

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

PRINTED: 03/22/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2023
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 HALSTEAD AVENUE REVISED NORFOLK, VA 23502		
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E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 01/10/23 through 01/13/23. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey INITIAL COMMENTS	F 000			
F 580 SS=E	An unannounced Medicare/Medicaid standard survey was conducted 01/10/23 through 01/13/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. Four complaints were investigated during the survey: VA00052675-Substantiated (Sub) without deficiency; VA00054640-Sub without deficiency; VA00053348-Sub with a deficiency; and VA00053487-Unsubstantiated, lack of sufficient evidence. The census in this 120 licensed bed facility was 106 at the time of the survey. The survey sample consisted of 43 resident reviews. Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical,	F 580			

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

TITLE

(X6) DATE

02/04/2023

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 580	<p>Continued From page 1</p> <p>mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interviews, and clinical record review, the facility staff failed to notify the resident, the Physician and/or Practitioner that the scheduled medications were not administered as ordered for one of 43 residents (Resident #149) in the survey sample.</p> <p>The findings included:</p> <p>The scheduled intravenous (IV) antibiotic Daptomycin Solution Reconstituted was not administered on 1/6/23, 1/7/23, 1/8/23 and 1/9/23.</p> <p>Resident #149 was originally admitted to the facility 1/6/23 after an acute care hospital stay. The resident had never been discharged from the facility. The resident's diagnoses included diabetes, osteomyelitis of the left foot resulting in a partial resection of the remnant of the left second toe, and amputation of toes number 3-5 of the left foot.</p> <p>The resident had not been at the facility long enough to have an MDS assessment completed therefore the following information was gleaned from the nursing admission note dated 1/6/23 at 4:13 p.m. The assessment revealed the resident was alert and oriented to person, place, and time, could make his needs known, and his daily decision-making abilities were intact. The assessment also revealed the resident was able to ambulate, complete activities of daily living and self-toilet.</p> <p>On 1/10/23 at approximately 1:53 p.m., Resident #149 stated he was admitted to the facility on</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>Friday 1/6/23 after 4:00 p.m., for antibiotic therapy secondary to a left foot infection resulting in resection of the second toe on the left foot and amputation of toes 3-5. He also stated in August 2022 the left great toe was amputated and he was afraid he would lose his entire foot without the antibiotics administered as he was told by the hospital staff would happen in the rehabilitation facility. The resident further stated the hospital staff stated he would receive antibiotic therapy in the rehabilitation facility for thirty-two days, and he was scheduled to complete the IV antibiotic therapy on 2/7/23. The resident stated he didn't desire to remain in the facility beyond 2/7/23. Resident #149 also stated no one said anything to him about why he wasn't receiving the antibiotic therapy.</p> <p>A review of Resident #149's physician orders revealed an order dated 1/6/23 at 4:30 p.m., for Daptomycin Solution Reconstituted - Use 378 mg intravenously every 24 hours for Complicated skin and skin structure infections (cSSSI) for 33 administrations. This order was discontinued 1/6/23 at 6:42 p.m. The Medication Administration Record (MAR) was coded Other/Nurses Note, but a review of the nurses notes for 1/6/23, didn't address the IV antibiotic administration. Another order for this medication was dated 1/7/23 at 8:30 p.m. The second order was discontinued 1/9/22 at 5:21 p.m. The MAR for 1/7/23 and 1/8/23 was coded Other/Nurses Note, but again the progress notes failed to reveal a note that the IV antibiotic wasn't administered. A review of the MAR revealed the medication wasn't administered on 1/9/23. The MAR revealed a third order dated 1/10/23 at 5:30 p.m., for Daptomycin Solution Reconstituted - Use 378 mg intravenously every 24 hours for</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>cSSSI for 35 administrations. This order was signed off as administered on 1/10/23 at 4:39 p.m.</p> <p>The nurse's notes did not evidence documentation that the resident and the Physician/Practitioner were notified that the scheduled intravenous (IV) antibiotic Daptomycin Solution Reconstituted was not administered on 1/6/23, 1/7/23, 1/8/23 and 1/9/23.</p> <p>On 1/12/23 at approximately 1:15 p.m., an interview was conducted with the onsite Nurse Practitioner (NP). The NP stated she wasn't made aware the resident did not receive the IV antibiotic until 1/10/23.</p> <p>On 1/12/23 at approximately 2:40 p.m., an interview was conducted with the Manager for the unit where the resident resided. The Manager stated she was made aware the IV antibiotic wasn't available for administration on 1/9/23 and the pharmacy was contacted. The Manager stated the pharmacy said they hadn't received an order therefore the order was sent again to the pharmacy and the medication arrived at the facility 1/9/23 at 6:38 p.m. The Manager stated the IV antibiotic should have been administered on the day it arrived to the facility to establish the therapy's pattern. The Manager also stated the resident should have been informed by staff of the status of his antibiotic therapy and what they were doing to ensure the medication became available for administration.</p> <p>On 1/13/23 at approximately 4:30 p.m., the above findings were shared with the Administrator, Director of Nursing (DON) and two Corporate Consultants. The DON stated the resident should</p>	F 580			

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F 580	Continued From page 5 have been informed of the status of the antibiotic therapy.	F 580			
F 636 SS=E	Comprehensive Assessments & Timing CFR(s): 483.20(b)(1)(2)(i)(iii) §483.20 Resident Assessment The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. A facility must make a comprehensive assessment of a resident's needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following: (i) Identification and demographic information (ii) Customary routine. (iii) Cognitive patterns. (iv) Communication. (v) Vision. (vi) Mood and behavior patterns. (vii) Psychological well-being. (viii) Physical functioning and structural problems. (ix) Continence. (x) Disease diagnosis and health conditions. (xi) Dental and nutritional status. (xii) Skin Conditions. (xiii) Activity pursuit. (xiv) Medications. (xv) Special treatments and procedures. (xvi) Discharge planning. (xvii) Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of	F 636			

