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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	A. BUILDING _____ B. WING _____	R-C 05/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSE HILL HEALTH AND REHAB	110 CHALMERS COURT BERRYVILLE, VA 22611

(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 revisit survey to the abbreviated survey conducted 3/27/23 through 3/29/23 was conducted 5/8/23 through 5/9/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. No complaints were investigated during the survey. The census in this 120 bed facility was 97 at the time of the survey. The survey sample consisted of 11 current resident reviews.	{F 000}		
{F 580} SS=D	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, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (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 (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (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)	{F 580}	F 580 1) Resident #107 RR and MD were notified of Prilosec not administered on 4/28/2023. 2) An audit of current residents on Prilosec completed to ensure medication was administered or appropriate RR and MD notification if needed. 3) Licensed nurses will receive re-education on notifying resident RR and MD of medications not being administered. 4) DON/designee will audit Prilosec orders to ensure medication was administered or appropriate RR and MD notification was completed weekly x2 months. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately. 5) Compliance Date: 5/19/2023	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Luis Jimenez | Administrator | 5/16/2023

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}	Continued From page 1 is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §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). This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to notify the physician and the RR (resident representative) of a potential need to alter treatment for one of 11 residents in the survey sample, Resident #107. The findings include: For Resident #107 (R107), the facility staff failed to notify the physician and the RR when the medication Prilosec (1) was not administered to the resident on 4/28/23.	{F 580}		

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{F 580}	Continued From page 2 A review of R107's clinical record revealed a physician's order dated 4/13/22 for Prilosec 20 mg (milligrams) by mouth every morning. A review of R107's April 2023 MAR (medication administration record) revealed the physician's order for Prilosec 20 mg by mouth every morning. For 4/28/23, the MAR documented the code, "7=Other / See Nurse Notes." A nurse's note dated 4/28/23 documented the Prilosec was not available. Further review of nurses' notes for 4/28/23 failed to reveal Prilosec was administered to R107 on that date and failed to reveal R107's physician or representative was notified. On 5/9/23 at 9:24 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated a resident's physician and family should be notified if a medication is not administered because, "We need to keep them aware and in check of what's going on with their loved ones." On 5/9/23 at 1:11 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services were made aware of the above concern. Reference: (1) Prilosec is used to treat gastroesophageal reflux disease. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a693050.html.	{F 580}		
{F 656} SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans	{F 656}	F 656 1) Resident #101 comprehensive care plan was developed for activities. Resident #102 comprehensive care plan was developed for anticoagulant medication, high blood pressure, COPD, psychotropic medication, pain and activities. Resident #103 comprehensive care plan was developed for anticoagulant, atrial fibrillation, congestive heart failure, diuretic, depression and activities. Resident #111 comprehensive care plan has been developed for high blood pressure. Resident #104 comprehensive care plan is being implemented for psychotropic medication use for clonazepam and #105 comprehensive care plan is being implemented for psychotropic medication use for Zyprexa.	

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{F 656}	Continued From page 3 §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 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. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this	{F 656}	2) An audit of current residents' comprehensive care plans was completed to ensure activities, anticoagulant medication, high blood pressure, COPD, psychotropic medication, pain, atrial fibrillation, congestive heart failure and depression were developed and current residents psychotropic comprehensive care plans for Clonazepam and Zyprexa are being implemented. 3) Licensed nurses will receive re-education on developing and implementing resident's comprehensive care plans. 4) DON/designee will audit new admissions comprehensive care plans to ensure they were developed and audits of resident's psychotropic comprehensive care plan to ensure they are being implemented for Clonazepam and Zyprexa weekly x2 months. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately. 5) Compliance Date: 5/19/2023	

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{F 656}	Continued From page 4 section. §483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined that the facility staff failed to develop and/or implement a comprehensive care plan for six of 11 residents in the survey sample; Residents #102, #103, #111, #101, #104, #105. The findings include: 1. Resident #102 was admitted to the facility on 3/16/23. A review of the clinical record revealed the physician's orders and comprehensive care plan as follows: -An order dated 3/16/23 for Apixaban (1), and a second order also dated 3/16/23 to monitor for signs and symptoms of bruising/bleeding every shift for being on an anticoagulant. There was no care plan developed to address the resident's needs and care and services related to the use of an anticoagulant medication. -An order dated 3/16/23 for Metoprolol (2) for high blood pressure. There was no care plan developed to address the resident's needs and care and services related to high blood pressure diagnosis and medications. -An order dated 3/16/23 for Ipratropium-Albuterol Solution (3) for wheezing. An order dated 3/16/23 for Symbicort Inhalation (4) for COPD (chronic	{F 656}		

