

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

PRINTED: 02/01/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495266</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C 10/12/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>HANOVER HEALTH AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>8139 LEE DAVIS ROAD MECHANICSVILLE, VA 23111</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted 10/11/22 through 10/12/22. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey as follows:  VA00056399=Unsubstantiated VA00056364=Substantiated with Deficiency VA00055510=Substantiated with Deficiency  The census in this 120 certified bed facility was 117 at the time of the survey. The survey sample consisted of 5 resident reviews.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)  §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide bathing care for one dependent Resident, (Resident #1) in a survey sample of 5 residents.  The findings included:  For Resident #1, the facility staff failed to provide baths and or showers twice weekly as per facility policy and Resident preference.	F 677	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.  F677 1-Resident #1 was discharged from the		12/6/22

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

TITLE

(X6) DATE

Electronically Signed

12/05/2022

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 677	<p>Continued From page 1</p> <p>On 10-22-2022 at 12:48 p.m., a CNA (Certified Nursing Assistant) (C) on Resident #1's unit was interviewed and asked if she had given care to Resident #1. She stated she was not sure if she had ever taken care of Resident # 1. She stated that whenever she showered or bathed any Residents, she would document the Full Bath or Shower in the clinical record. CNA C stated she was from an outside agency and could not remember if she had ever given care to Resident # 1.</p> <p>The Administrator was asked if the facility was experiencing a staffing shortage, and she stated that the facility occasionally had staffing challenges but that was the reason for outside agency staff being utilized. The Administrator stated she made sure there were adequate staff members working each day to provide care to the residents.</p> <p>A full review of the Resident's clinical record was conducted, and revealed that the Resident was incontinent of bowel and bladder, and dependent on staff for all bathing and incontinence care.</p> <p>The Care plan for Resident #1 was reviewed and revealed no care planning for bathing.</p> <p>On 10/12/22 at approximately 1:00 p.m., an end of day meeting was held with the Administrator, Director of Nursing (DON), and the Corporate Regional Registered Nurse Consultant. When asked where the hygiene and bathing records could be found, they responded that CNAs document in the computerized point of care software program, located in cabinets on each hallway. The surveyor requested bathing records for Resident #1 for the month of May 2022. When</p>	F 677	<p>facility.</p> <p>2-All residents are at risk for deficient practice related to the provision of bed baths or showers. The DON reviewed all current residents to ensure that a shower or bathing is scheduled and provided for each resident.</p> <p>3-The ADON or designee will educate all Licensed Nurses and CNAs on the requirements for provisions of bed baths and showers, documentation of the bed bath or showers in the electronic medical record, following the shower schedule and how to address bed bath or shower refusals.</p> <p>4-The ADON, or designee will complete weekly audits on all current residents weekly x 4 weeks, bi-weekly x4 weeks and monthly x3 of the ADL documentation to determine that showers and bed baths are provided appropriately. Results of the audit will be presented to the QAPI committee for review and recommendations.</p> <p>5- 12/6/22</p>		

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F 677	<p>Continued From page 2</p> <p>asked her expectation of how often Residents should be bathed each week, the DON responded, "Twice weekly, with hygiene and incontinence care after each incontinent episode." The staff present at the meeting were asked if the documents reflected care had been given to the resident, and responded that if it's not documented it's not done. They confirmed that the documentation showed there were 11 bed baths given to Resident # 1 during the entire stay of 5/2/22-6/10/2022. There were no documented showers or full baths given. They stated bed baths should be given daily, in between the full bath or shower days.</p> <p>The Corporate Nurse Consultant provided a copy of the Resident's point of care documentation completed by CNAs (certified nursing assistants) for ADL (activities of daily living) care for bathing. The documents revealed that the Resident # 1 received a Bed Bath 11 times during the stay at the facility from 5/2/2022-6/10/2022. There were a total of 13 entries, with one listed as "non applicable" and one as "Resident refused." The documentation in its entirety was as follows:</p> <p>"5/5/22 17:00 (5:00 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"5/9/22 18:59 (6:59 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"5/12/22 18:59 (6:59 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"5/14/22 16:40 (4:40 p.m.) Type of Skin Hygiene- Bed Bath Not Applicable"</p> <p>"5/16/22 16:00 (4:00 p.m.) Type of Skin Hygiene-</p>	F 677			