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F 636	<p>Continued From page 6</p> <p>the Minimum Data Set (MDS).</p> <p>(xviii) Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and nonlicensed direct care staff members on all shifts.</p> <p>§483.20(b)(2) When required. Subject to the timeframes prescribed in §413.343(b) of this chapter, a facility must conduct a comprehensive assessment of a resident in accordance with the timeframes specified in paragraphs (b)(2)(i) through (iii) of this section. The timeframes prescribed in §413.343(b) of this chapter do not apply to CAHs.</p> <p>(i) Within 14 calendar days after admission, excluding readmissions in which there is no significant change in the resident's physical or mental condition. (For purposes of this section, "readmission" means a return to the facility following a temporary absence for hospitalization or therapeutic leave.)</p> <p>(iii) Not less than once every 12 months.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, clinical record review, and review of facility documents, the facility staff failed to conduct a comprehensive Minimum Data Set (MDS) assessment within 14 calendar days after admission, for three of 43 residents (Resident #152, #153, and #200), in the survey sample.</p> <p>The findings included:</p> <p>1. The facility staff failed to complete an admission MDS assessment for Resident #152 within 14 calendar days.</p>	F 636			

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F 636	<p>Continued From page 7</p> <p>Resident #152 was admitted to the facility 12/28/22 after an acute care hospital stay. The resident had never been discharged from the facility. The resident's diagnosis included multiple myleoma.</p> <p>Upon review of the MDS assessment on 1/11/23 under information, the assessment was noted to be incomplete. The admission MDS assessment for Resident #152 should have been completed on 1/10/23.</p> <p>2. The facility staff failed to complete an admission MDS assessment for Resident #153 within 14 calendar days.</p> <p>Resident #153 was admitted to the facility 12/19/22 after an acute care hospital stay. The resident had never been discharged from the facility. The resident's diagnosis included stroke with right sided weakness.</p> <p>Upon review of the MDS assessment on 1/11/23 under information, the assessment was noted to be incomplete. The admission MDS assessment for Resident #153 should have been completed on 1/2/23.</p> <p>On 1/12/23 at approximately 1:00 p.m., an interview was conducted with the MDS Coordinator. The MDS Coordinator stated the department was short two staff members therefore the MDS assessments had not been completed within the required timeframes.</p> <p>3. The facility failed to complete an admission (initial) comprehensive assessment timely for Resident #200. The resident was admitted to the</p>	F 636			

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F 636	<p>Continued From page 8</p> <p>nursing facility 12/23/22. Diagnosis for Resident #200 included but are not limited to a wedge compression fracture of second lumbar vertebra and cirrhosis of the liver.</p> <p>A review of Resident #200's MDS assessment revealed the admission assessment was 7 days overdue.</p> <p>An interview was conducted with MDS Coordinator, License Practical Nurse (LPN) #1 on 01/12/23 at approximately 1:17 p.m. After reviewing the resident's MDS assessment, she stated she was aware that Resident #200's MDS was 7 days overdue. She stated the MDS should have been completed by 01/05/23.</p> <p>An interview was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services and Vice President of Operations on 1/13/23 at approximately 3:25 p.m. No further information was provided prior to exit.</p> <p>The following information was obtained from the Resident Assessment Instrument (RAI)Chapter 2 Pages 20-21 revised October 2019.</p> <p>01. Admission Assessment (A0310A = 01) The Admission assessment is a comprehensive assessment for a new resident and, under some circumstances, a returning resident that must be completed by the end of day 14, counting the date of admission to the nursing home as day 1 if this is the resident's first time in this facility, OR the resident has been admitted to this facility and was discharged return not anticipated, OR the resident has been admitted to this facility and was discharged return anticipated and did not return</p>	F 636			

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F 636	Continued From page 9 within 30 days of discharge.	F 636			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility staff failed to ensure two of three residents (Resident (R) 24 and R74) reviewed for Activities of Daily Living (ADL), out of a sample of 34 residents, received nail care. The findings include: A review of the "Morning Care/AM Care" policy, provided by the facility with a revision date of 09/01/22, revealed "Morning care will be offered each day to promote resident comfort, cleanliness, grooming, and general well-being. Residents who are capable of performing their own personal care are encouraged to do so but will be provided with setup assistance if needed. Showers and baths are scheduled three times weekly or more or less often according to resident preference." Continued review of the policy revealed "provide nail care supplies and 3. Perform hand hygiene and provide privacy. Use standard precautions, as necessary." 1. During an observation on 01/10/23 at 1:04 PM, revealed R24 had long fingernails with dark debris underneath the nails on the left hand.	F 677			

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F 677	<p>Continued From page 10</p> <p>An observation on 01/11/23 at 4:15 PM with the Director of Nursing (DON), the DON confirmed R24's nails on the left hand were long with debris under the nails and confirmed the nails needed to be trimmed.</p> <p>A review of the electronic medical record (EMR) located under the "Diagnoses" tab, revealed R24 had diagnoses that included unspecified dementia without behavioral disturbance, psychotic (out of touch with reality) disturbance, mood disturbance and anxiety, muscle weakness, arthritis, and anxiety disorder.</p> <p>A review of the EMR quarterly "Minimum Data Set (MDS)," located under the "MDS" tab, with an Assessment Reference Date (ARD) of 12/04/22 revealed a "Brief Interview for Mental Status (BIMS)" score of seven out of 15 indicating R24 was severely impaired in the cognitive skills for daily decision making. Further review of the "MDS" revealed R24 required total dependence of one person assistance for personal hygiene.</p> <p>A review of the EMR "Care Plan," located under the "Care Plan" tab and dated 12/19/22, revealed, "Non-Compliance r/t [related to] personal care resident has been noted to refusing showers, refusing medications and treatments, and resident has self-care deficit related to cognitive impairment."</p> <p>A review of the EMR "Task: Bathing Documentation/Shower Due Tues/Fri 7-3," dated 01/11/23 revealed R24 had not refused showers.</p> <p>A review of the EMR "Personal Hygiene: Self Performance - How resident maintains personal hygiene, including combing hair, brushing teeth,</p>	F 677			

