

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

PRINTED: 11/21/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/07/2022
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NAME OF PROVIDER OR SUPPLIER CHOICE HEALTHCARE AT ROANOKE	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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E 000	Initial Comments A COVID-19 Focused Emergency Preparedness Survey was conducted onsite 11/07/22. The facility was in substantial compliance with 42 CFR Part 483.73(b)(6) emergency preparedness regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. The census in this 109 certified bed facility was 53 at the time of the survey.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated and COVID-19 Focus Infection Control survey was conducted at the facility on 11/07/22. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and has implemented The Centers for Medicare & Medicaid Services and Centers for Disease Control recommended practices to prepare for COVID-19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. During the survey, one complaint (VA00056628- substantiated, no deficiency) was investigated. The census in this 109 certified bed facility was 53 at the time of the survey. The survey sample consisted of 5 current residents, and 1 closed record review.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)	F 584	<ol style="list-style-type: none"> 1. Resident #2 tube feeding was labeled with the date and time during the survey process. The tube feeding pole was cleaned during the survey process. 2. The Director of Nursing will complete an 100% audit of resident's tube feeding for date and time hung. The Central Supply Coordinator will complete a sanitation audit of all resident tube feeding pump for cleanliness. 3. The Assistant Director of Nursing will complete education will license nurses on placing date and time hung on tube feeding. The Housekeeping Director will 	

			<p>complete education with the Central Supply Coordinator on cleanliness of the tube feeding poles.</p> <ol style="list-style-type: none">4. All audits will be conducted twice weekly times six weeks then monthly times three months.5. All findings will be presented to QAPI. Date of compliance 12/12/22	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Umaiyah Seale

Administrator

12/05/22

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 584	<p>Continued From page 1</p> <p>§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.</p> <p>The facility must provide-</p> <p>§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.</p> <p>(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.</p> <p>(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss 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</p>	F 584		
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F 584	<p>Continued From page 2</p> <p>sound levels.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and clinical record review, the facility staff failed to ensure a clean, sanitary, homelike environment for 2 of 6 residents in the survey sample, Resident #2, and Resident#4.</p> <p>The findings included:</p> <p>1. For Resident #2, a dried light brown substance was visible on the resident's tube feeding pump, pole, and floor of their room.</p> <p>Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Anoxic Brain Damage, Persistent Vegetative State, Functional Quadriplegia, Chronic Respiratory Failure, and Paroxysmal Tachycardia.</p> <p>The most recent significant change minimum data set (MDS) with an assessment reference date (ARD) of 9/12/22 coded the resident as being in a persistent vegetative state/no discernible consciousness.</p> <p>On 11/07/22 at 11:15 am, surveyor observed Resident #2 in bed receiving Osmolite 1.5 tube feeding (TF) formula via pump at 55 milliliters (ml) per hour. The Osmolite 1.5 TF formula was liquid and light brown in color. Surveyor observed a dried light brown substance on the TF pump, at the base of the TF pole, and in the floor around the TF pole.</p> <p>On 11/07/22 at 5:00 pm, surveyor spoke with the director of nursing (DON) who stated TF poles should be checked and cleaned daily by central</p>	F 584		
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F 584	<p>Continued From page 3 supply staff.</p> <p>On 11/07/22 at 5:03 pm, two surveyors and the DON entered Resident #2's room and observed the dried light brown substance on the TF pump, at the base of the TF pole, and in the floor around the TF pole.</p> <p>On 11/07/22 at 5:22 pm, the survey team met with the facility management team including the DON and assistant DON and discussed the concern of dried light brown substance visible on Resident #2's TF pump, TF pole, and floor of their room.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.</p> <p>2. For Resident #4, a dried light brown substance was visible on the resident's tube feeding pump, pump electrical cord, base of pole, and floor of their room.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Epilepsy, Acute and Chronic Respiratory Failure, Hemiplegia and Hemiparesis following Cerebral Infarction, Myoneural Disorder, and Dysphagia.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/19/22 assigned the resident a brief interview for mental status (BIMS) summary score of 0 out of 15 indicating the resident was severely cognitively impaired.</p> <p>On 11/07/22 at 11:33 am, surveyor observed Resident #4 in bed receiving Osmolite 1.5 tube</p>	F 584		
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F 584	<p>Continued From page 4</p> <p>feeding (TF) formula via pump at 80 milliliters (ml) per hour. The Osmolite 1.5 TF formula was liquid and light brown in color. Surveyor observed a dried light brown substance on the TF pump, TF pole, down the pump electrical cord, and in the floor around the TF pole.</p> <p>On 11/07/22 at 4:59 pm, two surveyors and the director of nursing (DON) entered the resident's room and observed the dried light brown substance on the TF pump, TF pole, down the pump electrical cord, and in the floor around the TF pole. The DON stated central supply staff should be checking and cleaning the TF poles daily.</p> <p>On 11/07/22 at 5:22 pm, the survey team met with the facility management team including the DON and assistant DON and discussed the concern of the dried light brown substance visible on Resident #4's TF pump, TF pump electrical cord, TF pole, and floor of their room.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.</p> <p>4. For Resident #3 the facility staff failed to ensure the feeding pump, pole and surrounding area was clean and free of dried feeding solution.</p> <p>Resident #3's face sheet listed diagnoses which included but not limited to acute and chronic respiratory failure, dysphagia, and gastrostomy status.</p> <p>Resident #3's admission minimum data set was not yet completed; however, resident was not alert or oriented, and non-responsive to verbal</p>	F 584		
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F 584	<p>Continued From page 5 questions.</p> <p>Resident #3's comprehensive care plan was reviewed and contained a care plan for "is totally dependent on nursing staff to meet ADL (activities of daily living) care, hygiene, nutrition and hydration needs." Interventions for this care plan include "Dependent in nutrition via tube feeding."</p> <p>Surveyor observed Resident #3 on 11/07/22 at 11:45 and at 1:15 pm. Resident was resting in bed, receiving Osmolite tube feeding solution via pump at 65 cc/hour. The Osmolite formula was liquid and light brown in color. On both occasions, a dried brown substance was observed on the down the tube feeding pole, on the base of the pole, and on the floor beside the bed.</p> <p>Survey team conducted a walking tour of the facility with the director of nursing (DON) on 11/07/22 at 4:55 pm. Surveyors pointed out several residents with tube feedings that had dried substance on and/or around tube feeding pumps, poles, and surrounding area. Surveyor asked DON how often the feeding pumps and poles were cleaned, and DON stated they should be cleaned daily. Surveyor asked DON who was responsible for this cleaning, and DON stated, "central supply takes care of that".</p> <p>The concern of not ensuring feeding pumps, poles, and surrounding are kept free of debris was discussed with the DON, assistant director of nursing, regional director of operations, regional director of clinical services and regional nurse educator on 11/07/22 at 5:00 pm.</p> <p>No further information was provided prior to exit.</p>	F 584		