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F 677	<p>Continued From page 3</p> <p>Bed Bath"</p> <p>"5/19/22 11:17 11:17 a.m.) Type of Skin Hygiene- Bed Bath Resident Refused"</p> <p>"5/23/22 16:20 (4:20 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"5/26/22 12:08 (12:08 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"5/30/22 08:05 (8:05 a.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"6/1/22 18:36 (6:36 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"6/2/22 18:59 (6:59 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"6/6/22 12:58 (12:58 p.m.) Type of Skin Hygiene- Bed Bath"</p> <p>"6/9/22 10:03 (10:03 a.m.) Type of Skin Hygiene- Bed Bath"</p> <p>No Full baths or showers were documented as given for the entire 39 day period that Resident # 1 resided in the facility from 5/2/22 through discharge on 6/10/22.</p> <p>When the DON was asked what the facility policy was for bathing and incontinence care, she stated, "Baths or showers twice weekly, and incontinence care after each incontinence episode."</p> <p>A bathing and incontinence care facility policy was requested.</p>	F 677			

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F 677	Continued From page 4  On 10/12/2022 at 1:00 p.m., the Assistant Director of Nursing provided a copy of the facility's policy on "Responsibilities for CNAs," effective date 11/01/20219, which included the following excerpts: "2.Obtain patient assignment at the beginning of each shift from/a licensed nurse. Examples of general report information includes but is not limited to the patient's name, room and bed, scheduled appointments, bathing needs, special health care needs, etc..4. Perform shift responsibilities/assignments that promote quality of care; make rounds, identify and address any immediate patient needs, promptly respond to calls lights and notify the licensed nurse of any pertinent patient findings."  The Director of Nursing stated she was not employed at the facility at the time Resident # 1 resided at the facility.  On 10/12/22 during the end of day debriefing, the facility Administrator, Corporate Nurse Consultant and Director of Nursing were made aware of the above findings.  No further information was provided.	F 677			
F 689 SS=G	COMPLAINT related deficiency. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and	F 689			

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F 689	<p>Continued From page 5</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to ensure an environment free from accident hazards for one Resident (Resident #2) in a survey sample of 5 Residents.</p> <p>The findings included:</p> <p>For Resident #2 the facility staff failed to safely transfer a resident who had a known fall risk and had recently suffered bilateral leg fractures, causing a deep tissue leg laceration requiring sutures.</p> <p>Resident #2 was admitted to the facility on 4-15-2022 from the hospital after acute surgery to repair multiple broken bones, with diagnoses including; Right femur fracture from a fall, Left tibia/fibula fracture from the same fall, spinal stenosis, Cervical Disk spinal fusion C-4 through C-7 after the fall, post hemorrhagic anemia from bleeding after the trauma of the broken bones, with a history of bilateral arm weakness, falls, osteo arthritis, and numbness in both of the lower extremities due to the long standing spinal stenosis which caused repeated falls and injury. The Resident was also diagnosed with morbid obesity, with a current weight of 258.9 pounds and 56 inches tall.</p> <p>On 10-12-22 at 9:00 a.m. Resident #2 was observed by 2 surveyors alone in her room. The Resident was preparing to go to a doctor's appointment with the Orthopedic Doctor who was</p>	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 6</p> <p>treating her. The Resident was found to be alert and oriented to person, place, time, and situation. The Resident was sitting in a wheel chair covered in a sheet, wearing a dress with dressings on her legs exposed to view. The Resident was asked if she could get into her wheel chair without assistance, and she stated, "No, I can't walk." She was asked how she got from her bed to the chair, and she stated "They put me in that lift, (pointing to a Hoyer Mechanical lift). I have 2 broken legs, and I can't feel my legs because of my neck." The Resident was asked how her lower leg was injured, and she stated "A man that works here lifted me to put me in my chair and he couldn't hold me, so I got cut on the wheel chair. I told him to use the lift, but he was in a hurry, and didn't have anyone to help him, and he didn't use the lift like everyone else does, I guess he thought he could hold me, but that's how accidents happen." The Resident further stated, "I didn't know I was cut at first, until I saw all the blood. I can't really feel my legs much." The Resident was asked when the injury happened, and she responded "About a month ago." The actual date of the injury was 9-8-22.</p> <p>The review Resident #2's MDS (Minimum Data Set) assessment dated 8-31-22 revealed that the Resident was cognitively intact, and required 2 staff members to transfer her.</p> <p>Physical Therapy notes were reviewed, and indicated the Resident required Hoyer (mechanical) lift transfers.</p> <p>Resident #2's care plan was reviewed, and revealed that the Resident required a mechanical lift for transfers with 2 staff to assist.</p>	F 689			



