

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

PRINTED: 02/17/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495339	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/30/2021
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901		
(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 standard survey was conducted 6/28/21 through 6/30/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 101 at the time of the survey. The survey sample consisted of 34 current Resident reviews and 4 closed record reviews. One complaint, VA00052226- unsubstantiated was investigated during the survey.	F 000			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized	F 656		8/1/21	

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

TITLE

(X6) DATE

Electronically Signed

07/15/2021

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 656	<p>Continued From page 1</p> <p>rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to implement the comprehensive care plan for two of 38 residents in the survey sample, Resident #27 and Resident #89.</p> <p>1. The facility staff failed to implement Resident 327's comprehensive care plan for the management of pain. Facility staff administer a as needed pain medication when the residents pain level rating was below the physician parameter of eight, without a pain assessment and without attempting non-pharmacological interventions on multiple occasions during April, May and June 2021.</p> <p>2. a. The facility staff failed to implement Resident</p>	F 656	<p>F000</p> <p>To remain in compliance with all Federal and State regulations, that facility has or will take the following actions set forth in the following plan of correction. The alleged deficiencies cited have been or will be corrected by the date(s) indicated.</p> <p>F656 Develop/Implement Comprehensive Care Plan & 12 VAC5-371-250G</p> <p>1. All staff involved in 1a, 2a-b will be re-educated and skills validated to follow plan of care for pain mgt, wound care and foley placement below the level of the bladder.</p> <p>2. Once the facility was notified of this occurrence during the survey process, nurse manager(s) made observations and</p>		

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F 656	<p>Continued From page 2</p> <p>#89's comprehensive care plan for treatment of a pressure injury. LPN #6 was observed cleaning Resident #89's left buttock wound using a piece of gauze wiping the wound from top to bottom and then wiped back up the wound using the same gauze.</p> <p>2.b. The facility staff failed to implement the comprehensive care plan for the care of Resident #89's indwelling catheter and urine collection bag. Resident #89's Foley catheter bag was placed by staff onto the resident's bed while the resident was lying in the bed. Urine was observed traveling up towards the resident, instead of draining down towards the collection bag.</p> <p>The findings include:</p> <p>1. Resident #27 was readmitted to the facility on 2/11/2019 with diagnoses that included but were not limited to: chronic pain, high blood pressure and rheumatoid arthritis (A chronic, destructive disease characterized by joint inflammation.) (1).</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/22/2021, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions.</p> <p>The comprehensive care plan dated 7/20/2015 and reviewed on 3/9/2021, documented in part, "Potential for pain (Pain to lower back 9/28/18)." The "Approaches" documented in part, "Assess location , frequency, duration and intensity of pain as indicated and report increased pain trend to</p>	F 656	<p>no other staff were identified as not following the plan of care.</p> <p>3. All other nursing staff will be re-educated to follow plan of care for pain mgt, wound care and foley placement below the level of the bladder to avoid potential for involvement of any other residents.</p> <p>4. Each quarter the DON/ADON/SDC/ or designee will audit 10% of the MARs for PRN medication administration, and 2 randomly chosen nurses per month during wound care and on positioning for a resident with a foley. Concerns identified will be addressed by SDC/ auditor with the nurse immediately and reported to the QA committee/compliance for review and recommendations until 100% compliance is obtained with prn pain medication administration for prescribed pain level, proper wound care with foley placement below the bladder.</p> <p>5. Date: 8/1/21</p>		

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F 656	<p>Continued From page 3</p> <p>physician. Attempt non-pharmacologic pain relief measures such as repositioning and back rubs as residents allows. Administer medication as ordered."</p> <p>The physician orders dated, 7/11/2020, documented in part, "Norco (an opioid with Tylenol used to treat pain) (2) 5-325 tablet, take 1/2 tablet by mouth every 6 hours as needed for pain (8-10) [8 to 10 on a pain scale of 0 to 10, ten meaning the worse pain ever and zero meaning no pain].</p> <p>The April 2021 MAR (medication administration record) for Resident #27 documented the above physician order for Norco. The MAR documented the Norco was administered on the following dates and times and documented the following regarding the administration of the Norco: 4/1/2021 at 8:32 p.m. - There was no evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/2/2021 at 11:34 p.m. - "c/o (complained of) aching pain in BLE (bilateral lower extremity) 7/10 [pain rating of seven out of ten]." 4/3/2021 at 6:51 p.m. - "c/o of back and LE (lower extremity) pain 6/10." 4/6/2021 at 11:52 p.m. - "c/o aching pain in right leg and knee, 7/10." 4/7/2021 at 9:32 a.m. - "Resident complains of leg pain." 4/7/2021 at 8:06 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/8/2021 at 12:10 p.m. - Resident complains of bilateral leg pain unrelieved by laying down."</p>	F 656			

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F 656	Continued From page 4 4/9/2021 at 6:07 p.m. There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/10/2021 at 10:42 a.m. - "c/o of back pain, 7/10, refused repositioning." 4/10/2021 at 6:06 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/11/2021 at 12:40 a.m. - "c/o of aching pain in right leg, 7/10, repositioning ineffective." 4/11/2021 at 10:21 p.m. - "PRN (as needed) administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/13/2021 at 6:42 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/14/2021 at 9:00 p.m. - "Resident requested for pain. Non-pharmacological interventions without relief." 4/15/2021 at 3:51 p.m. - "c/o right leg pain 7/10, repositioning ineffective." 4/16/2021 at 5:49 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/17/2021 at 12:38 p.m. "c/o aching pain in right leg. 7/10, repositioning ineffective." 4/17/2021 at 11:39 p.m. - "c/o pain reposition not effective." 4/18/2021 at 6:43 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/19/2021 at 1:08 a.m. - "c/o pain reposition not	F 656			

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F 656	<p>Continued From page 5</p> <p>effective."</p> <p>4/22/2021 at 6:29 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>4/23/2021 at 6:27 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>4/26/2021 at 5:50 p.m. - "c/o right leg pain, 7/10, repositioning ineffective."</p> <p>4/27/2021 at 12:34 a.m. - "c/o pain reposition not effective."</p> <p>4/27/2021 at 8:24 p.m. - "Resident requested for right side hip pain, 7/10, No relief with repositioning."</p> <p>4/28/2021 at 1:49 p.m. - "c/o right leg pain, repositioning ineffective."</p> <p>4/28/2021 at 7:54 p.m. - "Resident requested for right hip and leg pain, 7/10. No relief with repositioning. PRN med given per order."</p> <p>4/29/2021 at 1:41 p.m. - "c/o of right leg pain, 7/10, repositioning ineffective."</p> <p>4/29/2021 at 10:46 p.m. There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>The May 2021 MAR (medication administration record) for Resident #27 documented the above physician order for Norco. The MAR documented the Norco was administered on the following dates and times and documented the following regarding the administration of the Norco:</p> <p>5/1/2021 at 1:22 a.m. - "c/o pain reposition not effective."</p> <p>5/2/2021 at 6:24 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions</p>			F 656			

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F 656	Continued From page 6 prior to the administration of Norco. 5/4/2021 at 1:43 a.m. - "c/o pain repositioning not effective." 5/4/2021 at 9:33 a.m. - "PRN administered - pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/6/2021 at 1:11 a.m. - "c/o pain reposition not effective." 5/6/2021 at 6:26 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/7/2021 at 9:45 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/10/2021 at 12:22 a.m. "c/o aching pain in right hi, 7/10. Repositioning ineffective." 5/10/2021 at 8:12 p.m. "PRN administered, pain." There was no evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco. 5/11/2021 at 8:26 p.m. - "Resident requested for pain in hips and back. No relief with repositioning." 5/12/2021 at 11:36 p.m. - "C/o pain reposition not effective." 5/13/2021 at 10:09 p.m. - "PRN administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/14/2021 at 3:38 p.m. - "Resident requested for pain in hips and back, 7/10. No relief in repositioning." 5/14/2021 at 9:42 p.m. - "Resident requested for pain in back and hips 7/10. No relief with	F 656			

