review will be conducted on a random basis.</li> <li>5. Date of compliance 12/13/2022</li> </ol>		

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F 760	<p>Continued From page 21</p> <p>congestive heart failure and fluid retention. 2-15-22 Atorvastatin 40 mg 9:00 PM for high cholesterol. 2-16-22, 2-21-22 Protonix 40 mg 6:00 AM for Gastro-esophageal Reflux Disease. 2-16-22 Sertraline 150 mg 9:00 AM for depression. 2-15-22 (9 PM), 2-16-22 (9 AM), 2-19-22 (9 PM) Eliquis 5 mg, 2 times per day for blood thinner (anticoagulant). 2-16-22 (9 AM), 2-19-22 (5 PM) Metoprolol 25 mg twice per day for Atrial Fibrillation. 2-15-22 (9 PM), 2-16-22 (all three doses), 2-17-22 (all three doses) Gabapentin 800 mg three times per day for neuropathy (nerve pain).</p> <p>Review of the on-site emergency medication stock (stat box) contents list revealed all of these medications were available in the facility stock for administration to Resident #4 in the dosages ordered by the physician.</p> <p>There was no documentation of the facility staff using medication from the Stat box or calling the physician to notify of the unavailable medications for Resident #4.</p> <p>There were valid Physicians Orders for the medications listed as unavailable.</p> <p>On 10-19-22 at 1:37 PM, an interview was conducted with the LPN administering drugs on the first unit. LPN A stated, "If meds (medications) are not available, staff are to try to get them out of the in-house stock of medications. If they can't, they are to call the pharmacy and physician." When asked about the documentation of those medications, she stated "If it's not signed off on the MAR it's not been</p>	F 760			

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F 760	<p>Continued From page 22 given."</p> <p>On 10-20-22, during the end of day debriefing, the Administrator and DON (Director of Nursing) were notified of the issue, both stated they had nothing further to provide.</p> <p>2. For Resident # 3 the facility staff failed to administer cardiac, anxiolytic, and mood stabilizing medications as ordered.</p> <p>On 10/20/22 during the clinical record review there it was found that Resident # 3 did not receive medications as ordered by the physician.</p> <p>Resident # 3 missed the following medications:</p> <p>Lorazepam Tablet 0.5 MG Give 0.5 tablet by mouth every 12 hours for anxiety. The order date was 07/13/2022 at 7:34 AM. This medication not administered on 7/13/22 at 9 AM and 5 PM.</p> <p>Risperidone Tablet 0.25 MG Give 1 tablet by mouth every 12 hours for mood disorder. The order date was 07/13/2022 at 7:33 AM. This medication was not administered on 7/13/22 at 9 AM.</p> <p>On 10/20/22 at approximately 11:30 AM, an interview was conducted with LPN E who stated that the Nurses are supposed to inform the provider if medications are held or refused. She also stated if we don't have medication in the cart we are supposed to check the stat box contents and notify the on call provider to see if there is something else they want to prescribe.</p> <p>On 10/20/22 during the end of day meeting the</p>	F 760			

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F 760	Continued From page 23 Administrator was made aware of the concerns and no further information was provided.	F 760			
F 777 SS=G	Radiology/Diag Srvcs Ordered/Notify Results CFR(s): 483.50(b)(2)(i)(ii)  §483.50(b)(2) The facility must- (i) Provide or obtain radiology and other diagnostic services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on clinical record review, Resident, family and staff interviews, facility documentation review, and in the course of a complaint investigation, the facility staff failed to promptly notify the physician of x-ray results which indicated a fracture, and resulted in a delay in treatment/harm for one Resident (Resident #6) in a survey sample of six Residents.  The findings included:  For Resident #6, who had an x-ray confirmed fracture, the facility staff failed to notify the physician for 3 days, which resulted in a delay in treatment.  On 10/19/22, a clinical record review was conducted of Resident #6's electronic health record. This review revealed the following:	F 777	F777 Radiology/Diag Srvcs Ordered/Notify Results  1. Resident #6 still resides in the facility. The physician was notified on 9/18/22 of the x-ray results. 2. A review of current residents in the center with radiology orders for the past 30 days was reviewed to ensure the physician was notified of the results. 3. The Staff Development Coordinator will educate all licensed nurses on notifying the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of radiology and other diagnostic services results when received. 4. The Unit Manager or designee will review radiology and other diagnostic services results daily for 30 days in the	12/13/22	