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F 692 F 692 SS=D	Continued From page 6 Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to ensure sufficient fluid intake to maintain proper hydration via enteral means for 1 of 6 residents in the survey sample, Resident #4. The findings included: For Resident #4, the facility staff failed to provide enteral water flushes as ordered by the medical provider. Resident #4's diagnosis list indicated diagnoses,	F 692 F 692	1. Resident #4 orders for water flushes corrected during the survey process. The order for the tube feeding corrected during the survey. Tube feeding pole and the tube feeding on the floor cleaned during the survey process. Osmolyte labeled with date and time hung during the survey process. 2. The Director of Nursing or designee will complete an 100% audit of all resident's water flushes with tube feeding and MD orders for tube feeding. The Central Supply Coordinator will complete a sanitation audit of all resident's tube feeding poles for cleanliness. The housekeeping director will complete a sanitation audit of all resident floors who received tube feeding. 3. The Assistant Director of Nursing will complete education with Licensed Nurses on correctly placing in MD orders for water flushes and tube feeding orders. The Assistant Director of Nursing will also complete education labeling time and date of tube feeding when hung. The Director of Environmental Services will complete education on sanitation of the residents with tube feeding room floors. 4. All Audits will be conducted twice weekly times six weeks then monthly times 3 months. 5. All findings will be presented to QAPI times three months. Date of compliance 12/12/2022	