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{F 656}	Continued From page 5 obstructive pulmonary disease). There was no care plan developed to address the resident's needs and care and services related to respiratory diagnoses and medications. -An order dated 3/19/23 for Seroquel (5) for schizoaffective disorder. There was no care plan developed to address the resident's needs and care and services related to psychiatric diagnoses and psychotropic medications. -An order dated 3/19/23 for Tylenol (6) scheduled doses, for pain. There was no care plan developed to address the resident's needs and care and services related to pain related diagnoses and medications. -There was no care plan developed for resident activity needs and preferences. 2. For Resident #103 was admitted to the facility on 3/8/23. A review of the clinical record revealed the physician's orders and comprehensive care plan as follows: -An order dated 4/22/23 for Warfarin (7) for atrial fibrillation. An order dated 4/24/23 to monitor for signs and symptoms of excessive bleeding every shift, for bleeding gums, black stools, and bruising, for being on an anticoagulant. There was no care plan developed to address the resident's needs and care and services related to the use of an anticoagulant medication. -An order dated 3/9/23 for Carvedilol (8) for atrial fibrillation. There was no care plan developed to address the resident's needs and care and services related to atrial fibrillation diagnosis and	{F 656}		

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{F 656}	Continued From page 6 medications. -An order dated 4/24/23 for Digoxin (9) for congestive heart failure. There was no care plan developed to address the resident's needs and care and services related to diagnosis of congested heart failure and medications. -An order dated 3/9/23 for Lasix (10) for edema. There was no care plan developed to address the resident's needs and care and services related to the use of a diuretic medication. -An order dated 3/19/23 for Remeron (11) for depression. There was no care plan developed to address the resident's needs and care and services related to depression diagnosis and medications. -There was no care plan developed for resident activity needs and preferences. 3. Resident #111 was admitted to the facility on 10/11/20 and most recently readmitted on 10/13/22. A review of the clinical record revealed the physician's orders and comprehensive care plan as follows: -An order dated 10/13/22 for Clonidine (12) for high blood pressure. An order dated 10/14/22 for Isosorbide (13) for high blood pressure. An order dated 10/14/22 for Metoprolol for high blood pressure. There was no care plan developed to address the resident's needs and care and services related to high blood pressure diagnosis and medications. 4. Resident #101 was admitted to the facility on	{F 656}		

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{F 656}	Continued From page 7 4/13/22 and most recently readmitted on 4/25/23. A review of the clinical record revealed the comprehensive care plan, however there was no care plan developed for resident activity needs and preferences. On 5/9/23 at 11:15 AM, an interview was conducted with LPN #3 (Licensed Practical Nurse). She stated the purpose of the care plan was to address the residents needs and how to take care of them. She stated that any nurse can initiate or add to a care plan. When asked about each above area or category of orders, diagnoses, medications, and resident needs, she stated that all of the above items should be care planned to address and meet the residents needs. A review of the facility policy "Care Plan Preparation" was conducted. This policy documented, "A care plan directs the patient's nursing care from admission to discharge....Document all pertinent nursing diagnoses, expected outcomes, nursing interventions, and evaluations of expected outcomes...." On 5/9/23 at 1:11 PM, ASM #1 (Administrative Staff Member) the Administrator, ASM #2 the Director of Nursing, and ASM #3 the Regional Director of Clinical Services, were made aware of the findings. No further information was provided by the end of the survey. References: (1) Apixaban is used to prevent blood clots. Information obtained from	{F 656}		

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{F 656}	Continued From page 8 https://medlineplus.gov/druginfo/meds/a613032.html (2) Metoprolol is used to treat high blood pressure. Information obtained from https://medlineplus.gov/druginfo/meds/a682864.html (3) Ipratropium-Albuterol is used to treat wheezing. Information obtained from https://medlineplus.gov/druginfo/meds/a601063.html (4) Symbicort is used to treat COPD. Information obtained from https://medlineplus.gov/druginfo/meds/a602023.html (5) Seroquel is an antipsychotic. Information obtained from https://medlineplus.gov/druginfo/meds/a698019.html (6) Tylenol is used for mild to moderate pain. Information obtained from https://medlineplus.gov/druginfo/meds/a681004.html (7) Warfarin is used to prevent blood clots. Information obtained from https://medlineplus.gov/druginfo/meds/a682277.html (8) Carvedilol is used to treat heart failure. Information obtained from https://medlineplus.gov/druginfo/meds/a697042.html	{F 656}		