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F 656	Continued From page 7 repositioning." 5/15/2021 at 6:33 p.m. - "PRN administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/16/2021 at 5:14 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/17/2021 at 8:21 p.m. - "Resident requested for pain in back and hips 7/10. No relief with repositioning." 5/18/2021 at 8:29 p.m. - "PRN administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/20/2021 at 12:38 p.m. - "c/o pain reposition not effective." 5/21/2021 at 5:41 p.m. - "C/o pain reposition not effective." 5/21/2021 at 6:43 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/22/2021 at 10:31 p.m. - "Resident requested for hip and back pain 7/10. no relief with repositioning." 5/24/2021 at 4:20 p.m. - "c/o r (right) leg pain repositioning refused." There was no documented evidence of a pain assessment prior to the administration of Norco. 5/25/2021 at 4:56 p.m. - "Resident requested for pain in back and hips, no relief with repositioning." 5/26/2021 at 12:43 a.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment prior to the administration of	F 656			

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F 656	<p>Continued From page 8</p> <p>Norco. 5/26/2021 at 11:54 p.m. "C/o pain reposition not effective." There was no documented evidence of a pain assessment prior to the administration of Norco. 5/27/2021 at 8:11 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/29/2021 at 6:14 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/30/2021 at 2:38 p.m. - "c/o generalized pain. Repositioned with no relief."</p> <p>The June 2021 MAR (medication administration record) for Resident #27 documented the above physician order for Norco. The MAR documented the Norco was administered on the following dates and times and documented the following regarding the administration of the Norco: 6/1/2021 at 6:16 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/3/2021 at 2:08 p.m. - "c/o generalized pain rated at 7. Repositioned with no relief." 6/7/2021 at 3:30 p.m. - "c/o LE (lower extremity) and hip pain, 7/10. Unrelieved by repositioning or diversional activities." 6/8/2021 at 10:50 p.m. - "Resident requested for pain in right hip, 7/10. Unrelieved by repositioning. 6/9/2021 at 8:12 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/10/2021 at 5:02 p.m. - "C/o pain reposition not effective."</p>	F 656			

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F 656	Continued From page 9 6/11/2021 at 1:00 a.m. - "C/o pain reposition not effective." 6/12/2021 at 6:27 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/13/2021 at 12:49 a.m. - "C/o pain reposition not effective." 6/17/2021 at 12:35 a.m. - "C/o pain reposition not effective." 6/17/2021 at 5:45 p.m. - "c/o of back and hip pain, 7/10. Unrelieved by repositioning or diversional activities." 6/18/2021 at 6:39 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/21/2021 at 12:13 p.m. - "c/o right leg pain, refused repositioning." 6/21/2021 at 9:58 p.m. - "c/o L (left) hip pain, 7/10. Unrelieved by repositioning or diversional activities." 6/22/2021 at 8:25 p.m. - "Resident requested for right hip and leg pain, 7/10. No relief with repositioning." 6/23/2021 at 11:55 a.m. - "c/o right leg pain repositioning ineffective." 6/25/2021 at 5:32 p.m. - "Resident requested for right hip and leg pain, 7/10. No relief with repositioning." 6/26/2021 at 6:49 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/27/2021 at 6:37 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/28/2021 at 4:16 p.m. - "c/o R (right) knee pain,	F 656			

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F 656	<p>Continued From page 10</p> <p>7/10. Unrelieved by repositioning or diversional activities."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 6/30/2021 at 8:55 a.m., regarding the purpose of the comprehensive care plan. LPN #2 stated it's the order to take care of our residents. When asked if the comprehensive care plan should be followed, LPN #2 stated, yes, it's to give the best care that we can.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/30/2021 at 9:08 a.m. When asked the purpose of the care plan is, ASM #2 stated it directs the care for our resident. To provide the staff with the information how to care for your resident.</p> <p>A copy of the facility policy for implementing the care plan was requested on 6/30/2021 at 8:49 a.m. from ASM #3, the director of compliance.</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins 2007 pages 65-77 documented, "A written care plan serves as a communication tool among health care team members that helps ensure continuity of care...The nursing care plan is a vital source of information about the patient's problems, needs, and goals. It contains detailed instructions for achieving the goals established for the patient and is used to direct care...expect to review, revise and update the care plan regularly, when there are changes in condition, treatments, and with new orders..." (3)</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the director of corporate</p>	F 656			

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F 656	<p>Continued From page 11</p> <p>compliance, were made aware of the above findings on 6/30/2021 at 12:56 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References:</p> <p>(1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511.</p> <p>(2) This information was obtained from the following website: https://medlineplus.gov/ency/article/002670.htm.</p> <p>(3) Fundamentals of Nursing Lippincott Williams & Wilkins 2007 Lippincott Company Philadelphia pages 65-77.</p> <p>2. a. The facility staff failed to implement Resident #89's comprehensive care plan for treatment of a pressure injury. LPN #6 was observed cleaning Resident #89's left buttock wound using a piece of gauze wiping the wound from top to bottom and then wiped back up the wound using the same gauze.</p> <p>Resident #89 was admitted to the facility on 5/20/2021 with a readmission on 6/7/2021 with diagnoses that included but were not limited to: diabetes, benign prostatic hypertrophy (an enlarged prostate) (1), and psychotic disorders (Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions.) (2)</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 6/13/2021, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the</p>			F 656			

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F 656	<p>Continued From page 12</p> <p>resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance for most of his activities of living except eating in which he required supervision after set up assistance was provided. In Section M - Skin Conditions, the resident was coded as having a stage 3 pressure injury. (According to National Pressure Ulcer Advisory Panel's Updated Pressure Ulcer Staging System:</p> <p>A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Stage 3 is defined as full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.) (3)</p> <p>The comprehensive care plan dated, 5/20/2021, documented in part, "Problem/Need: Potential for further impaired skin integrity. Admitted with wound to sacrum (pressure ulcer d/c'd [discharged] to hospital 6/1/2021 readmitted s/p [status post] debridement of wound). Non-compliant with positioning at times." The "Approaches" documented in part, "Monitor wound status and report any decline to MD (medical doctor). Administer treatments as ordered. Assess impaired area for s/s (signs and symptoms) of infection i.e., redness, swelling, fever, and any foul smelling odor or drainage. Report any abnormalities to physician."</p>	F 656			

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F 656	<p>Continued From page 13</p> <p>Observation was made of Resident #89 receiving wound care by LPN (licensed practical nurse) # 6 on 6/29/2021 at 1:47 p.m. Observation revealed Resident #89 with two pressure sore areas, one on each buttock. Per the clinical record Resident #89 recently had a closure of his pressure injuries on both buttocks completed. LPN # 6 prepared the supplies and positioned Resident # 89 for his wound care. She proceeded to clean the resident's wound on the right buttock with a gauze pad and wound cleanser. LPN # 6 did not change gloves and proceeded to clean the left buttock with a gauze and wound cleanser. Observation revealed LPN #6 wiped down the left buttock wound from top to bottom and then wiped back up the wound, with the same gauze. Observation revealed the right buttock still had four sutures in place and the wound was partially open. The left buttock had three sutures with the wound being partially open. The edges of the wound did not meet. LPN #6 proceeded to apply the prescribed dressing, a 4x4 gauze covered with an abdominal pad and paper tape.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 6/30/2021 at 8:55 a.m. When asked the purpose of the comprehensive care plan, LPN #2 stated it's the order to take care of our residents. When asked if the comprehensive care plan should be followed, LPN #2 stated, yes, it's to give the best care that we can.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/30/2021 at 9:08 a.m. When asked the purpose of the comprehensive care plan is, ASM #2 stated it directs the care for our resident. To provide the staff with the information how to</p>	F 656			