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F 677	<p>Continued From page 11</p> <p>shaving, applying makeup, washing/drying face and hands (excludes baths and showers)," dated the last 30 days including 01/11/23, revealed that R24 did not decline personal hygiene.</p> <p>2. During an observation on 01/10/23 at 1:06 PM, revealed R74 with long fingernails and dark debris underneath the nails.</p> <p>An observation on 01/11/23 at 5:13 PM with Registered Nurse RN/Unit Manager (RN) 1, the RN1 confirmed R74's nails were soiled and needed to be trimmed.</p> <p>A review of the electronic medical record (EMR) located under the "Diagnoses" tab, revealed R74 had adult failure to thrive, anxiety, personal history of transient ischemic attack/cerebral infarction (stroke) without residual deficits, and Parkinson's disease.</p> <p>A review of the EMR admission "MDS" with an ARD of 09/27/22 revealed a "Brief Interview for Mental Status (BIMS)" score of 10 out of 15 which indicated R74 was moderately impaired in the cognitive skills for daily decision making. Further review of the MDS revealed R74 required extensive assistance of one person for personal hygiene.</p> <p>A review of the EMR "Care Plan," located under the "Care Plan" tab and dated 10/05/22, revealed "He uses a device to communicate, resident is mute. Resident has ADL/self-care deficit related to dx: Parkinson's, impaired cognitive-communication, and generalize weakness. Resident has difficulty communicating r/t aphasia following CVA. Resident is able to verbalize pain via communication device,</p>	F 677			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2023
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 HALSTEAD AVENUE REVISED NORFOLK, VA 23502		
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F 677	Continued From page 12 nonverbal cues, has an ADL Self Care Performance Deficit r/t disease process (Parkinson's) and generalized weakness, resident has a behavior problem r/t refuse ADL care at times and fingernail care at time." A review of the EMR "Bathing: Self Performance - How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair," located under the "Tasks" tab dated the last 30 days including 01/11/23, revealed R74 did not decline but received baths/showers. A review of the EMR "Personal Hygiene: Personal Hygiene: Self Performance - How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)," located under the "Tasks" tab dated the last 30 days including 01/11/23, revealed R74 did not decline personal hygiene. In an interview conducted on 01/11/23 at 4:05 PM, the DON stated the residents should get their nails trimmed weekly/during shower days. In an interview conducted on 01/11/23 at 5:13 PM, RN 1 confirmed that R74's fingernails needed to be trimmed and had dark debris underneath the nail bed.	F 677			
F 687 SS=D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must:	F 687			

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F 687	<p>Continued From page 13</p> <p>(i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and</p> <p>(ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident and staff interviews, and clinical record review, the facility staff failed to ensure one of 40 residents (Resident #7) in the survey sample who were unable to carry out activities of daily living received the necessary services to maintain adequate toenail care.</p> <p>The findings include:</p> <p>The facility staff failed to ensure podiatry services were provided to Resident #7. Resident #7 was originally admitted to the facility on 01/03/20. Diagnoses for Resident #7 included but not limited to Type II Diabetes Mellitus and Venous Insufficient (chronic/peripheral.)</p> <p>The most recent Minimum Data Set (MDS) was a quarterly assessment with an Assessment Reference Date (ARD) of 12/08/22 coded the resident on the Brief Interview for Mental Status (BIMS) with a score of 9 out of a possible score of 15, which indicated moderate cognitive impairment for daily decision-making. Resident #7 was coded to require total dependence of one with toilet use and bathing, extensive assistance of two with bed mobility, extensive assistance of one with dressing and personal hygiene, and supervision with eating Activities of Daily Living</p>	F 687			

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F 687	<p>Continued From page 14 (ADL) care.</p> <p>During the initial tour on 01/10/23 at approximately 2:10 p.m., Resident #7's feet were observed outside of the covers. The great toe on each foot was 1/2 inches thick with redness surrounding the nail bed. There were two (2) toenails missing on the right foot and one toenail missing on the left foot. The resident stated his covers were pulled back over his feet because they (covers) hurt his toenails. The resident stated he has not had podiatry services since he was admitted to the facility. He stated his toenails need to be shaved, not cut because they are long, thick, and painful when touched.</p> <p>On 01/12/23 at approximately 9:05 a.m., an assessment of Resident #7's toenails was made by the Director of Nursing (DON) with this surveyor present. She stated the resident's toenails were thick and needed podiatry services. She also stated there was fungus noted around the nail beds.</p> <p>A review of Resident #7's clinical note dated 01/12/23 revealed the resident was evaluated by the podiatrist on this shift (3p-11p) shift. The note included there were missing toenails to the third and fourth digit on the right foot and on the left third digit the toenail was missing and had scabbed over. The note stated the resident did not want his toenails trimmed due to sensitivity. A new order was given for a wound consult and to apply betadine to toenails.</p> <p>A review of Resident #7's Physician Order Audit Report for January 2023 revealed an order for a podiatry order dated 01/13/23 at approximately 10:13 a.m. The order read for a podiatry consult,</p>	F 687			