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F 689	<p>Continued From page 7</p> <p>A review of hospital records revealed that the Resident had sustained a deep laceration to her left calf exposing adipose tissue (fat), which required sutures, following an accident that occurred while the Resident was being transferred to a wheel chair.</p> <p>The facility policy on mechanical lift technique was reviewed and indicated 2 staff members are required to perform this exercise.</p> <p>An investigation of the accident was conducted by the facility after the incident, and before the current survey. The details of the incident were documented by the staff member involved (CNA [certified nursing assistant] B), who transferred the Resident, and closely resembled what the Resident recounted. The investigation revealed statements by staff, training conducted by the facility, and a plan of correction which was self-identified by the facility prior to this investigation.</p> <p>On 9-8-22 a single staff member created a hazard by attempting to stand, and transfer, an obese Resident with known weakness and numbness to lower extremities causing a serious injury and resulting in harm. The Resident's left calf was deeply lacerated causing adipose (fat) tissue to be exposed requiring sutures in the hospital emergency department. The Resident had known current surgical interventions for multiple fractures due to falls. The clinical record denoted in all areas that a mechanical lift and 2 staff members were required for transferring the Resident. The Resident was a known risk for falls and accidents because of known hazards.</p> <p>On 10-12-22 at the end of day debrief, the</p>	F 689			



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F 689	Continued From page 8  Administrator and DON were notified of the above findings. The DON stated there was no further evidence to present. The facility staff were made aware that the complaint regarding this Resident would be substantiated with a deficiency cited at a level (3) harm, however, it would be cited at Past non-compliance (PNC) as the facility self-identified the deficient practice and corrected it prior to this survey. The facility Administrator expressed understanding.	F 689			
F 697 SS=D	No further information was provided prior to exit.  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 staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed to implement a pain management program for one Resident (Resident # 1) in a survey sample of 5 residents.  The findings include:  For Resident # 1, the facility staff failed to provide Pain Medication as ordered by the physician and requested by the resident.  Resident # 1 was admitted to the facility on 05/02/2022, and discharged on 06/10/2022.	F 697	F 697 1-Resident #1 was discharged from the facility. 2--All residents are at risk for deficient practice related to not having pain adequately managed. The DON will review all residents admitted in the past 14 days to ensure that pain was adequately managed by providing pain medication as ordered. 3-The ADON, or designee will educate all Licensed Nurses on the process to follow to obtain pain medications from the Pharmacy, utilization of the STAT medication box for pain medications and		12/6/22