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{F 656}	Continued From page 9 (9) Digoxin is used to treat heart failure. Information obtained from https://medlineplus.gov/druginfo/meds/a682301.html (10) Lasix is a diuretic. Information obtained from https://medlineplus.gov/druginfo/meds/a682858.html (11) Remeron is an antidepressant Information obtained from https://medlineplus.gov/druginfo/meds/a697009.html (12) Clonidine is used to treat high blood pressure. Information obtained from https://medlineplus.gov/druginfo/meds/a682243.html (13) Isosorbide is used to treat angina. Information obtained from https://medlineplus.gov/druginfo/meds/a682348.html 5. For Resident #104 (R104), the facility staff failed to implement the resident's comprehensive care plan for psychotropic medication use. Resident #104's comprehensive care plan dated 3/17/23 documented, "I am taking an antianxiety medication. Medication as ordered by the physician..." A review of R104's clinical record revealed a physician's order dated 3/17/23 for clonazepam (1) 2 mg (milligrams) by mouth two times a day	{F 656}		

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{F 656}	Continued From page 10 (scheduled at 9:00 a.m. and 9:00 p.m.) On 5/8/23 at approximately 2:30 p.m., observation of R104's clonazepam controlled drug record and clonazepam medication pack was conducted (in the presence of LPN [licensed practical nurse] #1). The controlled drug record documented 15 pills were present, but 17 pills were observed in the medication pack. LPN #1 was unable to explain the discrepancy. ASM (administrative staff member) #2, the director of nursing and ASM #3, the regional director of clinical services were immediately notified. On 5/9/23 at 8:48 a.m., an interview was conducted with ASM #2. ASM #2 stated that during her investigation of R104's clonazepam discrepancy, an interview was conducted the nurse who worked the day shift and evening shift on 5/7/23. ASM #2 stated the nurse admitted that she did not administer R104's 9:00 p.m. dose of clonazepam on 5/7/23 even though she signed off the medication as being given. The nurse who worked the day shift and evening shift on 5/7/23 was not available for interview during the survey. On 5/9/23 at 11:04 a.m., an interview was conducted with LPN #3. LPN #3 stated the purpose of the care plan is, "So we can know how to address that person's needs. It kind of tells the picture of what that person needs, how you take care of them." LPN #3 stated nurses implement residents' care plans for psychotropic medications by looking at the care plans and by reading the MARs (medication administration records).	{F 656}		

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{F 656}	Continued From page 11 On 5/9/23 at 1:11 p.m., ASM #1, the administrator, ASM #2, and ASM #3 were made aware of the above concern. The facility policy titled, "CARE PLAN PREPARATION" documented, "A care plan directs the patient's nursing care from admission to discharge. This written action plan is based on nursing diagnoses that have been formulated after reviewing assessment findings, and it embodies the components of the nursing process: assessment, diagnosis, planning, implementation, and evaluation." Reference: (1) Clonazepam is used to treat seizures and anxiety. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682279.html. 6. For Resident #105 (R105), the facility staff failed to implement the resident's comprehensive care plan for psychotropic medication use. R105's comprehensive care plan dated 7/10/22 documented, "Potential for drug related complications associated with use of psychotropic medications...Provide medications as ordered by physician..." A review of R105's clinical record revealed a physician's order dated 4/18/23 for, "ZyPREXA (1) Tablet 2.5 MG (OLANZapine) Give 7.5 mg by mouth at bedtime." Further review of R105's clinical record revealed handwritten physician's orders dated 4/24/23 that documented, "4. D/C (Discontinue) olanzapine 7.5 mg po (by mouth)	{F 656}		

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QHS (every night). 5. Olanzapine 10 mg po QHS." R105's April 2023 and May 2023 MARs (medication administration records) documented both Zyprexa orders until Zyprexa 7.5 mg was discontinued from the MAR on 5/3/23. The MARs documented, "ZyPREXA Tablet 2.5 MG (OLANZapine) Give 7.5 mg by mouth at bedtime" and "OLANZapine Oral Tablet 10 MG (Olanzapine) Give 1 tablet by mouth at bedtime." The MARs documented both the 7.5 mg dose and the 10 mg dose as being administered until the 7.5 mg dose was discontinued from the MAR on 5/3/23.