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F 777	<p>Continued From page 24</p> <ol style="list-style-type: none"> <li>On 9/15/22, Resident #6 was found on the floor by facility staff. The Resident reported she fell while attempting to go to the bathroom.</li> <li>On 9/15/22, the provider/doctor was notified and gave orders for a hip and knee x-ray.</li> <li>On 9/15/22, the x-ray was performed as ordered.</li> <li>On 9/16/22 at 5:55 AM, the x-ray results were reported to the facility/uploaded into the resident's clinical record. Review of this report revealed, in part: "There is an acute complete femoral neck (hip) fracture with complete displacement ..."</li> <li>There was no evidence of the physician being made aware of the x-ray report confirming a fracture on 9/16/22 or 9/17/22.</li> <li>There was no documented evidence of any nursing assessment, intervention or response, to the known fracture on 9/16/22 or 9/17/22.</li> <li>Resident #6's progress note dated 9/18/22 at 2:16 p.m. documented: "Resident had a fall on 9/16/2022 complained of pain on her right-side. X-ray was done on right hip. Results shows right femoral fx (fracture). Dr. [name redacted] was call and new order received to send resident to [hospital name redacted] for evaluation. RP [responsible party] [name redacted] was called and made aware. Resident was sent to [hospital name redacted] via ambulance [sic]." This note was written by LPN (licensed practical nurse) B.</li> </ol> <p>On 10/19/22 at 3:12 PM, an interview was conducted with Employee K, the Nurse Practitioner (NP). When asked to discuss how soon an x-ray should be done after being ordered, Employee K said, "As soon as possible, sometimes it has been within 2-3 hours or within 24 hours." Employee K said that if the x-ray companies lets the nursing staff know they can't get to the facility or there will be a delay, "They</p>	F 777	<p>morning clinical meeting to ensure the physician is notified.</p> <ol style="list-style-type: none"> <li>Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem to no longer exist, the review will be conducted on a random basis.</li> <li>Date of compliance 12/13/2022</li> </ol>		

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F 777	<p>Continued From page 25</p> <p>generally will let us [medical providers/doctor or nurse practitioner] know." Employee K said, "If the patient is really uncomfortable or in pain, I would expect them to let us know if there is a delay." When asked why that communication is important, the NP said, because that may change their orders and treatment options.</p> <p>The NP reviewed Resident #6's electronic health record and confirmed that an x-ray was ordered on 9/15/22, and the x-ray was performed on the evening of 9/15/22, read by the radiologist on 9/16/22, and the results were uploaded into Resident #6's chart on 9/16/22 at 5:55 AM. The NP confirmed that had they [medical providers] been aware of the fracture on 9/16/22, they would have ordered the Resident to be sent to the hospital at that time.</p> <p>On 10/19/22 at 3:27 PM, an interview was conducted with LPN B. The nurse stated, "I was in providing incontinence care and the Resident was in pain and not her usual self, so I was going to order an x-ray. When I called [x-ray company name redacted] they said one had been done, and they had tried to call the facility but no one would answer. I had them fax me the report and I called the doctor and they sent her out."</p> <p>The delay in notification of the medical doctor and/or Nurse practitioner of the fracture/x-ray results caused Resident #6 to have a delay in treatment for the fracture. This constituted harm.</p> <p>On 10/19/22 at 3:51 PM, an interview was conducted with the Supervisor/Employee V, the facility's contracted provider for x-rays. Employee V was asked about the x-ray performed on Resident #6, ordered 9/15/22. Employee V said,</p>	F 777			

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F 777	<p>Continued From page 26</p> <p>"The technician completed the x-ray at 23:13 [11:13 PM] and it was faxed to the facility on 9/16/22 at 5:50 AM. With COVID, we had a back-up in reading the results. We tried to call with no answer at the facility on 9/16/22 at 9:44 AM, 9:54 AM, and 10:54 AM. We re-faxed the report on 9/18/22 at 9:18 AM." When asked if the x-ray results were available to the facility staff, employee V said, "It was uploaded into the system at 5:55 AM on 9/16/22."</p> <p>On 10/19/22 at 3:59 PM, an end of day meeting held with the facility Administrator, Director of Nursing, Regional Director of Clinical Services and Vice President of Operations. The Director of Nursing (DON) was asked to explain the process when a provider gives an order for a lab or diagnostic test. The DON said, "The order is put in, they fill out the request form and call [x-ray company name redacted]. Typically within 24 hours it is done. If they don't show by the end of the shift, we will call the provider and get further directives." When asked to explain the process of receiving results of x-rays, the DON said, "Typically they upload into the system [clinical chart of the Resident], if it is a critical lab or fracture, they will call the nurses and follow-up and they notify the doctor immediately." When asked if she had identified any problems with this process, the DON said, "Yes, we had one Resident who had an x-ray and we didn't get the results within 24 hour timeframe." The DON named Resident #6 and said the doctor was notified, family was notified, and she had a conversation with the diagnostic company, who said they were short staffed and backed up.</p> <p>On 10/19/22, the DON provided a copy of the x-ray report from 9/15/22, nursing notes for</p>	F 777			