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F 656	<p>Continued From page 14 care for your resident.</p> <p>A copy of the facility policy for implementing the care plan was requested on 6/30/2021 at 8:49 a.m. from ASM #3, the director of compliance.</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/29/2021 at 5:40 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html. (2) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=psychotic+disorders. (3) This information was obtained from the following website: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/</p> <p>2.b. The facility staff failed to implement the comprehensive care plan for the care of Resident #89's indwelling catheter and urine collection bag. Resident #89's Foley catheter bag was placed by staff onto the resident's bed while the resident was lying in the bed. Urine was observed traveling up towards the resident, instead of draining down towards the collection bag.</p> <p>The comprehensive care plan dated, 5/20/2021, documented in part, "Problem/Need: Potential for</p>	F 656			

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F 656	<p>Continued From page 15</p> <p>injury/infection related to presence of indwelling catheter, d/c (discontinued 6/1. 6/7/21 suprapubic catheter." The "Approaches" documented in part, "Assist with catheter care per facility protocol. Encourage resident to allow securing of catheter to thigh to prevent pulling on tubing and to keep collection bag below bladder level. Check tubing for kinks. Provide assistance during transfer and ambulation as needed."</p> <p>Observation was made on 6/29/2021 at 1:47 p.m. of LPN (licensed practical nurse) # 6 performing wound care for Resident #89. LPN #6 gathered her supplies. She then assisted the resident with positioning himself in the bed for the dressing change. Resident #89 was sitting on the side of the bed. LPN #6 was observed lifting the residents indwelling catheter urine collection bag and placed it onto the bed. She then assisted Resident #89 to a lying position on the bed. Observation revealed Resident #89's legs on top of the collection bag. Urine was observed traveling up towards the resident, instead of draining down towards the collection bag. LPN #6 then performed the dressing change. After the dressing was completed, she assisted Resident #89 into a sitting position on the side of the bed and then lowered the Foley catheter collection bag to the side of the bed frame. Observation revealed a large, approximately six by three inch, wet spot on the resident's trousers, on the left side of his right knee.</p> <p>An interview was conducted with LPN #6 immediately after the dressing change regarding the placement of a Foley catheter urine collection bag. LPN #6 stated, "When the resident is in bed, I hook it to the side of the bed at the bed frame so the urine will drain down." When asked why she</p>	F 656			

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F 656	<p>Continued From page 16</p> <p>put the urine collection bag on the bed, LPN #6 stated she should have put it on the other side of the bed on the bed frame. When asked why that is done, LPN #6 stated it's for infection control. LPN #6 was informed of the above observation of the collection bag placed on the bed and the urine flowing up the catheter towards the resident's bladder. LPN #6 stated, "That would be dirty urine going back up and being an infection problem."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 6/30/2021 at 8:55 a.m. When asked the purpose of the comprehensive care plan, LPN #2 stated it's the order to take care of our residents. When asked if the care plan should be followed, LPN #2 stated, yes, it's to give the best care that we can.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/30/2021 at 9:08 a.m. When asked the purpose of the comprehensive care plan is, ASM #2 stated it directs the care for our resident. To provide the staff with the information how to care for your resident.</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/29/2021 at 5:40 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html. (2) This information was obtained from the</p>	F 656			

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F 656	Continued From page 17 following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=psychotic+disorders .	F 656			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide wound care in a manner to promote healing and prevent infection for one of 38 residents in the survey sample, Resident #89. LPN #6 failed to change gloves between cleaning Resident #89's right and left buttock wound and wiped down the left buttock wound from top to bottom and then wiped back up the wound using the same gauze. The findings include:	F 686	F686 Tx/Services to prevent/ heal Pressure Ulcer & 12 VAC5-371-220-C1 1. LPN #6 provided re-training on wound care during the survey once the facility was made aware of the concern. 2. Once the facility was notified of this occurrence during the survey process, nurse manager(s) made observations and no other staff were found to be deviating from standards of practice. 3. All other nursing staff will be re-educated on the processes of wound care. 4. Each quarter the DON/ADON/SDC/ or designee will observe 2 randomly choose	8/1/21	

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F 686	<p>Continued From page 18</p> <p>Resident #89 was admitted to the facility on 5/20/2021 with a readmission on 6/7/2021 with diagnoses that included but were not limited to: diabetes, benign prostatic hypertrophy (an enlarged prostate) (1), and psychotic disorders (Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions.) (2)</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 6/13/2021, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as requiring extensive assistance for most of his activities of living except eating in which he required supervision after set up assistance was provided. In Section M - Skin Conditions, the resident was coded as having a stage 3 pressure injury. (According to National Pressure Ulcer Advisory Panel's Updated Pressure Ulcer Staging System:</p> <p>A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. Stage 3 is defined as full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.) (3)</p>	F 686	<p>nurse provide wound care per month. Concerns identified will be addressed by SDC/ auditor with the nurse immediately and reported to the QA committee/compliance for review and recommendations until 100% compliance is obtained.</p> <p>5. Date: 8/1/21</p>		

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F 686	<p>Continued From page 19</p> <p>Observation was made of Resident #89 receiving wound care by LPN (licensed practical nurse) # 6 on 6/29/2021 at 1:47 p.m. Observation revealed Resident #89 with two pressure sore areas, one on each buttock. Per the clinical record Resident #89 recently had a closure of his pressure injuries on both buttocks completed. LPN # 6 prepared the supplies and positioned Resident # 89 for his wound care. She proceeded to clean the resident's wound on the right buttock with a gauze pad and wound cleanser. LPN # 6 did not change gloves and proceeded to clean the left buttock with a gauze and wound cleanser. Observation revealed LPN #6 wiped down the left buttock wound from top to bottom and then wiped back up the wound, with the same gauze. Observation revealed the right buttock still had four sutures in place and the wound was partially open. The left buttock had three sutures with the wound being partially open. The edges of the wound did not meet. LPN #6 proceeded to apply the prescribed dressing, a 4x4 gauze covered with an abdominal pad and paper tape.</p> <p>An interview was conducted with LPN #6 on 6/29/2021 at approximately 2:10 p.m., right after the wound care was completed. When asked if you can wash a wound and then go back over the wound with the same gauze, LPN #6 stated, "No." When asked why you cannot wipe down and then go back up with the same gauze, LPN #6 stated "Because of infection control. Wiping the dirty right back up on the wound is not good." The above observation was shared with LPN #6.</p> <p>An interview was conducted with RN (registered nurse) #3, the assistant director of nursing, on 6/29/2021 at 2:29 p.m. When asked once you clean a wound, can you go back over that same</p>	F 686			

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F 686	<p>Continued From page 20</p> <p>area with the gauze you just used, RN #3 stated, "No, Ma'am, because it would be contaminating it and bringing back germs to the area you just cleaned." The above wound care observation was shared with RN #3.</p> <p>The comprehensive care plan dated, 5/20/2021, documented in part, "Problem/Need: Potential for further impaired skin integrity. Admitted with wound to sacrum (pressure ulcer d/c'd [discharged] to hospital 6/1/2021 readmitted s/p [status post] debridement of wound). Non compliant with positioning at times." The "Approaches" documented in part, "Monitor wound status and report any decline to MD (medical doctor). Administer treatments as ordered. Assess impaired area for s/s (signs and symptoms) of infection i.e., redness, swelling, fever, and any foul smelling odor or drainage. Report any abnormalities to physician."</p> <p>The facility policy, "Pressure Ulcer, Prevention/Care of" failed to evidence documentation of how a dressing is to be performed.</p> <p>ASM (administrative staff member) #3, the director of compliance, presented a documented, "In-Service Training Report" dated 5/21/2020 for "Yearly Skills Evaluation" for LPN #6. The second entitled, "Wound Care and Dressing Changes" documented in part, "Create a clean area (paper towel on bedside table) for each different wound that you will be dressing to not cross contaminate the direct wounds. Change gloves between each different wound and wash hands."</p> <p>Fundamentals of Nursing Made Incredibly Easy, Lippincott, Williams & Wilkins, 2007, page 428.</p>	F 686			