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F 697	<p>Continued From page 9</p> <p>On the resident's most recent MDS (minimum data set) (an assessment tool), a quarterly assessment, with an ARD (assessment reference date) of 05/12/2022, Resident # 1 was coded as having a BIMS (brief interview for mental status) score of 15 out of a possible 15, indicating no cognitive impairment. Resident # 1 was also coded as requiring extensive to total assistance of one to two staff persons for Activities of Daily Living (ADLs).</p> <p>Review of the closed clinical record was conducted on 10/11/2022 and 10/12/2022.</p> <p>Review of the Physicians orders and the May 2022 Medication Administration Record (MAR) revealed an order for "Oxycodone -Acetaminophen Tablet 5-325 MG (milligrams) Give 1 tablet by mouth every 4 hours as needed for Pain ordered 5/2/2022 at 12:15 pm."</p> <p>Review of the Progress Notes revealed documentation that Resident # 1 arrived at the facility on 5/2/22 at 4:40 p.m. "for strengthening following recent hospitalization" related to "infection of right knee surgical incision." A review of the initial skilled note dated 5/2/2022 at 18:42 (6:42 p.m.) revealed: "Pain: yes. Non pharmacological interventions: pharmacological interventions.....Skilled nursing focus- patient refused to be touched again."</p> <p>Further documentation on 5/2/2022 at 10:05 p.m. showed the nurse was unable to finish the admission skin assessment due to "Patient refused to have her skin checked again due the fact she does not have a Cath [catheter] and she do[sic]not have pain medications. I was not able</p>	F 697	<p>notification to the physician of medications not available for administration.</p> <p>4-The ADON, or designee will complete weekly audits x 4 weeks, bi-weekly audits x 4 weeks and monthly x 3 months of the Medication Administration Record report and Progress notes to determine any issues with medications not available for Administration and that the physician was notified appropriately. The ADON, or designee will review newly admitted residents daily x 12 weeks to ensure that pain medication was provided as ordered to manage the resident's pain. Results of the audit will be presented to the QAPI committee for review and recommendations.</p> <p>5- 12/6/22</p>		

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F 697	<p>Continued From page 10 to finish her assessment of the skin."</p> <p>A review of the Admission/Readmission Collection tool revealed, in part: "Resident cognitively intact ...reported moderate pain to R (Right) knee. Ice therapy effective." (There was no number documented for the moderate pain rate. However, according to the scale using 1-10, moderate pain is rated as 4-6).</p> <p>Review of the clinical record revealed the following orders and records of administration of medications:</p> <p>The May 2022 Medication Administration Record (MAR) revealed an order for Oxycodone Acetaminophen Tablet 5-325 MG (milligrams) Give 1 tablet by mouth every 4 hours as needed for Pain, ordered 5/2/2022 at 12:15 pm was first administered on 5/3/2022 at 1530 (3:30) for a pain level of 8, despite being available for administration in the facility emergency medication supply box (stat box). The next two doses were given on 5/3/2022 at 2223 (10:23 p.m.) for a pain level of 8 and 5/4/2022 at 0954 (9:54 a.m.) for a pain level of 10/10.</p> <p>Review of the Physicians Progress Note on 5/16/2022 revealed an excerpt: "She notes that the pain still bothers her significantly with movement similar to when she went to the emergency room for her right knee."</p> <p>An interview was conducted with Licensed Practical Nurse B on 10/11/2022 at approximately 1:45 p.m. She stated that residents were expected to be assessed for pain and interventions provided to alleviate the pain. LPN B stated they use a pain scale of 1-10. Moderate</p>	F 697			

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F 697	Continued From page 11  pain is considered 4-6. Severe pain is 7-9. Pain rated at 8 out of 10 is considered "severe" pain.  On 10/12/2022 at 1:00 p.m., the surveyor interviewed the Assistant Director of Nursing (ADON) who stated the nurses should assess the residents for pain, administer medications and inform the physician of pain and requests for pain medication. He also stated the expectation was for medications to be given as ordered by the Physician.  During the end of day debriefing on 10/12/2022, the facility Administrator, Director of Nursing and Corporate Nurse Consultant were informed of the findings. No further information was provided.	F 697			
F 755 SS=E	COMPLAINT DEFICIENCY 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.  §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed	F 755			12/6/22