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F 777	Continued From page 27 Resident #6 from 9/15/22-9/18/22, a wound evaluation conducted 9/22/22 of a right hip surgical wound, and a physician history and physical dated 9/23/22. These documents confirmed the findings noted above, which were: the x-ray was performed 9/15/22, the results were received 9/16/22, which confirmed a fracture. The provider was not made aware until 9/18/22, at which time they ordered for the Resident to be sent to the hospital, where she underwent surgical repair and returned to the facility on 9/21/22.  A review of the facility policy titled, "Documentation and Notification," was conducted. This policy read, "1. The charge nurse is responsible for notifying the Physician (MD) and/or the Responsible Party (RP) whenever there is a change related to the care of the patient... 2. Whenever there is a notification of the MD/RP, the charge nurse will include this information in the shift report and document the notification on the appropriate forms..."  A copy of the facility 24 hour reports/shift reports for 9/15/22 through 9/19/22 were requested. The facility Administrator reported to the survey team on 10/21/22 that they were not available.  On 10/21/22, during an end of day meeting the facility Administration were made aware of the above findings.	F 777			
F 809 SS=D	Frequency of Meals/Snacks at Bedtime CFR(s): 483.60(f)(1)-(3)  §483.60(f) Frequency of Meals	F 809		12/13/22	

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F 809	<p>Continued From page 28</p> <p>§483.60(f)(1) Each resident must receive and the facility must provide at least three meals daily, at regular times comparable to normal mealtimes in the community or in accordance with resident needs, preferences, requests, and plan of care.</p> <p>§483.60(f)(2) There must be no more than 14 hours between a substantial evening meal and breakfast the following day, except when a nourishing snack is served at bedtime, up to 16 hours may elapse between a substantial evening meal and breakfast the following day if a resident group agrees to this meal span.</p> <p>§483.60(f)(3) Suitable, nourishing alternative meals and snacks must be provided to residents who want to eat at non-traditional times or outside of scheduled meal service times, consistent with the resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Resident interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide evidence that Residents are provided three meals daily, affecting two Residents (Resident #2 and #6) in a survey sample of 8 Residents.</p> <p>The findings included:</p> <p>1. For Resident #2, the facility staff failed to provide evidence that the Resident was provided three meals daily.</p> <p>On 10/19/22, a clinical record review was conducted of Resident #2's electronic health record. The following was noted: a. Resident #2 was coded on an admission MDS</p>	F 809	<p>F809 Frequency of Meals/Snacks at Bedtime</p> <ol style="list-style-type: none"> <li>1. Resident #2 no longer resides in the facility. Resident #6 is receiving three meals per day with documentation in point of care.</li> <li>2. Current residents in the center have the potential to be affected.</li> <li>3. The Administrator or designee will educate the Dietary Manager and dietary staff on the process of ensuring residents receive three meals a day. All Clinical staff will be educated by the Staff Development Coordinator/designee on documentation in point of care for meal % intake.</li> <li>4. The Administrator or designee will</li> </ol>		