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F 686	Continued From page 21 "When cleaning, be sure to move from the least-contaminated area to the most-contaminated area. For a linear shaped wound, such as an incision, gently wipe from top to bottom in one motion, starting directly over the wound and moving outward. For an open wound, such as a pressure ulcer, gently wipe in concentric circles, again starting directly over the wound and moving outward. Use a separate gauze pad each time the wound is cleaned. Discard the gauze pad for each wiping motion; repeat the procedure until you've cleaned the entire wound. Dry the wound with 4" X 4" gauze pads, using the same procedure as for cleaning. Discard the used gauze pads in the plastic bag." ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/29/2021 at 5:40 p.m. No further information was provided prior to exit. References: (1) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html . (2) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=psychotic+disorders . (3) This information was obtained from the following website: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/Bowel/Bladder Incontinence, Catheter, UTI	F 686			
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI	F 690		8/1/21	

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F 690	<p>Continued From page 22 CFR(s): 483.25(e)(1)-(3)</p> <p>§483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.</p> <p>§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility</p>			F 690	F690 Bowel/Bladder Incontinence & 12		

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F 690	<p>Continued From page 23</p> <p>document review and clinical record review, it was determined the facility staff failed to maintain an indwelling catheter consistent with professional standards of practice, and the comprehensive person-centered care plan for one of 38 residents in the survey sample, Resident # 89. The nurse failed to maintain the indwelling catheter collection bag below the resident's bladder. Observation revealed the staff placed Resident #89's Foley catheter bag on the bed while the resident received wound care. Urine was observed flowing up towards the resident and not towards the collection bag.</p> <p>The findings include:</p> <p>Resident #89 was admitted to the facility on 5/20/2021 with a readmission on 6/7/2021 with diagnoses that included but were not limited to: diabetes, benign prostatic hypertrophy (an enlarged prostate) (1), and psychotic disorders (Psychotic disorders are severe mental disorders that cause abnormal thinking and perceptions. People with psychoses lose touch with reality. Two of the main symptoms are delusions and hallucinations. Delusions are false beliefs, such as thinking that someone is plotting against you or that the TV is sending you secret messages. Hallucinations are false perceptions, such as hearing, seeing, or feeling something that is not there.) (2).</p> <p>The most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 6/13/2021, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. The resident was coded as</p>	F 690	<p>VAC5-371-220-C3</p> <ol style="list-style-type: none"> 1. LPN #6 provided re-training on foley positioning during the survey once the facility was made aware of the concern. 2. Once the facility was notified of this occurrence during the survey process, nurse manager(s) made observations and no other staff were found to be deviating from standards of practice. 3. All other nursing staff will be re-educated on the processes of wound care. 4. Each quarter the DON/ADON/SDC/ or designee will observe 2 randomly choose nurse provide wound care per month. Concerns identified will be addressed by SDC/ auditor with the nurse immediately and reported to the QA committee/compliance for review and recommendations until 100% compliance is obtained. 5. Date: 8/1/21 		

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F 690	<p>Continued From page 24</p> <p>requiring extensive assistance for most of his activities of living except eating in which he required supervision after set up assistance was provided. In Section H - Bladder and Bowel, Resident #89 was coded as having an indwelling catheter.</p> <p>Observation was made on 6/29/2021 at 1:47 p.m. of LPN (licensed practical nurse) # 6 performing wound care on Resident #89. LPN #6 gathered her supplies. She then assisted the resident to position himself in the bed for the dressing change. The resident was sitting on the side of the bed. LPN #6 proceeded to lift the indwelling catheter urine collection bag onto the bed. She then assisted the resident to lie down with his legs on top of the collection bag. Urine was observed to travel up towards the resident and not towards the collection bag. LPN #6 proceeded to perform the dressing change. After the dressing was done, she assisted the resident into a sitting position on the side of the bed and then lowered the collection bag to the side of the bed frame. Noted on the resident's left side of his right knee was a large, approximately six by three inch, wet spot on his trousers.</p> <p>An interview was conducted with LPN #6 immediately after the dressing change. When asked where the urine collection bag is supposed to be, LPN #6 stated when the resident is in bed, I hook it to the side of the bed at the bed frame. When asked why we do that, LPN #6 stated, "So the urine will drain down." When asked why she put the urine collection bag on the bed, LPN #6 stated she should have put it on the other side of the bed on the bed frame. When asked why that is done, LPN #6 stated it's for infection control. When the observation of placing the collection</p>	F 690			

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F 690	<p>Continued From page 25</p> <p>bag on the bed and the observation of the urine flowing up the catheter towards the resident's bladder, LPN #6 stated, "That would be dirty urine going back up and being an infection problem."</p> <p>An interview was conducted with RN (registered nurse) #3, the assistant director of nursing, on 6/29/2021 at 2:29 p.m. When asked where an indwelling urine collection bag should be stored, RN #3 stated it should be not on the floor but on the bed frame of the bed, it has to be below the leg or bladder. When asked if a resident is lying on the bed, should the collection bag be placed on the bed, RN #3 stated, "No, it's not going to be able to drain adequately and you run the risk of the urine back flowing up to the bladder, an infection control problem."</p> <p>The comprehensive care plan dated, 5/20/2021, documented in part, "Problem/Need: Potential for injury/infection related to presence of indwelling catheter, d/c (discontinued 6/1. 6/7/21 suprapubic catheter." The "Approaches" documented in part, "Assist with catheter care per facility protocol. Encourage resident to allow securing of catheter to thigh to prevent pulling on tubing and to keep collection bag below bladder level. Check tubing for kinks. Provide assistance during transfer and ambulation as needed."</p> <p>The facility policy, "Catheter Care, Indwelling Catheter" documented in part, "11. Position resident comfortably, drainage bag below bladder."</p> <p>According to Fundamentals of Nursing Lippincott Williams and Wilkins Eighth Edition 2006, Lippincott Company, page 757, titled Renal and Urinary Disorders, under the heading</p>	F 690			

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F 690	Continued From page 26 "Management of a Patient with an Indwelling Catheter and Closed Drainage System" the subheading: "Maintaining a closed drainage system: 2. Maintain an unobstructed urine flow. b. Urine should not be allowed to collect in tubing because free flow of urine must be maintained to prevent urinary tract infection. Improper drainage occurs when the tubing is kinked or twisted, allowing pools of urine to collect in the tubing. c. Keep the bag off the floor to prevent bacterial contamination." ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/29/2021 at 5:40 p.m. No further information was provided prior to exit. References: (1) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/enlargedprostatebph.html . (2) This information was obtained from the following website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=psychotic+disorders .	F 690			
F 697 SS=E	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.	F 697		8/1/21	