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F 755	<p>Continued From page 12</p> <p>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 and clinical record review, the facility staff failed for 1 resident (Resident #1) of 5 residents in the survey sample to ensure medications were available for administration.</p> <p>The findings included:</p> <p>For Resident #1, several physician-ordered medications were unavailable for administration.</p> <p>Resident # 1's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 05/12/2022, was Quarterly assessment. Resident # 1 was coded as having a BIMS (brief interview for mental status) score of 15 out of a possible 15, indicating no cognitive impairment.</p> <p>Review of the closed clinical record was conducted on 10/11/2022 and 10/12/2022.</p> <p>The following nursing notes were documented in</p>	F 755	<p>F755</p> <p>1-Resident #1 was discharged from the facility.</p> <p>2- All residents receiving medications are at risk for deficient practice related to the need to administer medications in accordance with physician orders. The DON or designee will audit the missed administration medication audit report of all current residents that medications are available and administered as ordered.</p> <p>3-The DON, or designee will educate all Licensed Nurses on the Rights of Medication Administration and the process of obtaining medications from the STAT medication box, house stock supply, notification of the MD if a medication is not available and notifying the pharmacy of the need for medications.</p> <p>4-The Unit Manager, or designee will complete weekly audits x 4 weeks bi-weekly audits x 4 weeks and monthly x 3 of the Medication Administration report</p>		

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F 755	<p>Continued From page 13 the clinical record:</p> <p>5/3/2022 08:06 "Ceftriaxone Sodium solution Reconstituted 2 GM (grams) Use 2 gram intravenously at bedtime for Septic arthritis of Right Knee Awaiting for order from pharmacy"</p> <p>5/3/2022 08:07 "Insulin Glargine Solution Pen-injector 100 UNIT/ML Inject 10 unit subcutaneously at bedtime for DM Awaiting order from pharmacy"</p> <p>Review of the OMNICELL STAT box (emergency facility medication supply) revealed the following medications were not available in the box for administration to Resident #1: Ceftriaxone 2 Grams IV (intravenous); and Glipizide ER Tablet Extended Release 24 Hour 2.5 MG Give 1 tablet by mouth one time a day for DM Order Date-05/02/2022.</p> <p>A review of the May 2022 MAR (Medication Administration Record) also revealed Ceftriaxone and Glargine Insulin were not available for administration.</p> <p>On 10/12/2022at 12 noon, during the meeting with the Administrator, Corporate Nurse Consultant, Assistant Director of Nursing and Director of Nursing (DON), the findings were discussed. They all stated medications should be available for administration.</p> <p>According to the May 2022 MAR (Medication Administration Record), the medications were not available for administration in the morning on 5/3/22.</p> <p>On 10/12/2022 at 1:00 p.m., the Assistant</p>	F 755	<p>to ensure that medications are available for administration. The DON, or designee will check the Medication cart to ensure that medications are available for administration for new resident Admissions daily x12 weeks. Results of the audits will be presented to the QAPI Committee for review and recommendation. 6-12/6/22</p>		

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F 755	Continued From page 14  Director of Nursing (ADON) was interviewed. The ADON stated the nurses should administer medications as ordered. The ADON stated the pharmacy was located in Maryland. He stated the facility received Pharmacy deliveries twice a day at 7 a.m. and 7 p.m. and STAT (Emergency deliveries) when needed. The ADON also stated the facility had a contract with a local pharmacy from which medications could be received in an emergency.  The Administrator, Corporate Nurse Consultant, ADON and DON were notified of the issue during the end of day meeting on 10/12/2022.  No further information was provided.	F 755			
F 760 SS=E	COMPLAINT Deficiency Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review during the course of a complaint investigation, the facility staff failed to ensure one Resident (Resident # 1) in a survey sample of 5 residents was free of significant medication errors.  The findings include:  For Resident # 1, the facility staff failed to administer insulin and antibiotic (ceftriaxone), both significant medications, as ordered by a	F 760	F760 1-Resident #1 was discharged from the facility. 2- All residents receiving medications are at risk for deficient practice related to the need to administer medications in accordance with physician orders. The ADON will review the missed administration audit report for all current residents receiving Antibiotics and Insulin to ensure that the medications are available and administered as ordered by		12/6/22