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F 687	<p>Continued From page 15</p> <p>please make an outpatient podiatry appointment for nail care for the Resident #7 who has a history of Type II Diabetes.</p> <p>The Social Worker (SW) was interviewed on 01/13/23 at approximately 10:07 a.m., who stated the previous podiatrist was fabricating documents. She stated the podiatrist provided documentation alleging that residents were receiving podiatry care when he never provided services. The SW provided a list that indicated Resident #7 had refused podiatry services on 09/09/22, 10/14/22 and 11/01/22. She said she kept adding Resident #7 to the podiatry list because the resident kept saying the podiatrist never cut/trimmed his toenails. She stated she was approached by a resident who wanted to know when the podiatrist was coming to cut and trim her toenails. She stated the podiatrist had just left the facility and provided documentation on (name of resident mention) that he had just cut and trimmed the resident's toenails which was not true, the resident's toenails were never cut or trimmed.</p> <p>An interview was conducted with CNA #5 on 01/13/23 at approximately 11:38 a.m. She said she started working at the facility about five (5) months ago and Resident #7's toenails were always long and thick. She stated she thought the nurses knew Resident #7's toenails needed to be cut and trimmed. She said she thought some of his toenails fell off but never informed the nurse. She stated that Resident #7's should have been assessed by a licensed nurse.</p> <p>On 01/13/23 at approximately 12:15 p.m., the Regional Director of Clinical Services stated the facility did not have a policy and procedures</p>	F 687			

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F 687	Continued From page 16 related to podiatry services or foot care.	F 687			
F 698 SS=D	<p>A final interview was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services, and Vice President of Operations on 01/13/23 at approximately 3:25 p.m. No further information was provided related to Resident #7's lack of proper toenail care prior to the survey exit.</p> <p>Dialysis CFR(s): 483.25(l)</p> <p>§483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident record review, staff interviews and facility document review, the facility staff failed to ensure residents on hemodialysis had orders for the treatment as well as transportation to the dialysis center for one of 43 residents in the survey sample, Resident #249.</p> <p>The findings included:</p> <p>Resident #249 was admitted to the facility on 08/20/21 and discharged on 9/26/21 to an acute hospital. Diagnoses for Resident #249 included but were not limited to unspecified diastolic congestive heart failure and renal failure with dependence on hemodialysis.</p> <p>The current Minimum Data Set (MDS), a 5-day Scheduled Assessment with an Assessment</p>	F 698			

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F 698	<p>Continued From page 17</p> <p>Reference Date (ARD) of 08/27/21 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 10 out of a possible 15. This indicated Resident #249 cognitive abilities for daily decision-making were moderately impaired.</p> <p>In section "G"(Physical functioning) the resident was coded as requiring extensive assistance from one person with bed mobility, transfers, dressing, toilet use, personal hygiene, and physical assistance with bathing. Requiring set-up help only with eating.</p> <p>Section "O" (Special Treatments, Procedures, and Programs) coded the resident as receiving Dialysis.</p> <p>The care plan dated 8/22/21 indicated: "Focus-Resident #249 Receives Dialysis Treatment three times weekly related to stage three chronic renal disease. Interventions: Maintain communication with Dialysis staff and physician per routine. Dialysis Monday, Wednesday, and Friday."</p> <p>A review of the September 2021 order summary, Medication Administration Record (MAR), and Treatment Administration Record (TAR) revealed no dialysis orders.</p> <p>The resident's family member complained about missed dialysis appointments and the resident receiving dialysis services at the hospital due to having transportation issues.</p> <p>On 1/13/23 at 1:35 PM, an interview was conducted with the Director of Nursing (DON). She said the person in charge of dialysis transportation was out this week, but that the</p>	F 698			

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F 698	<p>Continued From page 18</p> <p>facility was responsible to set up adequate transportation to and from dialysis treatments and that there should have been a dialysis order for treatment.</p> <p>A review of the nursing progress note dated 9/10/21 at 2:46 PM indicated that Resident #249 had returned to the facility from the hospital transported by medical transport via stretcher. The progress note indicated "Patient had dialysis at the hospital. Dialysis days are Tuesday, Thursday, and Saturday. Follow up with Cardiology specialists." These days were different from the dialysis treatment days listed in the resident's care plan. A review of the Medication Administration Note dated 9/11/21 at 5:30 PM., read that the Resident was out for dialysis at the emergency department.</p> <p>A review of a progress note written by the facility Nurse Practitioner (NP) dated 9/14/21 read that due to Resident #249's past missed dialysis appointments he had to go to the emergency room because of issues with transportation.</p> <p>On 1/12/23 at approximately 11:18 AM., an interview was conducted with Licensed Practical Nurse (LPN) #5 concerning Resident #249. She said that she did not remember the resident.</p> <p>On 1/12/23 at approximately 8:22 PM., an interview was conducted with LPN #6 concerning Resident #249. Although the above nursing progress note dated 9/10/21 at 2:46 PM. was written by LPN#6, she stated that she did not remember any issues involving dialysis treatments or transportation problems.</p> <p>On 01/13/23 at approximately 3:25 PM., during an</p>	F 698			

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F 698	Continued From page 19 interview with the Administrator, Director of Nursing, and Corporate Consultant, an opportunity was offered to present additional information, but no additional information was provided prior to survey exit.	F 698			
F 755 SS=E	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs	F 755			