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F 697	<p>Continued From page 27</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure pain management was provided consistent with professional standards of practice, and the comprehensive person-centered care plan for one of 38 residents in the survey sample, Resident #27. The facility staff failed to complete a pain assessment of Resident #27's pain, prior to the administration of a pain medication on multiple occasions in April, May and June 2021.</p> <p>The findings include:</p> <p>The facility policy, "Pain Assessment" documented in part, "Purpose: Establish uniform guidelines concerning pain assessment and management. Definition: Pain can be described as an unpleasant sensory or emotional experience. Procedure: 1. Pain Assessments:...b. A routine pain assessment will include intensity of pain (level of pain) and location. Nonpharmacological measures and their effectiveness may be assessed and discussed with the resident. c. A pain assessment may include the resident's description of the pain and any contributing factors they report. d. The Faces Scale or a numerical scale of 0 -10, with 0 being no pain at all and 10 being the worst pain experienced will be assessed and documented with the pain assessment prior to administering medications and during reassessment...f. Should nonpharmacological interventions be ineffective or refused this should be documented. g. Pain medications should be administered per the physician orders."</p>	F 697	<p>F697 Pain Management & 12 VAC5 371-220-B</p> <ol style="list-style-type: none"> 1. Staff identified not following the pain assessment guideline or documenting the pain assessment they complete were re-educated on the documentation process. 2. No additional staff were identified not following the pain assessment guideline or documenting the pain assessment they were completing with the residents. 3. All nurses will be re-educated on the use of the pain scale with medication administration and the documentation process. 4. Each quarter the DON/ADON/SDC/ or designee will audit 10% of the MARs for PRN medication administration for pain assessment documentation and use for PRN pain medication administration. Concerns identified will be addressed by auditor with the nurse immediately and reported to the QA committee/compliance for review and recommendations until 100% compliance is obtained. 5. Date: 8/1/21 		

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F 697	<p>Continued From page 28</p> <p>Resident #27 was readmitted to the facility on 2/11/2019 with diagnoses that included but were not limited to: chronic pain, high blood pressure and rheumatoid arthritis (A chronic, destructive disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and shoulders.) (1)</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/22/2021, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions. In Section J 0100 the resident was coded as receiving both scheduled and as needed pain medication. It was coded that the resident did not receive any non-medication interventions for pain. Resident #27 was coded as having pain occasionally and coded that it limits her day-to-day activities. The pain intensity was coded as a "10."</p> <p>Observation was made of Resident #27 on 6/28/2021 at 4:30 p.m. She was in her wheelchair asking for her pain medication. ASM (administrative staff member) #1, the administrator, was observed telling the nurse that Resident #27 wanted her pain medication. ASM #1 was then observed telling Resident #27 he had spoken to the nurse and it wasn't time for her to receive her pain medication. The nurse would bring it when it was time.</p> <p>The physician orders dated, 7/11/2020,</p>	F 697			

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F 697	<p>Continued From page 29</p> <p>documented in part, "Norco (an opioid with Tylenol used to treat pain) (2) 5-325 tablet, take 1/2 tablet by mouth every 6 hours as needed for pain (8-10) (8 to 10 on a pain scale of 0 to 10, ten meaning the worse pain every in and zero meaning no pain).</p> <p>The April 2021 MAR (medication administration record) documented the above physicians order for Norco. On the following dates and times Resident #27's MAR failed to evidence a pain assessment was completed prior to the administration of the Norco: 4/1/2021 at 8:32 p.m., 4/6/2021 at 11:52 p.m., 4/7/2021 at 9:32 a.m., 4/7/2021 at 8:06 p.m., 4/8/2021 at 12:10 p.m., 4/9/2021 at 6:07 p.m., 4/10/2021 at 6:05 p.m., 4/11/2021 at 10:21 p.m., 4/13/2021 at 6:42 p.m., 4/14/2021 at 9:00 p.m., 4/16/2021 at 5:49 p.m., 4/17/2021 at 11:39 p.m., 4/18/2021 at 6:43 p.m., 4/19/2021 at 1:08 a.m., 4/22/2021 at 6:29 p.m., 4/23/2021 at 6:27 p.m., 4/27/2021 at 12:34 p.m., 4/28/2021 at 1:49 p.m., and 4/29/2021 at 10:46 p.m.</p> <p>The May 2021 MAR documented the above physicians order for Norco. On the following dates and times Resident #27's MAR failed to evidence a pain assessment was completed prior to the administration of the Norco: following dates and times: 5/1/2021 at 1:22 a.m., 5/2/2021 at 6:24 p.m., 5/4/2021 at 1:43 a.m., 5/4/2021 at 9:33 p.m., 5/6/2021 at 1:11 a.m., 5/6/2021 at 6:26 p.m., 5/7/2021 at 9:45 p.m., 5/10/2021 at 12:22 a.m., 5/10/2021 at 8:12 p.m., 5/11/2021 at 8:26 p.m., 5/12/2021 at 11:36 p.m., 5/13/2021 at 10:09 p.m., 5/15/2021 at 6:33 p.m., 5/16/2021 at 5:14 p.m., 5/18/2021 at 8:29 p.m., 5/20/2019 at 12:38 p.m., 5/21/2021 at 5:41 a.m., 5/21/2021 at 6:43 p.m., 5/24/2021 at 4:20 p.m., 5/25/2021 at 4:56</p>	F 697			

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F 697	<p>Continued From page 30</p> <p>p.m., 5/26/2021 at 12:43 a.m., 5/26/2021 at 11:54 p.m., 5/27/2021 at 8:11 p.m., 5/29/2021 at 6:14 p.m., and 5/30/2021 at 2:38 p.m.</p> <p>The June 2021 MAR documented the above physicians order for Norco. On the following dates and times Resident #27's MAR failed to evidence a pain assessment was completed prior to the administration of the Norco: 6/1/2021 at 6:16 p.m., 6/9/2021 at 8:12 p.m., 6/10/2021 at 5:02 a.m., 6/11/2021 at 1:06 a.m., 6/12/2021 at 6:27 p.m., 6/13/2021 at 12:49 a.m., 6/17/2021 at 12:35 a.m., 6/18/2021 at 6:39 p.m., 6/21/2021 at 12:13 p.m., 6/23/2021 at 11:55 a.m., 6/26/2021 at 6:49 p.m., and 6/27/2021 at 6:37 p.m.</p> <p>Review of the nurses notes failed to reveal any documentation of pain assessments for the above listed dates and times.</p> <p>The comprehensive care plan dated 7/20/2015 and reviewed on 3/9/2021, documented in part, "Potential for pain (Pain to lower back 9/28/18)." The "Approaches" documented in part, "Assess location , frequency, duration and intensity of pain as indicated and report increased pain trend to physician. Attempt non-pharmacologic pain relief measures such as repositioning and back rubs as residents allows. Administer medication as ordered."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 6/30/2021 at 8:55 a.m. When asked about the process staff follows when a resident complains of pain, LPN #2 stated, "a nurse should assess the pain, find out on the pain scale what level their pain is, and try to reposition the resident or other non-pharmacological interventions. If they don't work, you see if there</p>	F 697			

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F 697	<p>Continued From page 31</p> <p>is a medication you can give them. The nurse will give medication per the physician order as some have parameters of when to give. Then you follow up with the resident to see if the medication worked." The above order for Norco was reviewed with LPN #2. When asked if Resident #27's pain was assessed prior to administering the prescribed pain medication on the dates listed above, LPN #2 stated no.</p> <p>An interview was conducted with ASM #2, the director of nursing, on 6/30/2021 at 9:08 a.m. When asked about the process staff follows when a resident complains of pain, ASM #2 stated, "First thing the nurse does is to assess the resident and their pain. Where is it at, what does it feel like, and if they can, ask them to rate it on the pain scale? First, the nurse should try non-pharmacological interventions such as repositioning, and if that doesn't work they should go to the physician orders to see what they have ordered. The above MARS for April May and June and the Norco order was reviewed with ASM #2. When asked if Resident #27's pain was assessed on the dates and times listed above, ASM #2 stated, no.</p> <p>Fundamentals of Nursing, 6th Edition, Potter and Perry, 2005, pages 1239-1287, "Nurses need to approach pain management systematically to understand a client's pain and to provide appropriate intervention....it is necessary to monitor pain on a consistent basis....Assessment of common characteristics of pain helps the nurse form an understanding of the type of pain, its pattern, and types of interventions that may bring relief....Onset and duration....Location....Intensity....Quality....Pain Pattern....Relief Measures....Contributing</p>	F 697			