The nurse responsible for transcribing the discontinuation of Zyprexa 7.5 mg was not available for interview during the survey.

On 5/9/23 at 8:34 a.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated the psychiatric nurse practitioner changed R105's olanzapine dose from 7.5 mg to 10 mg on 4/24/23. ASM #2 stated the original order in the computer was for Zyprexa 7.5 mg and she thought the nurse did not recognize that Zyprexa was the same medication as Olanzapine, so the nurse did not discontinue Zyprexa 7.5 mg out of the system before entering Olanzapine 10 mg into the system. ASM #2 stated she realized both orders were in the computer system on 5/3/23 and discontinued the 7.5 mg order on that date. ASM #2 stated she checked the medication cart on 5/3/23 and there was one card of Zyprexa 10 mg and several cards of Zyprexa 2.5 mg for R105.

On 5/9/23 at 10:10 a.m., a telephone interview was conducted with LPN (licensed practical

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{F 656}	Continued From page 13 nurse) #2 (a nurse who signed off the administration of Zyprexa 7.5 mg and Zyprexa 10 mg on multiple dates). LPN #2 stated, "My only thing I can say if it was signed off, it was given." On 5/9/23 at 11:04 a.m., an interview was conducted with LPN #3. LPN #3 stated the purpose of the care plan is, "So we can know how to address that person's needs. It kind of tells the picture of what that person needs, how you take care of them." LPN #3 stated nurses implement residents' care plans for psychotropic medications by looking at the care plans and by reading the MARs. On 5/9/23 at 1:11 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional director of clinical services were made aware of the above concern. Reference: (1) Zyprexa (also known as the generic name Olanzapine) is an anti-psychotic medication used to treat schizophrenia. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a601213.html.	{F 656}		
{F 658} SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (I) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review	{F 658}	F 658 1) Resident #104 is receiving Clonazepam per physician order. Resident #105 Zyprexa 7.5mg was discontinued on 5/3/2023 and Zyprexa 10mg is being administered per physician order. Resident #107 is receiving Prilosec per physician order.	

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{F 658}	Continued From page 14 and clinical record review, the facility staff failed to follow professional standards of practice for three of 11 residents in the survey sample, Residents #104, #105 and #107. The findings include: 1. a. For Resident #104 (R104), the facility staff failed to administer the medication clonazepam (1) per physician's order on 5/7/23. A review of R104's clinical record revealed a physician's order dated 3/17/23 for clonazepam 2 mg (milligrams) by mouth two times a day (scheduled at 9:00 a.m. and 9:00 p.m.) On 5/8/23 at approximately 2:30 p.m., observation of R104's clonazepam controlled drug record and clonazepam medication pack was conducted (in the presence of LPN [licensed practical nurse] #1). The controlled drug record documented 15 pills were present, but 17 pills were observed in the medication pack. LPN #1 was unable to explain the discrepancy. ASM (administrative staff member) #2, the director of nursing and ASM #3, the regional director of clinical services were immediately notified. On 5/9/23 at 8:48 a.m., an interview was conducted with ASM #2. ASM #2 stated that during her investigation of R104's clonazepam discrepancy, an interview was conducted with the nurse who worked the day shift and evening shift on 5/7/23. ASM #2 stated the nurse admitted that she did not administer R104's 9:00 p.m. dose of clonazepam on 5/7/23 even though she signed off the medication as being given. The nurse who worked the day shift and evening	{F 658}	2) An audit of current residents on Clonazepam, Zyprexa and Prilosec completed to ensure professional standards of practice are being followed. 3) Licensed nurses will be re-educated on professional standards of practice for transcribing, discontinuing and medication administration. 4) DON/designee will audit residents on Clonazepam, Zyprexa and Prilosec weekly x2 months to ensure professional standards of practice are being followed for transcribing, discontinuing and administering. Results will be provided to QAPI monthly. Any noted trends will be corrected immediately. 5) Compliance Date: 5/19/2023	