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F 692	<p>Continued From page 7</p> <p>which included, but not limited to Epilepsy, Acute and Chronic Respiratory Failure, Hemiplegia and Hemiparesis following Cerebral Infarction, Myoneural Disorder, and Dysphagia.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/19/22 assigned the resident a brief interview for mental status (BIMS) summary score of 0 out of 15 indicating the resident was severely cognitively impaired.</p> <p>On 11/07/22 at 11:33 am, surveyor observed Resident #4 in bed receiving Osmolite 1.5 tube feeding (TF) formula via enteral pump at 80 milliliters (ml) per hour. The enteral pump was set to deliver water flushes at 75 ml every 4 hours.</p> <p>Resident #4's current physician's orders included an order dated 9/26/22 for water flushes at 200 ml every 4 hours and an additional water flush order dated 10/05/22 for 100 ml every 4 hours. On 11/07/22 at 4:09 pm, surveyor notified the director of nursing (DON) of the resident having two separate physician's orders for water flushes.</p> <p>On 11/07/22 at 4:59 pm, two surveyors and the DON entered Resident #4's room and observed the enteral pump set to deliver water flushes at 75 ml every 4 hours, DON stated they would clarify the order. At 5:04 pm, the DON contacted the facility registered dietician (RD) who clarified the water flush order to be 100 ml every 4 hours.</p> <p>On 11/07/22 at 5:22 pm, the survey team met with the facility management team including the DON and assistant DON and discussed the concern of Resident #4's water flushes.</p>	F 692		
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F 692	Continued From page 8	F 692		
F 693 SS=D	<p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.</p> <p>Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to ensure that residents who are fed by enteral means receives appropriate treatment and services to prevent complications of enteral feeding for 1 of 6 residents in the survey sample, Resident #4.</p>	F 693	<ol style="list-style-type: none"> 1 Resident #4 tube feeding was labeled with the date and time during the survey process. The tube feeding pole was cleaned during the survey process. 2 The Director of Nursing will complete an 100% audit of resident's tube feeding for date and time hung. The Central Supply Coordinator will complete a sanitation audit of all resident tube feeding pump for cleanliness. 3 The Assistant Director of Nursing will complete education will license nurses on placing date and time hung on tube feeding. The Director of Environmental Services will complete education with the Central Supply Coordinator on cleanliness of the tube feeding poles. 4 All audits will be conducted twice weekly times six weeks then monthly times three months. 5 All findings will be presented in QAPI times 3 months. Date of compliance 12/12/2022 	

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F 693	<p>Continued From page 9</p> <p>The findings included:</p> <p>For Resident #4, the facility staff failed to label the resident's tube feeding formula with the date and time when initiated.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Epilepsy, Acute and Chronic Respiratory Failure, Hemiplegia and Hemiparesis following Cerebral Infarction, Myoneural Disorder, and Dysphagia.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/19/22 assigned the resident a brief interview for mental status (BIMS) summary score of 0 out of 15 indicating the resident was severely cognitively impaired.</p> <p>On 11/07/22 at 11:33 am, surveyor observed Resident #4 in bed receiving Osmolite 1.5 tube feeding (TF) formula via pump at 80 milliliters (ml) per hour. The 1-liter ready to hang prefilled container of Osmolite 1.5 was not labeled with a date or time when the container was opened, and administration began. Approximately 1000 milliliters remained in the 1-liter container at the time of observation.</p> <p>On 11/07/22 at 4:59 pm, two surveyors and the director of nursing (DON) observed Resident #4's 1-liter ready to hang prefilled container of Osmolite 1.5 running via pump. The Osmolite 1.5 container now had "11-7" written on the label. Surveyor informed the DON that the previous observation of Resident #4's Osmolite 1.5 container was not labeled with a start date or time.</p>	F 693		
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F 693	Continued From page 10 According to the Abbott Product Information: Osmolite 1.5 Cal updated 7/20/2022, "Unless a shorter hang time is specified by the manufacturer, hang product for up to 48 hours after initial connection when clean technique and only one new set are used. Otherwise hang for no more than 24 hours". On 11/07/22 at 5:22 pm, the survey team met with the facility management team including the DON and assistant DON and discussed the concern of Resident #4's Osmolite 1.5 tube feeding formula not being dated and timed when initiated. No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.	F 693			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented;	F 842	<ol style="list-style-type: none"> 1 Resident #4 The order for the tube feeding corrected during the survey process. 2 The Director of nursing or designee will complete an 100% audit of all resident tube feeding orders to assure they are correct for nursing signature in the MAR. 3 The Assistant Director of Nursing will complete education with Licensed Nurses on correctly placing in MD orders for tube feeding in the MAR. 4 All Audits will be conducted twice weekly times six weeks then monthly times 3 months 5 All findings will be presented to QAPI times three months Date of compliance 12/12/22 		

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PRINTED: 11/21/2022
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER CHOICE HEALTHCARE AT ROANOKE			STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		
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F 842	<p>Continued From page 11</p> <p>(iii) Readily accessible; and (iv) Systematically organized</p> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services</p>	F 842			