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F 755	<p>Continued From page 20</p> <p>is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, clinical record review, staff and resident interviews and facility document review, the facility staff failed to provide pharmaceutical services that assured medications were acquired timely to meet the needs of one of 43 residents in the survey sample, Resident #149.</p> <p>The findings included:</p> <p>The facility staff failed to procure the intravenous (IV) antibiotic Daptomycin Solution Reconstituted timely to prevent Resident #149 from missing dosages for a Complicated skin and skin structure infections (cSSSI).</p> <p>Resident #149 was originally admitted to the facility 1/6/23 after an acute care hospital stay. The resident had never been discharged from the facility. His diagnoses included diabetes, osteomyelitis of the left foot resulting in a partial resection of the remnant of the left second toe, amputation of toes number 3-5 of the left foot.</p> <p>The resident had not been at the facility long enough to have an MDS assessment completed therefore the following information is gleamed from the nursing admission note dated 1/6/23 at 4:13 p.m. The assessment revealed the resident was alert and oriented to person, place, and time, could make his needs known, and his daily decision-making abilities were intact. The assessment also revealed the resident was able to ambulate, complete activities of daily living and self-toilet.</p>	F 755			

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F 755	<p>Continued From page 21</p> <p>On 1/10/23 at approximately 1:53 p.m., Resident #149 stated he was admitted to the facility on Friday 1/6/23 after 4:00 p.m., for antibiotic therapy secondary to a left foot infection resulting in resection of the second toe on the left foot and amputation of toes 3-5. He also stated in August 2022 the left great toe was amputated and he was afraid he would lose his entire foot without the antibiotics administered as he was told by the hospital staff would happen in the rehabilitation.</p> <p>A review of Resident #149's physician orders revealed an order dated 1/6/23 at 4:30 p.m., for Daptomycin Solution Reconstituted - Use 378 mg intravenously every 24 hours for Complicated skin and skin structure infections (cSSSI) for 33 administrations. This order was discontinued 1/6/23 at 6:42 p.m. The Medication Administration Record (MAR) was coded Other/Nurses Note, but a review of the nurses notes for 1/6/23, didn't address the IV antibiotic administration. Another order for this medication was dated 1/7/23 at 8:30 p.m. The second order was discontinued 1/9/22 at 5:21 p.m. The MAR for 1/7/23 and 1/8/23 was coded Other/Nurses Note, but again the progress notes failed to reveal a note that the IV antibiotic wasn't administered.</p> <p>On 1/12/23 at approximately 2:40 p.m., an interview was conducted with the Manager for the unit the resident resided on. The Manager stated she was made aware the IV antibiotic wasn't available for administration on 1/9/23 and the pharmacy was contacted. The Manager stated the pharmacy stated they hadn't received an order therefore the order was sent again to the pharmacy and the medication arrived at the facility 1/9/23 at 6:38 p.m.</p>	F 755			

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F 755	Continued From page 22	F 755			
F 756 SS=E	<p>On 1/13/23 at approximately 4:30 p.m., an interview was conducted with the Administrator, Director of Nursing and two Corporate Consultants. An opportunity was offered to the facility's staff to present additional information, but no additional information was provided, and no further concerns were voiced.</p> <p>Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)</p> <p>§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.</p> <p>§483.45(c)(2) This review must include a review 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</p>	F 756			

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F 756	<p>Continued From page 23</p> <p>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 observations, staff interview, and clinical record reviews, the facility staff failed to ensure the physician was informed of the pharmacist Monthly Regimen Review (MMR) recommendation for medication changes for three out of 43 residents (Resident #66, #81, and #2) in the survey sample.</p> <p>The findings included:</p> <p>1. The facility staff failed to ensure the physician was informed of the pharmacist recommendation to decrease the medication Zantac 20 mg twice a day to 20 mg daily at bedtime. Resident #66 was originally admitted to the facility on 09/11/21. Diagnosis included but were not limited to Gastroesophageal reflux disease (GERD). Resident #66's Minimum Data Set (MDS - an assessment protocol) quarterly assessment with an Assessment Reference Date (ARD) of 09/19/22 coded Resident #66 on the Brief Interview for Mental Status (BIMS) with a score of 15 out of a possible score of 15 indicating no cognitive impairment.</p> <p>A review of Resident #66's Medication Administration Record (MAR) for January 2022,</p>	F 756			

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F 756	<p>Continued From page 24</p> <p>revealed an order to administer Famotidine (Zantac) 20 mg tablet - given by mouth two times a day for GERD starting on 09/11/21.</p> <p>A review of the pharmacist Monthly Regimen Review (MMR) for July and August 2022 revealed the recommendation to decrease Zantac to 20 mg daily at bedtime. Further review of Resident #81's clinical record revealed the MMR recommendations were never transcribed.</p> <p>On 01/13/23 at approximately 8:47 a.m., an interview was conducted with the Director of Nursing (DON.) She stated she was not able locate in Resident #66's clinical record that the physician was informed of the above pharmacist recommendations. She stated the physician should have been informed of the recommendations who would accept or decline the recommendations. She stated, if accepted the recommendation is converted into an order then faxed to the pharmacy.</p> <p>An interview was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services and Vice President of Operations on 01/13/23 at approximately 3:25 p.m., who were informed of the above findings. No further information was provided prior to exit.</p> <p>2. For Resident #81, the facility staff failed to ensure the physician was informed of the pharmacist recommendation to decrease the medication Zantac 40 mg from twice a day to 20 mg daily at bedtime and decrease Prilosec from 40 mg twice a day to 40 mg daily (30 minutes before food.)</p>	F 756			