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F 697	Continued From page 32 Symptoms....Pain therapy requires an individualized approach...." Pain Management Practices, Volume 6, "Symptom Management Acute Pain, National Institute for Nursing Research, page 6, documents, in part: The primary responsibility for the assessment and management of pain belongs to the nurse. (According to the National Institutes for Health), the nurse plays a central role in pain management and should coordinate the activities. Sound assessment is necessary for implementation of appropriate pain management interventions." ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/30/2021 at 12:56 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511. (2) This information was obtained from the following website: https://medlineplus.gov/ency/article/002670.htm .	F 697			
F 756 SS=B	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review	F 756		8/1/21	

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F 756	<p>Continued From page 33 of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.</p> <p>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.</p> <p>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.</p> <p>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to develop a policy for the monthly drug regimen reviews with times frames for the different steps in the process, in order to address recommendations from the pharmacist</p>	F 756	<p>F756 Drug Regimen (policy) & 12 VAC5-371-220-A</p> <p>1. Policy updated to reflect specific time frame as previously discussed with the survey team.</p> <p>2. Other policies reviewed for the need of</p>		

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F 756	<p>Continued From page 34</p> <p>for four residents reviewed for medications, (Residents #22, #24, #45 and #77), in the survey sample of 38 residents.</p> <p>The facility, "Medication Monitoring" policy failed to include any documentation regarding the timeframe that a pharmacy recommendation is required to be provided to the physician and acted upon by the physician. The policy did not meet regulatory requirements of specifying those time frames for the different steps.</p> <p>The findings include:</p> <p>Resident #22 was admitted to the facility on 4/15/21. Resident #22's diagnoses included but were not limited to diabetes, high blood pressure and urinary tract infection. Resident #22's admission MDS (minimum data set) assessment with an ARD (assessment reference date) of 4/21/21, coded the resident as being cognitively intact.</p> <p>The clinical record was reviewed for unnecessary medications. There were no identified concerns with the use of antidepressant the resident was receiving.</p> <p>Resident #24 was admitted to the facility on 10/5/2020 with a readmission on 1/14/2021 with diagnoses that included but were not limited to: high blood pressure, congestive heart failure (abnormal condition characterized by circulatory congestion and retention of salt and water by the kidneys) (1), and dementia a progressive state of mental decline, especially memory function and judgement, often accompanied by disorientation. (2).</p>	F 756	<p>time frames to be specified in accordance with the pharmacy review policy.</p> <p>3. Providers made aware of the time frame specification in the policy. However, they were already meeting the requirements as discussed with the survey team.</p> <p>4. Policy implemented and no further policy follow up is needed. Change will be reflected in QA.</p> <p>5. Date: 8/1/21</p>		

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F 756	<p>Continued From page 35</p> <p>The most recent MDS assessment, a significant change assessment, with an assessment reference date of 4/21/2021, coded the resident as scoring a "8" on the BIMS (brief interview for mental status) score, indicating she was moderately impaired to make daily cognitive decisions.</p> <p>The clinical record was reviewed for unnecessary medications. There were no identified concerns with the use of antidepressant the resident was receiving.</p> <p>Resident #45 was admitted to the facility on 5/5/2021 with diagnoses that included but were not limited to: diabetes, high blood pressure and atrial fibrillation (a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria).(3)</p> <p>The clinical record was reviewed for unnecessary medications. There were no identified concerns with the use insulin.</p> <p>Resident #4 was admitted to the facility on 4/22/2021 with a readmission on 5/28/2021 with diagnoses that included but were not limited to: high blood pressure, dementia and depression.</p> <p>The most recent MDS assessment, an admission assessment, with an assessment reference date of 6/3/2021 coded the resident as scoring an "11" on the BIMS score, indicating she was moderately impaired to make daily cognitive decisions.</p> <p>The clinical record was reviewed for</p>	F 756			

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F 756	<p>Continued From page 36</p> <p>unnecessary medications. There were no identified concerns with the antidepressants, antipsychotics or antianxiety medications the resident was receiving.</p> <p>A review of the facility policy regarding medication regimen reviews and pharmacy recommendations was conducted. The policy, "Medication Monitoring" documented in part, "The aforementioned resident reports will be reviewed and responded to by a physician in a timely manner. Any concern identified during the pharmacist review that is urgent in nature will be immediately called to the attending MD (medical doctor) or provider on call, if after hours to be immediately resolved." The policy did not evidence documentation regarding the timeframe the physician must respond for non-urgent medication concerns.</p> <p>The policy failed to include any documentation regarding the timeframe that a pharmacy recommendation is required to be provided to the physician and acted upon by the physician. The policy did not meet regulatory requirements of specifying those time frames.</p> <p>On 06/29/2021 at 5:37 p.m., an interview was conducted with ASM (administrative staff member) #3, the director of compliance. ASM #3 stated that the facilities pharmacy medication review policy did not provide a specific timeframe for physician response because the physicians came in at different timeframes. ASM #3 stated that it was not practical to give 24-48 hours to respond when they may come in every three days. ASM #3 stated that when there were any immediate concerns discovered during the monthly medication reviews the physician was</p>	F 756			

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F 756	Continued From page 37 called immediately to address the concern and non-urgent concerns were written out for the physician to review during their next visit. ASM #3 stated that the physician normally responded to the pharmacy medication reviews by the following week. ASM #1, the administrator, ASM #2, the director of nursing and ASM #3 were made aware of the above concern on 6/30/2021 at 12:56 p.m. No further information was provided prior to exit. References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55.	F 756			
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or	F 757		8/1/21	

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F 757	<p>Continued From page 38</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview, facility document review and clinical record review it was determined the facility staff failed to ensure one of 38 residents in the survey sample was free of unnecessary medications, Resident #27.</p> <p>On multiple occasions during April, May and June 2021, the facility staff failed to ensure Resident #27 was free from unnecessary medication, as evidenced by the staffs failure to complete a pain assessment, and failure to attempt/offer non-pharmacological interventions prior to administering the physician prescribed as needed pain medication Norco to Resident #27, and as evidenced by staff administering the medication for documented/reported pain levels of 7, which were below the physician ordered parameter of eight (8) for administration of the medication.</p> <p>The findings include:</p> <p>Resident #27 was readmitted to the facility on 2/11/2019 with diagnoses that included but were not limited to: chronic pain, high blood pressure and rheumatoid arthritis (A chronic, destructive</p>	F 757	<p>F757 Drug Regimen is free from Unnecessary drugs & 12 VAC5-371-220B</p> <ol style="list-style-type: none"> 1. Staff identified not following the pain assessment guideline PRN pain medication administration was re-educated. 2. No additional staff were identified not following the pain assessment guideline for prn pain medication administration. 3. All nurses will be re-educated on the use of the pain scale with medication administration. 4. Each quarter the DON/ADON/SDC/ or designee will audit 10% of the MARs for PRN medication administration for pain assessment documentation and use for PRN pain medication administration. Concerns identified will be addressed by auditor with the nurse immediately and reported to the QA committee/compliance for review and recommendations until 100% compliance is obtained. 5. Date: 8/1/21 		

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F 757	<p>Continued From page 39</p> <p>disease characterized by joint inflammation. Symptoms are varied, often including fatigue, low grade fever, loss of appetite, morning stiffness, tender, painful swelling of two or more joints, most commonly in fingers, ankles, feet, hips and shoulders.) (1).</p> <p>The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 4/22/2021, coded the resident as scoring a "12" on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired to make daily cognitive decisions. In Section J 0100 the resident was coded as receiving both scheduled and as needed pain medication. It was coded that the resident did not receive any non-medication interventions for pain. Resident #27 was coded as having pain occasionally and it limits her day-to-day activities. The pain intensity was coded as a "10."</p> <p>Observation was made of Resident #27 on 6/28/2021 at 4:30 p.m. She was in her wheelchair asking for her pain medication. ASM (administrative staff member) #1, the administrator, was observed telling the nurse that Resident #27 wanted her pain medication. ASM #1 was then observed telling Resident #27 he had spoken to the nurse and it wasn't time for her to receive her pain medication. The nurse would bring it when it was time.</p> <p>The physician orders dated, 7/11/2020, documented in part, "Norco (an opioid with Tylenol used to treat pain) (2) 5-325 tablet, take 1/2 tablet by mouth every 6 hours as needed for pain (8-10)(8 to 10 on a pain scale of 0 to 10, ten meaning the worse pain every in and zero</p>	F 757			