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F 842	<p>Continued From page 12 provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, and clinical record review, the facility staff failed to ensure a complete and accurately documented clinical record for 1 of 6 residents in the survey sample, Resident #4.</p> <p>The findings included:</p> <p>For Resident #4, the facility staff failed to document administration of tube feeding formula and water flushes in the resident's clinical record.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Epilepsy, Acute and Chronic Respiratory Failure, Hemiplegia and Hemiparesis following Cerebral Infarction, Myoneural Disorder, and Dysphagia.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/19/22 assigned the resident a brief interview for mental status (BIMS) summary score of 0 out of 15 indicating the resident was severely cognitively impaired.</p> <p>On 11/07/22 at 11:33 am, surveyor observed Resident #4 in bed receiving Osmolite 1.5 tube feeding (TF) formula via enteral pump at 80 milliliters (ml) per hour. The enteral pump was</p>	F 842			

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F 842	<p>Continued From page 13 set to deliver water flushes at 75 ml every 4 hours.</p> <p>Resident #4's current physician's orders included an order dated 9/26/22 to administer Jevity 1.5 per G-Tube via pump at 80 milliliters (ml) per hour and water flushes at 200 ml every 4 hours. An order dated 10/23/22 stated may use Osmolite 1.5 in place of Jevity until Jevity available. An additional water flush order dated 10/05/22 stated flush with 100 ml water every 4 hours.</p> <p>A review of Resident #4's November 2022 medication administration record (MAR) and treatment administration record (TAR) revealed administration of Osmolite TF and water flushes were not being documented as administered.</p> <p>On 11/07/22 at 2:35 pm, surveyor spoke with the director of nursing (DON) and informed them of the resident's Osmolite and water flushes not being documented on the MAR or TAR. The DON reviewed the resident's clinical record verified the Osmolite and water flushes were not on the MAR or TAR. The DON stated the order was entered incorrectly and has been corrected for documentation.</p> <p>On 11/07/22 at 5:22 pm, the survey team met with the facility administrative team including the DON and assistant DON and discussed the concern of Resident #4's tube feeding and water flush administration not being documented as administered.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.</p>	F 842			

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<p>F 883</p> <p>F 883</p> <p>SS=D</p>	<p>Continued From page 14</p> <p>Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2)</p> <p>§483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p>	<p>F 883</p> <p>F 883</p>	<ol style="list-style-type: none"> 1. Resident #2, #4, #5 offered the Pneumonia vaccination. Resident #5, #2 and #4 RP refused pneumonia vaccine. 2. The Assistant Director of Nursing will complete an 100% audit of all residents Pneumonia vaccinations. 3. The Director of Nursing will complete education with the Assistant Director of Nursing and licensed nurses on offering and administering pneumonia vaccinations to all residents. 4. Audits will be conducted twice weekly times six weeks then monthly times three months. 5. All findings will be reported to QAPI times three months. Date of compliance 12/12/22 	

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F 883	<p>Continued From page 15</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to offer and provide the resident and/or resident representative education regarding the benefits and potential side effects of the pneumonia vaccine for 3 of 5 sampled residents (Resident #2, #4, and #5) reviewed for immunizations.</p> <p>The findings included:</p> <p>1. For Resident #2, the facility staff failed to offer the pneumonia vaccine and provide education regarding the benefits and potential side effects of the vaccine.</p> <p>Resident #2's diagnosis list indicated diagnoses, which included, but not limited to Anoxic Brain Damage, Persistent Vegetative State, Functional Quadriplegia, Chronic Respiratory Failure, and</p>	F 883		
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F 883	<p>Continued From page 16 Paroxysmal Tachycardia.</p> <p>The most recent significant change minimum data set (MDS) with an assessment reference date (ARD) of 9/12/22 coded the resident as being in a persistent vegetative state/no discernible consciousness.</p> <p>Surveyor reviewed Resident #2's clinical record and was unable to locate documentation of the resident's pneumococcal vaccination status or documentation of the resident's representative being offered and provided education regarding a pneumonia vaccine.</p> <p>On 11/07/22 at 5:15 pm, surveyor spoke with the facility Infection Preventionist (IP) regarding Resident #2's pneumococcal vaccination status. The IP stated they also looked and were unable to locate any documentation where the resident was offered the vaccination in the past. The IP also stated they were planning to work on the resident pneumonia vaccines during the month of November.</p> <p>Surveyor requested and received the facility policy entitled "Pneumococcal Vaccine (Series)" which read in part:</p> <p>2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved "standing orders".</p> <p>3. Prior to offering the pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the</p>	F 883		
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F 883	<p>Continued From page 17</p> <p>immunization.</p> <p>8. The resident's medical record shall include documentation that indicated at a minimum the following:</p> <p>a. The resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization.</p> <p>b. The resident received the pneumococcal immunization or did not receive due to medical contraindication or refusal.</p> <p>On 11/07/22 at 5:22 pm, the survey team met with the facility administrative team including the director of nursing and the assistant director of nursing and discussed the concern of Resident #2's pneumococcal vaccination status. No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.</p> <p>2. For Resident #4, the facility staff failed to offer the pneumonia vaccine and provide education regarding the benefits and potential side effects of the vaccine.</p> <p>Resident #4's diagnosis list indicated diagnoses, which included, but not limited to Epilepsy, Acute and Chronic Respiratory Failure, Hemiplegia and Hemiparesis following Cerebral Infarction, Myoneural Disorder, and Dysphagia.</p> <p>The admission minimum data set (MDS) with an assessment reference date (ARD) of 8/10/22 assigned the resident a brief interview for mental status (BIMS) summary score of 0 out of 15 indicating the resident was severely cognitively impaired.</p>	F 883		