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F 756	<p>Continued From page 25</p> <p>Resident #81 was originally admitted to the facility on 09/30/21. Diagnosis included but are not limited to Gastroesophageal reflux disease (GERD). Resident #81's Minimum Data Set (MDS - an assessment protocol) quarterly assessment with an Assessment Reference Date (ARD) of 10/08/22 coded the resident's Brief Interview for Mental Status (BIMS) with a score of 13 out of a possible score of 15 indicating moderate cognitive impairment.</p> <p>A review of Resident #81's Medication Administration Record (MAR) for January 2022, revealed the following orders to administer Famotidine (Zantac) 20 mg tablet - given by mouth two times a day for GERD starting on 01/30/22 and Omeprazole (Prilosec) 40 mg - given by mouth twice a day for GERD starting on 01/05/22.</p> <p>A review of the pharmacist Monthly Regimen Review (MMR) for July and August 2022 revealed the recommendations to decrease Zantac to 20 mg daily at bedtime and decrease Prilosec to 40 mg daily (30 minutes before food.) Further review of Resident #81's clinical record revealed the MMR recommendations were never transcribed.</p> <p>On 01/13/23 at approximately 8:47 a.m., an interview was conducted with the Director of Nursing (DON.) She stated she was not able locate in Resident #81's clinical record that the physician was informed of the above pharmacist recommendations. She stated the physician should have been informed of the recommendations who would accept or decline the recommendations. She stated, if accepted the recommendation is converted into an order then</p>	F 756			

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F 756	<p>Continued From page 26 faxed to the pharmacy.</p> <p>An interview was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services and Vice President of Operations on 01/13/23 at approximately 3:25 p.m., who were informed of the above findings. No further information was provided prior to exit.</p> <p>3. Resident #2 was originally admitted to the facility 3/19/2021 and was readmitted to the facility 7/22/21 after an acute hospital stay. The current diagnoses included; stroke with hemiparesis and a seizure disorder.</p> <p>The quarterly Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 11/9/22 coded the resident as not having the ability to complete the Brief Interview for Mental Status (BIMS). The staff interview was coded for long and short term memory problems as well as severely impaired for daily decision making. The MDS was also coded in section "G" (Physical functioning) as requiring extensive assistance of one person to total care of one person with all activities of daily living.</p> <p>A review of the Physician's Order Summary (POS) revealed an order dated 07/27/2021 for Aspirin Tablet 325mg. Give 1 tablet via PEG-Tube in the morning for stroke prophylaxis.</p> <p>A review of the Monthly Medication Reviews (MMR) for 12 months revealed on 10/19/22 a licensed pharmacist recommended to reduce the medication Aspirin Tablet 325mg each day to Aspirin Tablet 81mg each day. The licensed pharmacist recommendation further read that</p>	F 756			

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F 756	Continued From page 27 lower doses are associated with fewer bleeding complications and have fewer comparable ischemic protection. As of 1/13/23, there was no indication the physician reviewed the recommendation, and/or documented in the resident's medical record if a change will be taken or why no change would take place. On 1/13/23 at approximately 4:30 p.m., an interview was conducted with the Administrator, Director of Nursing and two Corporate Consultants. An opportunity was offered to the facility's staff to present additional information, but no additional information was provided, and no further concerns were voiced.	F 756			
F 759 SS=D	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation of medication pass and pour, staff interviews, clinical record review, and facility documentation, the facility staff failed to ensure they were free of medication error rate of 5 percent (%) or greater. During the medication observation, there were twenty-seven (27) opportunities for error, two (2) medication errors were observed which resulted in a medication error rate of 7.41%. The resident involved in the medication error rate was Resident #66. The findings included:	F 759			

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F 759	<p>Continued From page 28</p> <p>On 01/10/23 at approximately 11:45 a.m., a medication pass and pour observation was conducted with License Practical Nurse (LPN) #4. The LPN was unable to locate Resident #66's Lasix (Furosemide) 40 milligrams (mg) and Metoprolol Tartrate tablet 50 mg inside the medication cart. On the same day at approximately 12:10 p.m., the LPN stated she had contacted the physician to inform the above medications were not available with new orders to hold the above medications until they arrive from pharmacy. The above medications were not administered to Resident #66 as ordered by the physician.</p> <p>Resident #66 was originally admitted to the facility on 09/11/21. Diagnoses included but were not limited to Congestive Heart Failure (CHF) and Hypertension (high blood pressure.) Resident #66's Minimum Data Set (MDS - an assessment protocol) a quarterly assessment with an Assessment Reference Date of 09/19/22 coded Resident #66's Brief Interview for Mental Status (BIMS) with a score of 15 out of a possible score of 15 indicating no cognitive impairment.</p> <p>A review of Resident #66 Physician Order Summary (POS) and Medication Administration Record (MAR) for January 2023 revealed the following orders: -Lasix tablet 20 mg to be administered every morning at 9:00 a.m., for CHF. -Metoprolol Tartrate 50 mg - give one day by mouth twice daily at 10:00 a.m., and 10:00 p.m., for high blood pressure.</p> <p>The following medications were in the facility's Omnicell machine: Lasix 20 mg (10 tablets) and Metoprolol Tartrate 50 mg (10 tablets.)</p>	F 759			

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F 759	<p>Continued From page 29</p> <p>An interview was conducted with License Practical Nurse (LPN) #4 on 01/12/23 at approximately 12:31 p.m. She stated she did not administer Resident #66 her scheduled Metoprolol and Lasix because they were not inside the medication cart. LPN #4 was provided a copy of the medication list for all medication that were in the Omnicell machine on 01/10/23. She stated the above medication should have been pulled from the Omnicell machine and administered to Resident #66 as ordered by the physician.</p> <p>On 01/13/23 at approximately 8:47 a.m., an interview was conducted with the Director of Nursing (DON.) She stated the nurse should have checked the Omnicell first to make sure the medications were there to administer Resident #66. She stated if the medications were in the Omnicell, the medications should have been pulled and administered to the resident as ordered by the physician. She said the physician and pharmacy should have been notified only if the medications were not available for administration.</p> <p>An interview was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services and Vice President of Operations on 01/13/23 at approximately 3:25 p.m. No further information was provided prior to exit.</p> <p>Definitions: -Congestive Heart Failure occurs when the heart muscle doesn't pump blood as well as it should. When this happens, blood often backs up and fluid can build up in the lungs, causing shortness</p>	F 759			