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F 757	<p>Continued From page 40 meaning no pain).</p> <p>The April 2021 MAR (medication administration record) documented the above physician order for Norco. Resident #27's April MAR documented the Norco was administered on the following dates and times without a pain assessment prior to, and or without any attempt of non-pharmacological intervention prior to administration and or for a pain level below the physician ordered pain level parameter of eight (8):</p> <p>4/1/2021 at 8:32 p.m.- There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>4/2/2021 at 11:34 p.m. - "c/o (complained of) aching pain in BLE (bilateral lower extremity) 7/10 [pain level seven out of possible ten, with 0 being no pain and ten being the worst pain]."</p> <p>4/3/2021 at 6:51 p.m. - "c/o of back and LE (lower extremity) pain 6/10."</p> <p>4/6/2021 at 11:52 p.m. - "c/o aching pain in right leg and knee, 7/10."</p> <p>4/7/2021 at 9:32 a.m. - "Resident complains of leg pain."</p> <p>4/7/2021 at 8:06 p.m. - There was no documented evidence of a pain assessment or any attempt to provide non-pharmacological interventions prior to the administration of Norco.</p> <p>4/8/2021 at 12:10 p.m. - Resident complains of bilateral leg pain unrelieved by laying down. There was no documentation of a pain assessment or pain level.</p> <p>4/9/2021 at 6:07 p.m. There was no documented evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco.</p> <p>4/10/2021 at 10:42 a.m. - "c/o of back pain, 7/10,</p>	F 757			

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F 757	Continued From page 41 refused repositioning." 4/10/2021 at 6:06 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/11/2021 at 12:40 a.m. - "c/o of aching pain in right leg, 7/10, repositioning ineffective." 4/11/2021 at 10:21 p.m. - "PRN (as needed) administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/13/2021 at 6:42 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/14/2021 at 9:00 p.m. - "Resident requested for pain. Non-pharmacological interventions without relief." There was no documented evidence of a pain assessment. 4/15/2021 at 3:51 p.m. - "c/o right leg pain 7/10, repositioning ineffective." 4/16/2021 at 5:49 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/17/2021 at 12:38 p.m. "c/o aching pain in right leg. 7/10, repositioning ineffective." 4/17/2021 at 11:39 p.m. - "c/o pain reposition not effective." There was no documented evidence of a pain assessment 4/18/2021 at 6:43 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/19/2021 at 1:08 a.m. - "c/o pain reposition not effective." There was no documented evidence of a pain assessment 4/22/2021 at 6:29 p.m. - There was no documented evidence of a pain	F 757			

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F 757	<p>Continued From page 42</p> <p>assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/23/2021 at 6:27 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/26/2021 at 5:50 p.m. - "c/o right leg pain, 7/10, repositioning ineffective." 4/27/2021 at 12:34 a.m. - "c/o pain reposition not effective." There was no documented evidence of a pain assessment 4/27/2021 at 8:24 p.m. - "Resident requested for right side hip pain, 7/10, No relief with repositioning." 4/28/2021 at 1:49 p.m. - "c/o right leg pain, repositioning ineffective." There was no documented evidence of a pain assessment. 4/28/2021 at 7:54 p.m. - "Resident requested for right hip and leg pain, 7/10. No relief with repositioning. PRN med given per order." 4/29/2021 at 1:41 p.m. - "c/o of right leg pain, 7/10, repositioning ineffective." 4/29/2021 at 10:46 p.m. There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>The May 2021 MAR (medication administration record) documented the above physician order for Norco. Resident #27's May 2021 MAR documented the Norco was administered on the following dates and times without a pain assessment prior to, and or without any attempt of non-pharmacological intervention prior to administration and or for a pain level below the physician ordered pain level parameter of eight (8): 5/1/2021 at 1:22 a.m. - "c/o pain reposition not effective." There was no documented evidence of</p>	F 757			

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F 757	Continued From page 43 a pain assessment 5/2/2021 at 6:24 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/4/2021 at 1:43 a.m. - "c/o pain repositioning not effective." There was no documented evidence of a pain assessment 5/4/2021 at 9:33 a.m. - "PRN administered - pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/6/2021 at 1:11 a.m. - "c/o pain reposition not effective." There was no documented evidence of a pain assessment 5/6/2021 at 6:26 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/7/2021 at 9:45 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/10/2021 at 12:22 a.m. "c/o aching pain in right hi, 7/10. Repositioning ineffective." 5/10/2021 at 8:12 p.m. "PRN administered, pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/11/2021 at 8:26 p.m. - "Resident requested for pain in hips and back. No relief with repositioning." There was no documented evidence of a pain assessment 5/12/2021 at 11:36 p.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment 5/13/2021 at 10:09 p.m. - "PRN administered pain." There was no documented evidence of a	F 757			

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F 757	Continued From page 44 pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/14/2021 at 3:38 p.m. - "Resident requested for pain in hips and back, 7/10. No relief in repositioning." 5/14/2021 at 9:42 p.m. - "Resident requested for pain in back and hips 7/10. No relief with repositioning." 5/15/2021 at 6:33 p.m. - "PRN administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/16/2021 at 5:14 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/17/2021 at 8:21 p.m. - "Resident requested for pain in back and hips 7/10. No relief with repositioning." 5/18/2021 at 8:29 p.m. - "PRN administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/20/2021 at 12:38 p.m. - "c/o pain reposition not effective." There was no documented evidence of a pain assessment. 5/21/2021 at 5:41 p.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment. 5/21/2021 at 6:43 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 5/22/2021 at 10:31 p.m. - "Resident requested for hip and back pain 7/10. no relief with repositioning."	F 757			

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F 757	<p>Continued From page 45</p> <p>5/24/2021 at 4:20 p.m. - "c/o r (right) leg pain repositioning refused." There was no evidence of a pain assessment prior to the administration of Norco.</p> <p>5/25/2021 at 4:56 p.m. - "Resident requested for pain in back and hips, no relief with repositioning." There was no documented evidence of a pain assessment.</p> <p>5/26/2021 at 12:43 a.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment prior to the administration of Norco.</p> <p>5/26/2021 at 11:54 p.m. "C/o pain reposition not effective." There was no documented evidence of a pain assessment prior to the administration of Norco.</p> <p>5/27/2021 at 8:11 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>5/29/2021 at 6:14 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>5/30/2021 at 2:38 p.m. - "c/o generalized pain. Repositioned with no relief." There was no documented evidence of a pain assessment.</p> <p>The June 2021 MAR (medication administration record) documented the above physician order for Norco. Resident #27's June 2021 MAR documented the Norco was administered on the following dates and times without a pain assessment prior to, without any attempt of non-pharmacological intervention prior to administration and or for a pain level below the physician ordered pain level parameter of eight (8):</p>	F 757			