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{F 658}	Continued From page 15 shift on 5/7/23 was not available for interview during the survey. On 5/9/23 at 11:04 a.m., an interview was conducted with LPN #3, regarding medication administration. LPN #3 stated she reads the MAR (medication administration record) and gives the medication per order unless the order doesn't make sense. On 5/9/23 at 1:11 p.m., ASM #1, the administrator, ASM #2, and ASM #3 were made aware of the above concern. The facility policy titled, "Medication Administration General Guidelines" documented, "Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices..." Reference: (1) Clonazepam is used to treat seizures and anxiety. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682279.html. 1.. For Resident #104 (R104), the facility staff documented the resident's 9:00 p.m. dose of the medication clonazepam (1) was administered on 5/7/23 although the medication was not administered. A review of R104's clinical record revealed a physician's order dated 3/17/23 for clonazepam 2 mg (milligrams) by mouth two times a day (scheduled at 9:00 a.m. and 9:00 p.m.) A review of R104's May 2023 MAR (medication administration record) revealed documentation	{F 658}		

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that clonazepam was administered to the resident at 9:00 p.m. on 5/7/23 (as evidenced by a check mark and a nurse's initials). Further review of the MAR and a review of nurses' notes for 5/7/23 failed to reveal documentation that R104's 9:00 p.m. dose of clonazepam was not administered.

On 5/8/23 at approximately 2:30 p.m., observation of R104's clonazepam controlled drug record and clonazepam medication pack was conducted (in the presence of LPN [licensed practical nurse] #1). The controlled drug record documented 15 pills were present, but 17 pills were observed in the medication pack. LPN #1 was unable to explain the discrepancy. ASM (administrative staff member) #2, the director of nursing and ASM #3, the regional director of clinical services were immediately notified.

On 5/9/23 at 8:48 a.m., an interview was conducted with ASM #2. ASM #2 stated that during her investigation of R104's clonazepam discrepancy, an interview was conducted with the nurse who worked the day shift and evening shift on 5/7/23. ASM #2 stated the nurse admitted that she did not administer R104's 9:00 p.m. dose of clonazepam on 5/7/23 even though she signed off the medication as being given.

The nurse who worked the day shift and evening shift on 5/7/23 was not available for interview during the survey.

On 5/9/23 at 11:04 a.m., an interview was conducted with LPN #3. LPN #3 stated that if a medication is given then it should be signed off on the MAR but if a medication is not given then nurses have to document the medication was not given and write why the medication was not

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given. LPN #3 stated a medication should not be signed off on the MAR if it is not given.

On 5/9/23 at 1:11 p.m., ASM #1, the administrator, ASM #2, and ASM #3 were made aware of the above concern.

The facility policy titled, "Medication Administration General Guidelines" documented, "1. The individual who administered the medication dose, records the administration on the resident's MAR...2. If a dose of regularly scheduled medication is withheld, refused, or given at other than the scheduled time, the space provided on the front of the MAR for that dosage administration is initialed and circled. An explanatory note is entered on the reverse side of the record provided for PRN (as needed) documentation..."

Reference:
(1) Clonazepam is used to treat seizures and anxiety. This information was obtained from the website:
https://medlineplus.gov/druginfo/meds/a682279.html.

2. For Resident #105 (R105), the facility staff failed to transcribe the physician's order to discontinue the medication Zyprexa (olanzapine) (1) 7.5 mg (milligrams) before starting physician ordered Zyprexa 10 mg.

A review of R105's clinical record revealed a physician's order dated 4/18/23 for, "ZyPREXA Tablet 2.5 MG (OLANZapine) Give 7.5 mg by mouth at bedtime." Further review of R105's clinical record revealed handwritten physician's orders dated 4/24/23 that documented, "4. D/C

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(Discontinue) olanzapine 7.5 mg po (by mouth) QHS (every night). 5. Olanzapine 10 mg po QHS." R105's April 2023 and May 2023 MARs (medication administration records) documented both Zyprexa orders until Zyprexa 7.5 mg was discontinued from the MAR on 5/3/23. The MARs documented, "ZyPREXA Tablet 2.5 MG (OLANZapine) Give 7.5 mg by mouth at bedtime" and "OLANZapine Oral Tablet 10 MG (Olanzapine) Give 1 tablet by mouth at bedtime." The MARs documented both the 7.5 mg dose and the 10 mg dose as being administered until the 7.5 mg dose was discontinued from the MAR on 5/3/23.