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F 809	<p>Continued From page 29</p> <p>(minimum data set) (an assessment tool) as having required meal set-up and supervision.</p> <p>b. The ADL (activities of daily living), record a document where meal assistance and amount of the meal consumed is recorded, was reviewed. Resident #2 was noted to have no record of receiving, consuming or refusing, 3 meals a day on 13 occasions.</p> <p>c. Resident #2's care plan indicated she was at risk for weight loss as one of the focus/problem statements. Review of the care plan revealed, in part: "Record meal % [percentage] intake ...nutritional risk at admission recent admission to center [sic] ...Provide diet as ordered. Monitor intake and record each meal. Offer substitute when intake less than 50%."</p> <p>d. Physician orders revealed an order for a regular diet and regular consistency liquids.</p> <p>On 10/20/22, Resident #2 was interviewed in her room. Resident #2 reported that there was an occasion where she and her roommate didn't get breakfast. Resident #2 said, "It was a Sunday, and me nor my roommate got breakfast. When my family came in they went to the kitchen and our 2 trays were still there."</p> <p>On 10/20/22, the facility Administrator provided a Facility Reported Incident (FRI) in response to a family concern shared with the Ombudsman that included, but was not limited to Resident #2 and her roommate did not get breakfast one morning. Included in the Administrator's investigation was a handwritten note that read, "Dietary staff interview verified that res [Resident] rcv'd [received] scrambled eggs, sausage patties, toast, and beverage approx. 240 cc." The ADL sheet for the date in question, 9/25/22, only recorded a meal being provided at 6 PM. The facility</p>	F 809	<p>observe meal service trays weekly to ensure residents receive three meals a day. DON/designee will monitor the point of care documentation 3x weekly to ensure documentation of meal % intake.</p> <p>5. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem to no longer exist, the review will be conducted on a random basis.</p> <p>6. Date of compliance 12/13/2022</p>		

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F 809	<p>Continued From page 30</p> <p>Administration concluded that the allegation was unsubstantiated. There were no details as to who the interview was conducted with, when it was conducted, etc.</p> <p>The ADL records included in the FRI investigation documents revealed 13 occasions from September 24-30, 2022, that a meal was not recorded as being provided to Resident #2.</p> <p>On 10/20/22, Surveyor D conducted interviewed with dietary staff to include the cook and dietary aide. They indicated they were unable to recall if there was a time a Resident didn't receive a meal. The cook said that on occasions when a new admission comes in, if they do not receive a "ticket," then a meal is not provided.</p> <p>On 10/20/22, interviews were conducted with nursing staff. CNA C stated that they document in the electronic system when meals are provided. When asked what it means if it is blank, CNA C said, "Someone didn't take the time to document," CNA C said at times the Resident's tray will not be in on the cart and they have to go to the dining room to get it, but doesn't recall an instance where the Resident didn't get a tray at all.</p> <p>2. For Resident #6, the facility staff failed to provide evidence that the Resident was provided three meals daily.</p> <p>On 10/19/22, the facility staff was asked to provide a daily census listing from 9/25/22. This document was received and reviewed, and Resident #6 was identified as the roommate for Resident #2 and placed in the survey sample.</p>	F 809			

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F 809	<p>Continued From page 31</p> <p>On 10/19/22, a clinical record review of Resident #6's chart was performed. This review revealed the following:</p> <p>a. Resident #6 was coded on an MDS (minimum data set) (an assessment tool) as having required set-up assistance and supervision of staff for eating.</p> <p>b. Resident #6 had a physician order for a regular diet, with regular consistency liquids. There was no evidence of an order to hold or not provide meals.</p> <p>c. Resident #6's ADL records revealed from September 21, 2022- September 26, 2022, there was no record of any meals being provided on 9/21, 9/22, 9/23, and 9/24. On 9/25/22, there was a record recorded at 6 PM, of only one meal being provided that day.</p> <p>On 10/20/22, the facility Administrator was made aware that Surveyor D was investigating a concern regarding meals not being provided. The facility Administrator was asked to provide any evidence he had of Resident #2 and #6 receiving meals three times a day for the months of September and October. No such evidence was provided prior to exit.</p> <p>Review of the Resident Council Minutes from September and October meetings revealed concerns with regards to "trays being late, a shortage of coffee and tea, need more sandwiches."</p> <p>The facility Administrator was asked to provide any facility policies regarding documentation of meals, meal intake, providing meals, etc.</p> <p>A review of the facility policy, "Therapeutic Diets,"</p>	F 809			



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F 809	Continued From page 32 revealed, in part: "It is the center policy to insure that all residents have a diet order, including regular, therapeutic, and texture modified, prescribed by the attending physician, physician extender, or credentialed practitioner... 3. Diets are prepared in accordance with the guidelines in the approved diet manual and the individualized plan of care."  The facility policy, "Shift Responsibilities for CNA," did not include any information regarding the provision of meal service or documentation of such.  The facility Administration was made aware of the above findings during an end of day meeting held on 10/20/22.  No additional information was received prior to the conclusion of the survey.	F 809			
F 919 SS=E	Resident Call System CFR(s): 483.90(g)(2)  §483.90(g) Resident Call System The facility must be adequately equipped to allow residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area.  §483.90(g)(2) Toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: Based on observations, Resident interview, staff interview, facility documentation review, and in the course of a complaint investigation, the facility staff failed to have a functioning call bell system in the Resident bathrooms, equipped to allow	F 919	F919 Resident Call Bell  1. Resident call bells in rooms 30-41 have all been repaired as of 10/20/22. 2. Current residents in the center have	12/13/22	