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F 757	Continued From page 46 6/1/2021 at 6:16 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/3/2021 at 2:08 p.m. - "c/o generalized pain rated at 7. Repositioned with no relief." 6/7/2021 at 3:30 p.m. - "c/o LE (lower extremity) and hip pain, 7/10. Unrelieved by repositioning or diversional activities." 6/8/2021 at 10:50 p.m. - "Resident requested for pain in right hip, 7/10. Unrelieved by repositioning. 6/9/2021 at 8:12 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/10/2021 at 5:02 p.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment. 6/11/2021 at 1:00 a.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment. 6/12/2021 at 6:27 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 6/13/2021 at 12:49 a.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment. 6/17/2021 at 12:35 a.m. - "C/o pain reposition not effective." There was no documented evidence of a pain assessment. 6/17/2021 at 5:45 p.m. - "c/o of back and hip pain, 7/10. Unrelieved by repositioning or diversional activities." 6/18/2021 at 6:39 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.	F 757			

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F 757	<p>Continued From page 47</p> <p>6/21/2021 at 12:13 p.m. - "c/o right leg pain, refused repositioning." There was no documented evidence of a pain assessment.</p> <p>6/21/2021 at 9:58 p.m. - "c/o L (left) hip pain, 7/10. Unrelieved by repositioning or diversional activities."</p> <p>6/22/2021 at 8:25 p.m. - "Resident requested for right hip and leg pain, 7/10. No relief with repositioning."</p> <p>6/23/2021 at 11:55 a.m. - "c/o right leg pain repositioning ineffective." There was no documented evidence of a pain assessment.</p> <p>6/25/2021 at 5:32 p.m. - "Resident requested for right hip and leg pain, 7/10. No relief with repositioning."</p> <p>6/26/2021 at 6:49 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>6/27/2021 at 6:37 p.m. - There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco.</p> <p>6/28/2021 at 4:16 p.m. - "c/o R (right) knee pain, 7/10. Unrelieved by repositioning or diversional activities."</p> <p>Review of the nursing notes for April May and June 2021 failed to evidence any documentation of pain assessments and or non-pharmacological interventions attempted for the above.</p> <p>The comprehensive care plan dated 7/20/2015 and reviewed on 3/9/2021, documented in part, "Potential for pain (Pain to lower back 9/28/18)." The "Approaches" documented in part, "Assess location , frequency, duration and intensity of pain as indicated and report increased pain trend to physician. Attempt non-pharmacological pain</p>	F 757			

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F 757	<p>Continued From page 48</p> <p>relief measures such as repositioning and back rubs as residents allows. Administer medication as ordered."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 6/30/2021 at 8:55 a.m. When asked about the process staff follows when a resident complains of pain, LPN #2 stated, "a nurse should assess the pain, find out on the pain scale what level their pain is, and try to reposition the resident or other non-pharmacological interventions. If they don't work, you see if there is a medication you can give them. The nurse will give medication per the physician order as some have parameters of when to give. Then you follow up with the resident to see if the medication worked." The above physician as needed order for Norco was reviewed with LPN #2. When asked if the resident stated their pain level was a "7", should staff administer the Norco medication, LPN #2 stated no, if it's not in the range prescribed by the doctor, you'd have to check with the doctor to see if there was something else to give.</p> <p>An interview was conducted with ASM #2, the director of nursing, on 6/30/2021 at 9:08 a.m. When asked about the process staff follows when a resident complains of pain, ASM #2 stated, "First thing the nurse does is to assess the resident and their pain. Where is it at, what does it feel like, and if they can, ask them to rate it on the pain scale? First, the nurse should try non-pharmacological interventions such as repositioning, and if that doesn't work they should go to the physician orders to see what they have ordered." The above physician as needed Norco order was reviewed with ASM #2. When asked if Resident #27 rated their pain level as a seven,</p>	F 757			

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F 757	<p>Continued From page 49</p> <p>should the nurse administer the as needed medication Norco, ASM #2 stated, "No, they would have to contact the doctor for another order." Resident #27's above MARS for April May and June 2021 and the as needed Norco order was reviewed with ASM #2. When asked if Resident #27's pain was assessed and if staff attempted non- pharmacological interventions on the dates and times listed above, ASM #2 stated, no. When asked if the nurse should complete a pain assessment and offer non-pharmacological interventions prior to giving a pain medication, ASM #2 stated, Yes.</p> <p>The facility policy, "Pain Assessment" documented in part, "Purpose: Establish uniform guidelines concerning pain assessment and management. Definition: Pain can be described as an unpleasant sensory or emotional experience. Procedure: 1. Pain Assessments:...b. A routine pain assessment will include intensity of pain (level of pain) and location. Nonpharmacological measures and their effectiveness may be assessed and discussed with the resident. c. A pain assessment may include the resident's description of the pain and any contributing factors they report. d. The Faces Scale or a numerical scale of 0 -10, with 0 being no pain at all and 10 being the worst pain experienced will be assessed and documented with the pain assessment prior to administering medications and during reassessment...f. Should nonpharmacological interventions be ineffective or refused this should be documented. g. Pain medications should be administered per the physician orders."</p> <p>ASM #1, the administrator, ASM #2, the director</p>	F 757			

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F 757	Continued From page 50 of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/30/2021 at 12:56 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 511. (2) This information was obtained from the following website: https://medlineplus.gov/ency/article/002670.htm .	F 757			
F 812 SS=D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and	F 812		6/30/21	
			F812 Food and Nutrition Storage & 12		

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F 812	<p>Continued From page 51</p> <p>facility document review, it was determined that the facility staff failed to store, and prepare, food in accordance with professional standards for food service. The facility staff failed to maintain the fryer in a sanitary manner after use the previous evening and failed to dispose of expired or opened food during the facility task- kitchen observation on 6/28/21 at 11:30 AM.</p> <p>The findings include:</p> <p>On 6/28/21 at 11:30 AM, an observation was conducted in the main kitchen. The deep fryer was observed with food liked appearing particles on the basket drain area and (two) 16-ounce boxes of cornstarch, both open to the air were observed on shelf next to sink.</p> <p>An interview was conducted on 6/28/21 at 11:45 AM with OSM (other staff member) #3, the dietary cook. OSM #3 was asked when the fryer was last used. OSM #3 stated, "I'm not sure. I wasn't here yesterday, but probably yesterday." The fryer was noted to be off and not in use for the lunch meal. When asked if the fryer had been used for breakfast, OSM #3 stated, "No, we don't use it for breakfast." When asked if they would have used it for supper the previous evening, OSM #3 stated, "Yes, probably for chicken or French fries." When asked if the fryer should be cleaned after use, OSM #3 stated, "Yes, it should be cleaned after each use. We empty the fryer and clean it on Monday's." When asked about the two cornstarch boxes that were open to air on the shelf next to the sink, OSM #3 stated, "They should not be opened like that. I will throw them away right now."</p> <p>The facility's "Equipment" policy revised 9/2017,</p>	F 812	<p>VAC-371-340A</p> <ol style="list-style-type: none"> 1. The fryer was cleaned the day of the surveyor tour, and the cornstarch was discarded the day of the tour kitchen #1. 2. Kitchen #2 was not inspected by the survey team, therefore it was inspected by the facility DM and regional manager on the same day and no additional findings were noted. 3. Dietary staff were in-serviced on the day of the findings and documentation was provided to the survey team prior to their department. 4. Each quarter the kitchen will be inspected by the Regional Manager or designee for areas of noncompliance. If concerns are identified, they will be immediately addressed by the auditor and reported to the QA committee/compliance for review and recommendations until 100% compliance is obtained. 5. Date: 6/30/21 		

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F 812	<p>Continued From page 52</p> <p>documents in part, "All food service equipment, will be clean, sanitary and in proper working order. All food contact equipment will be cleaned and sanitized after every use."</p> <p>The facility's "Food Storage: Dry Goods and Cold Food" policy revised 4/2018, documents in part, "All goods will be properly stored in accordance with the FDA (food drug administration) Food Code."</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of compliance were made aware of the above concerns on 6/29/21 at 5:50 PM.</p> <p>No further information was provided prior to exit.</p>			F 812			