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F 759	Continued From page 30 of breath. Certain heart conditions, such as narrowed arteries in the heart (coronary artery disease) or high blood pressure, gradually leave the heart too weak or stiff to fill and pump blood properly (https://www.mayoclinic.org/diseases-conditions/heart-failure/symptoms).	F 759			
F 760 SS=E	-Hypertension is when your blood pressure, the force of your blood pushing against the walls of your blood vessels, is consistently too high (https://medlineplus.gov/ency/article/007365.htm). Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation during medication pass and pour, resident interviews, staff interviews, and clinical record review, the facility staff failed to assure residents were free of significant medication errors for one of 43 residents (Resident #149), in the survey sample. The findings included: The facility staff failed to ensure Resident #149 was administered the IV antibiotic Daptomycin to maintain a therapeutic level in the blood as it eradicated a complicated skin infection. Resident #149 was originally admitted to the facility 1/6/23 after an acute care hospital stay. The resident had never been discharged from the facility. His diagnoses included diabetes,	F 760			

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F 760	<p>Continued From page 31</p> <p>osteomyelitis of the left foot resulting in a partial resection of the remnant of the left second toe, amputation of toes number 3-5 of the left foot.</p> <p>The resident had not been at the facility long enough to have an MDS assessment completed therefore the following information is gleaned from the nursing admission note dated 1/6/23 at 4:13 p.m. The assessment revealed the resident was alert and oriented to person, place, and time, could make his needs known, and his daily decision-making abilities were intact. The assessment also revealed the resident was able to ambulate, complete activities of daily living and self-toilet.</p> <p>On 1/10/23 at approximately 1:53 p.m., Resident #149 stated he was admitted to the facility on Friday 1/6/23 after 4:00 p.m., for antibiotic therapy secondary to a left foot infection resulting in resection of the second toe on the left foot and amputation of toes 3-5. He also stated in August 2022 the left great toe was amputated and he was afraid he would lose his entire foot without the antibiotics administered as he was told by the hospital staff would happen in the rehabilitation facility. The resident further stated the hospital staff stated he would receive antibiotic therapy in the rehabilitation facility for thirty-two days, and he was scheduled to complete the IV antibiotic therapy on 2/7/23. The resident stated he didn't desire to remain in the facility beyond 2/7/23. Resident #149 also stated no one said anything to him about why he wasn't receiving about the antibiotic therapy.</p> <p>A review of Resident #149's physician orders revealed an order dated 1/6/23 at 4:30 p.m., for Daptomycin Solution Reconstituted - Use 378 mg</p>	F 760			

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F 760	<p>Continued From page 32</p> <p>intravenously every 24 hours for Complicated skin and skin structure infections (cSSSI) for 33 administrations. This order was discontinued 1/6/23 at 6:42 p.m. The Medication Administration Record (MAR) was coded Other/Nurses Note, but a review of the nurses notes for 1/6/23, didn't address the IV antibiotic administration. Another order for this medication was dated 1/7/23 at 8:30 p.m. The second order was discontinued 1/9/22 at 5:21 p.m. The MAR for 1/7/23 and 1/8/23 was coded Other/Nurses Note, but again the progress notes failed to reveal a note that the IV antibiotic wasn't administered. A review of the MAR revealed the medication wasn't administered on 1/9/23. The MAR revealed a third order dated 1/10/23 at 5:30 p.m., for Daptomycin Solution Reconstituted - Use 378 mg intravenously every 24 hours for cSSSI for 35 administrations. This order was signed off as administered at 4:39 p.m., on 1/10/23.</p> <p>On 1/13/23 at approximately 4:30 p.m., the above findings were shared with the Administrator, Director of Nursing and two Corporate Consultants. An opportunity was offered to the facility's staff to present additional information, but no additional information was provided, and no further concerns were voiced.</p> <p>Daptomycin injection is used to treat complicated skin and skin structure infections (cSSSI). It is also used to treat infections in the bloodstream (bacteremia), including right-sided infective endocarditis. To help clear up your infection completely, keep using this medicine for the full time of treatment, even if you begin to feel better after a few days. Also, this medicine works best when there is a constant amount in the blood. To</p>	F 760			

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F 760	Continued From page 33 help keep the amount constant, you must receive this medicine on a regular schedule. (https://www.mayoclinic.org/drugs-supplements/daptomycin-intravenous-route/description/drg-20063292)	F 760			
F 825 SS=D	Provide/Obtain Specialized Rehab Services CFR(s): 483.65(a)(1)(2) §483.65 Specialized rehabilitative services. §483.65(a) Provision of services. If specialized rehabilitative services such as but not limited to physical therapy, speech-language pathology, occupational therapy, respiratory therapy, and rehabilitative services for mental illness and intellectual disability or services of a lesser intensity as set forth at §483.120(c), are required in the resident's comprehensive plan of care, the facility must- §483.65(a)(1) Provide the required services; or §483.65(a)(2) In accordance with §483.70(g), obtain the required services from an outside resource that is a provider of specialized rehabilitative services and is not excluded from participating in any federal or state health care programs pursuant to section 1128 and 1156 of the Act. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, clinical record review, and facility documentation, the facility staff failed to ensure one (1) resident (Resident #200) in the survey sample of 43, received rehab services as recommended by the physician. The findings included:	F 825			