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F 919	<p>Continued From page 33</p> <p>residents to call for staff assistance through a communication system which relays the call directly to a staff member or to a centralized staff work area on one nursing unit, the central unit, in a survey sample of three nursing units.</p> <p>The findings included:</p> <p>The survey team identified that the call bells in the bathrooms on one of three nursing units, which consists of 12 rooms (rooms 30-41) were not functional. There was no auditory alarm, visual indication/alarm, or any notification to facility staff when the lights were engaged.</p> <p>On 10/20/22, Resident #2, whose room was not on the central unit, was interviewed and asked about call bell response, and the Resident recalled an incident where she used her call bell and no one responded. The Resident stated that "I felt like I was in a tomb, it was dark, the curtains were closed, door was closed and no one would come. It was a horrible night." When asked if the call bell was working, Resident #2 said, "I don't know if it works or not, because they didn't answer."</p> <p>On 10/20/22, Surveyor D requested the maintenance work orders for the months of September and October 2022. The maintenance director/Employee E brought in work orders, which revealed only one instance of a call bell being reported as not working. The maintenance director was asked if he has a system where he periodically checks to see if the call bells are working properly, or any type of preventative maintenance program. He stated, "No," and that he relies solely on staff reporting they aren't working or maintenance work order requests.</p>	F 919	<p>the potential to be affected.</p> <p>3. The Administrator or designee will educate the Maintenance Director and maintenance staff on process of ensuring all resident call bells are functional. In addition, all facility staff will also be educated by the Maintenance Director/designee to let the maintenance staff know immediately when call lights are not working.</p> <p>4. The Administrator or designee will review resident call bell systems weekly for 30 days to ensure they function properly. Issues identified will be addressed immediately and residents will temporarily receive handbells while repairs are done.</p> <p>5. Results of the review will be presented to the QAPI committee for review and recommendation. Once the committee determines the problem no longer exists, the review will be conducted on a random basis.</p> <p>6. Date of compliance 12/13/2022</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 919	<p>Continued From page 34</p> <p>On 10/20/22 at approximately 10 AM, the maintenance director and Surveyor D made rounds on all nursing units, checking a sampling of Resident call bells to identify if they were functional. On the central wing, the bathroom call bell in room 39 was not working. The sample was expanded, and in the bathrooms in rooms 32, 33, and 40, the call bells were not working. The call bells gave no auditory alarm/sound and no visual alert to facility staff when the call bell was activated. The Maintenance director stated that he was not aware of the call bells not working prior to the rounds with the surveyor.</p> <p>During these rounds, LPN (licensed practical nurse) E, the unit manager, was asked if the call bell system gives any alert at the nursing station. LPN E stated, "No, we just hear it and walk to the light. There is no alarm at the desk."</p> <p>The maintenance director stated the purpose of the call bell is, "So if a Resident needs assistance they can call for staff to come help them."</p> <p>On 10/20/22 at approximately 10:30 AM, Surveyors C and D determined that the call bells in the Resident bathrooms for rooms 30-41 were not functioning. With the assistance of the facility Administrator and LPN B, 11 Residents residing in those rooms were identified as being capable of using the bathroom, and of having the potential to be affected by the non-functioning call bells.</p> <p>On 10/20/22, late morning, the facility Administrator provided the survey team with incident/accident tracking for the months of September and October. The survey team reviewed the clinical record of all Residents who</p>	F 919			

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F 919	<p>Continued From page 35</p> <p>had incidents in those months to identify if any of the accidents may have been a result of a non-functioning call light. No significant findings were noted.</p> <p>Review of the facility policy, "Nurse Call System," revealed, in part: "1. Inspect all patient call devices located on the unit (patient rooms, shower rooms, bathrooms) monthly. 2. Inspect pull-call cords in all patient/public restrooms/shower rooms and verify that they are in place, in one piece, clean and hanging freely...4. Initiate a call and verify that both the audio and visual sign is received at the nurse station annunciator panel. Verify corridor nurse call indicator light illuminates and verify that wiring and insulation are intact. 5. Document malfunctions, service provisions, and validate completion of repairs as outlined in the preventative maintenance electronic record."</p> <p>No further information was provided.</p>	F 919			