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F 760	<p>Continued From page 15 physician.</p> <p>Resident # 1 was admitted to the facility on 05/02/2022, and discharged on 06/10/2022. Resident # 1's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 05/12/2022, was Quarterly assessment. Resident # 1 was coded as having a BIMS (brief interview for mental status) score of 15 out of a possible 15, indicating no cognitive impairment.</p> <p>Review of the closed clinical record was conducted on 10/11/2022 and 10/12/2022.</p> <p>The following nursing note was documented in the clinical record: 5/3/2022 08:04 (8:04 a.m.) "Insulin Lispro Junior KwikPen Solution Pen-injector 100 UNIT/ML Inject as per sliding scale: if 140 - 199 = 2; 200 - 249 = 3; 250 - 299 = 5; 300 - 349 = 7, 350 or greater, call MD, subcutaneously three times a day for DM (Diabetes Mellitus) Awaiting order from pharmacy."</p> <p>Further review of the May 2022 MAR (medication administration record) revealed neither the resident's blood sugar level nor the Insulin Lispro Sliding scale was documented 5/6/2022 at 4 pm and 5/24/2022 at 4 p.m.</p> <p>Further review of the May 2022 MAR revealed the Cephalexin Capsule 500 MG Give 1 capsule by mouth four times a day for right knee septic arthritis for 14 Days was not documented as given on 5/16/2022 at 9:00 pm, and 5/24/2022 at 5:00 p.m. Those dates were blank.</p> <p>According to the May 2022 MAR (Medication</p>	F 760	<p>the physician.</p> <p>3-The DON, or designee will educate all Licensed Nurses on the Rights of Medication Administration and Documentation, the process of obtaining medications from the Pharmacy, utilizing the STAT medication box and notification to the physician of medication not available for administration.</p> <p>4-The Unit Manager, or designee will complete weekly audits x4 weeks, bi-weekly audits x 4 weeks and monthly audits x 3 months of the Medication Administration report to ensure that Insulin and Antibiotic medications are administered as ordered. Results of the audits will be presented to the QAPI Committee for review and recommendation.</p> <p>6-12/6/22</p>		

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F 760	<p>Continued From page 16</p> <p>Administration Record), the medications were not available for administration.</p> <p>However, a review of the OMNICELL STAT box (emergency medication supply available to facility nurses) revealed the following medications were available in the box for administration: Cephalexin Capsule 500 MG, Quantity 10 capsules; and Insulin Lispro 100 unit/1 ml 3 ml Pen, Quantity 4 pens.</p> <p>The ADON (assistant director of nursing) stated the medications should have been administered from the STAT box.</p> <p>On 10/12/2022 at 12 noon, during the meeting with the Administrator, Corporate Nurse Consultant, Assistant Director of Nursing and Director of Nursing (DON), the findings were discussed.</p> <p>On 10/12/2022 at 1:00 p.m., the Assistant Director of Nursing (ADON) was interviewed. He stated the nurses should administer medications as ordered. He also stated the expectation was for medications to be given as ordered by the Physician. The Assistant Director of Nursing stated it was important to administer the medications (including insulin and the antibiotic) as ordered. He stated correct administration of Insulin would help keep the blood sugar in control and reduce the adverse consequences of a high blood sugar or uncontrolled blood sugar. Proper administration of antibiotics would help to make sure the bacteria did not continue to grow or become drug resistant.</p> <p>When interviewed on 10/12/22 at 4:00 p.m., the Administrator stated that she had identified the</p>	F 760			

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F 760	<p>Continued From page 17</p> <p>failure of the staff to ensure medications and treatments were documented as being administered. The DON stated her expectation was for staff to administer medications and treatments per physician's orders and to document them as having been administered, immediately following administration.</p> <p>The administrator and DON were informed of the failure of the staff to ensure significant medications were administered and documented during the end of day debriefing on 10/12/2022.</p> <p>During the end of day debriefing on 10/12/2022, the Administrator, Corporate Nurse Consultant, ADON and DON were informed of the failure of the staff to ensure significant medications were administered and documented. The Director of Nursing stated it was important to administer the medications (including insulin and the antibiotic) as ordered. "It is important to follow the doctor's orders."</p> <p>Review of the facility's policy entitled, "Medication Administration" revealed that all medications are to be given according to the prescriber's order and signed/documented by the administering individual as soon as the medication is given.</p> <p>No further information was provided.</p> <p>COMPLAINT Deficiency</p>	F 760			