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F 825	<p>Continued From page 34</p> <p>Resident #200 was admitted to the nursing facility on 12/23/22. Diagnoses for Resident #200 included but are not limited to wedge compression fracture of second lumbar vertebra. The admission Minimum Data Set (MDS) had not been completed.</p> <p>A review of Resident #200's Physician Order Summary (POS) for January 2022 revealed an order to admit to Skilled Nursing Facility (SNF) for Skilled Care under the care (name of physician) starting 12/26/22. Further review of the POS revealed an order dated 12/26/22 for an evaluation and treatment for Physical, Occupational and Speech therapy.</p> <p>During the initial tour on 01/10/23 at approximately 2:28 p.m., an interview was conducted with Resident #200. Resident #200 stated he was admitted to the facility for rehab services over two (2) weeks ago and he was still waiting. He stated the rehab department stated they were waiting for Department of Veterans Affairs (VA) approval. He stated he checked with the therapy department every day and they continued to tell him the same thing, "we are still waiting for the (VA) to get back with us." He stated he did not understand why his rehab was taking so long.</p> <p>On 12/23/22, a physician progress note indicated Resident #200 was transferred from a different nursing facility following hospitalization after a lumbar spinal fracture. The progress note further indicated the following: "The resident had participated with therapy and achieved some progress in mobility, requiring one (1) person assist with Activities of Daily Living (ADL)</p>	F 825			

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F 825	<p>Continued From page 35 including mobility. The resident is to continue with PT for strengthening and functional mobility."</p> <p>An interview was conducted with the Director of Rehab on 01/13/23 at approximately 9:56 a.m. She stated someone from rehab should have screened Resident #200 within two days after being admitted to the nursing facility on 12/23/22. She said, "Resident #200 was screened on 12/28/22 but only after he approached me in hallway requesting to be seen by therapy. We (the facility) were not sure if Resident #200 was here for long-term care (LTC) placement or skilled services." She stated Resident #200 was evaluated and picked up for therapy services on 01/11/23.</p> <p>An interview was held with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services and Vice President of Operations on 01/13/23 at approximately 3:25 p.m. No further information was provided prior to survey exit.</p> <p>The facility's policy titled Rehab Therapy Evaluation Policy was revised on 03/01/22. The policy indicated the following: "It is the facility policy for evaluation to be completed on approved evaluation forms for each discipline in the rehab electronic software. All sections will be filled out completely and accurately. Prior to the complete of the evaluation, provider orders to complete treatment must be obtained."</p> <p>Procedure read in part: -Evaluation to be completed within 48 hours of admission and by the close of business on the day of evaluating the resident. -Obtain provider order for frequency and duration</p>	F 825			

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F 825	Continued From page 36 of therapy services. -Evaluation must be signed by the physician according to payer plan requirements. -Evaluation will become a part of the medical record. -Evaluation will consist of evaluation date, frequency, treatment codes, and duration.	F 825			
F 885 SS=D	Reporting-Residents,Representatives&Families CFR(s): 483.80(g)(3)(i)-(iii) §483.80(g) COVID-19 reporting. The facility must— §483.80(g)(3) Inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. This information must— (i) Not include personally identifiable information; (ii) Include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and (iii) Include any cumulative updates for residents, their representatives, and families at least weekly or by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new onset of respiratory symptoms occur within 72 hours of each other. This REQUIREMENT is not met as evidenced by: Based on staff interview and review of facility	F 885			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2023
NAME OF PROVIDER OR SUPPLIER AUTUMN CARE OF NORFOLK			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 HALSTEAD AVENUE REVISED NORFOLK, VA 23502		
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F 885	<p>Continued From page 37</p> <p>documents, the facility staff failed to inform residents, their representatives, and families of those residing in the facility by 5 p.m., the next calendar day following the occurrence of confirmed infection of COVID-19 or include cumulative updates for residents, their representatives, and families at least weekly with mitigating actions implemented to prevent or reduce the risk of transmission.</p> <p>The findings included:</p> <p>A review of facility documents revealed on 11/25/22 a staff member tested positive for COVID-19 and by 12/1/22 twenty staff were positive for COVID-19. On 11/27/22 twenty-four residents tested positive for COVID-19 and by 12/1/22 a total of 32 residents tested positive for COVID-19.</p> <p>On 12/1/22 the facility's staff issued a letter titled Confirmed or Probable COVID-19 Cases. The letter read "unfortunately, despite our efforts, like so many other communities, like ours we too have had additional staff and resident test positive for COVID-19. While this is not unexpected, it still saddens us, and our hearts go out to those affected".</p> <p>The letter failed to include information on mitigating actions implemented to prevent or reduce the risk of transmission, including if normal operations of the facility will be altered; and include cumulative updates for residents, their representatives, and families at least weekly.</p> <p>Between 12/2/22 and 12/8/22 thirteen more staff tested positive for COVID-19 and two more residents tested positive. Again the letter dated</p>	F 885			

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

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FORM APPROVED
OMB NO. 0938-0391

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F 885	<p>Continued From page 38</p> <p>12/8/22 lacked the mitigating actions implemented and cumulative updates for residents, their representatives, and families at least weekly.</p> <p>On 12/13/22 at approximately 1:05 p.m., a copy of the letter to the residents, their representatives, and families was reviewed with the Administrator. The Administrator stated it was the facility's practice to update the residents, their representatives, and families weekly instead of the next calendar day by 5 p.m., after a confirmed case. The Administrator stated the letter reviewed dated 12/1/22 didn't meet regulatory requirements.</p> <p>On 1/13/23 at approximately 4:30 p.m., an interview was conducted with the Administrator, Director of Nursing and two Corporate Consultants. An opportunity was offered to the facility's staff to present additional information, but no additional information was provided, and no further concerns were voiced.</p>	F 885		