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F 883	<p>Continued From page 18</p> <p>Surveyor reviewed Resident #4's clinical record and was unable to locate documentation of the resident's pneumococcal vaccination status or documentation of the resident's representative being offered and provided education regarding a pneumonia vaccine.</p> <p>On 11/07/22 at 5:15 pm, surveyor spoke with the facility Infection Preventionist (IP) regarding Resident #4's pneumococcal vaccination status. The IP stated they also looked and were unable to locate any documentation where the resident was offered the vaccination in the past. The IP also stated they were planning to work on the resident pneumonia vaccines during the month of November.</p> <p>Surveyor requested and received the facility policy entitled "Pneumococcal Vaccine (Series)" which read in part:</p> <p>2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved "standing orders".</p> <p>3. Prior to offering the pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization.</p> <p>8. The resident's medical record shall include documentation that indicated at a minimum the following:</p> <p>a. The resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization.</p>	F 883		
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F 883	<p>Continued From page 19</p> <p>b. The resident received the pneumococcal immunization or did not receive due to medical contraindication or refusal.</p> <p>On 11/07/22 at 5:22 pm, the survey team met with the facility administrative team including the director of nursing and the assistant director of nursing and discussed the concern of Resident #4's pneumococcal vaccination status.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.</p> <p>3. For Resident #5, the facility staff failed to offer the pneumonia vaccine and provide education regarding the benefits and potential side effects of the vaccine.</p> <p>Resident #5's diagnosis list indicated diagnoses, which included, but not limited to Hemiplegia and Hemiparesis following Cerebral Infarction, Essential Hypertension, and Occlusion and Stenosis of Right Carotid Artery.</p> <p>The most recent quarterly minimum data set (MDS) with an assessment reference date (ARD) of 10/25/22 assigned the resident a brief interview for mental status (BIMS) summary score of 11 out of 15 indicating the resident was moderately cognitively impaired.</p> <p>Surveyor reviewed Resident #5's clinical record and was unable to locate documentation of the resident's pneumococcal vaccination status or documentation of the resident and/or resident's representative being offered and provided education regarding a pneumonia vaccine</p>	F 883			

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F 883	<p>Continued From page 20</p> <p>On 11/07/22 at 5:15 pm, surveyor spoke with the facility Infection Preventionist (IP) regarding Resident #5's pneumococcal vaccination status. The IP stated they also looked and were unable to locate any documentation where the resident was offered the vaccination in the past. The IP also stated they were planning to work on the resident pneumonia vaccines during the month of November.</p> <p>Surveyor requested and received the facility policy entitled "Pneumococcal Vaccine (Series)" which read in part:</p> <ol style="list-style-type: none"> 2. Each resident will be offered a pneumococcal immunization unless it is medically contraindicated or the resident has already been immunized. Following assessment for any medical contraindications, the immunization may be administered in accordance with physician-approved "standing orders" 3. Prior to offering the pneumococcal immunization, each resident or the resident's representative will receive education regarding the benefits and potential side effects of the immunization. 8. The resident's medical record shall include documentation that indicated at a minimum the following: <ol style="list-style-type: none"> a. The resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization. b. The resident received the pneumococcal immunization or did not receive due to medical contraindication or refusal. <p>On 11/07/22 at 5:22 pm, the survey team met with the facility administrative team including the director of nursing and the assistant director of</p>	F 883		
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F 883	Continued From page 21 nursing and discussed the concern of Resident #5's pneumococcal vaccination status. No further information regarding this concern was presented to the survey team prior to the exit conference on 11/07/22.	F 883		
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