The nurse responsible for transcribing the discontinuation of Zyprexa 7.5 mg was not available for interview during the survey.

On 5/9/23 at 8:34 a.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated the psychiatric nurse practitioner changed R105's olanzapine dose from 7.5 mg to 10 mg on 4/24/23. ASM #2 stated the original order in the computer was for Zyprexa 7.5 mg and she thought the nurse did not recognize that Zyprexa was the same medication as Olanzapine, so the nurse did not discontinue Zyprexa 7.5 mg out of the system before entering Olanzapine 10 mg into the system. ASM #2 stated she realized both orders were in the computer system on 5/3/23 and discontinued the 7.5 mg order on that date.

On 5/9/23 at 11:04 a.m., an interview was conducted with LPN (licensed practical nurse) #3. LPN #3 stated that when the physician writes orders to discontinue a dose of a medication and to start another dose of the medication, then

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{F 658}	Continued From page 19 nurses should follow exactly what's written. LPN #3 stated nurses should discontinue the one order and put in the new order. LPN #3 stated, "The new order supersedes the old order, but you have to dc (discontinue) the old order, so you don't give two of the same." On 5/9/23 at 1:11 p.m., ASM #1, the administrator, ASM #2, and ASM #3, the regional director of clinical services were made aware of the above concern. The facility policy titled, "DISCONTINUED MEDICATIONS" documented, "When medications are discontinued by prescriber order...the medications are marked as 'discontinued'..." Reference: (1) Zyprexa (also known as the generic name Olanzapine) is an anti-psychotic medication used to treat schizophrenia. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a601213.html. 3. For Resident #107 (R107), the facility staff failed to administer the physician prescribed medication Prilosec (1) on 4/28/23. A review of R107's clinical record revealed a physician's order dated 4/13/22 for Prilosec 20 mg (milligrams) by mouth every morning. A review of R107's April 2023 MAR (medication administration record) revealed the physician's order for Prilosec 20 mg by mouth every morning. For 4/28/23, the MAR documented the code, "7=Other / See Nurse Notes." A nurse's note dated 4/28/23 documented the Prilosec was not	{F 658}		

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{F 658}	Continued From page 20 available. Further review of nurses' notes for 4/28/23 failed to reveal Prilosec was administered on that date. A review of the facility stock over-the-counter medication list revealed omeprazole (generic Prilosec) 20 mg tablets were available in the facility. On 5/9/23 at 9:24 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that if a physician ordered medication is due but not available in the cart for administration and the medication is an over-the-counter medication that is kept stocked in the facility, then nurses should get in touch with the employee responsible for supplies to obtain the medication. LPN #1 stated if the supply employee is not in the facility, then she checks the over-the-counter medication cabinet on the unit and if the medication is not present there, then she goes to the other unit and checks their stock. On 5/9/23 at 1:11 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing, and ASM #3, the regional director of clinical services were made aware of the above concern. Reference: (1) Prilosec is used to treat gastroesophageal reflux disease. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a693050.html.	{F 658}	F 755 1) Resident #104 clonazepam is being accurately reconciled. 2) Current residents taking clonazepam were audited to ensure narcotic reconciliation was accurate. 3) Licensed staff re-educated on appropriate process of reconciling narcotics. 4) DON/designee will complete random narcotic reconciliation observation audits weekly x2 months to ensure they are being reconciled appropriately. Results will be presented to QAPI monthly. Any noted trends will be corrected immediately. 5) Compliance Date: 5/19/2023	
{F 755} SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services	{F 755}		

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{F 755}	Continued From page 21 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 is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to ensure accurate pharmaceutical services were provided for one of 21 residents in the survey sample, Resident #104.	{F 755}		

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{F 755}	Continued From page 22 The findings include: For Resident #104 (R104) the facility staff failed to accurately reconcile a controlled substance. On 5/8/23, R104's controlled drug record for clonazepam (1) documented 15 pills were present, however 17 pills were present in the medication pack. A review of R104's clinical record revealed a physician's order dated 3/17/23 for clonazepam 2 mg (milligrams) by mouth two times a day. On 5/8/23 at approximately 2:30 p.m., observation of R104's clonazepam controlled drug record and clonazepam medication pack was conducted (in the presence of LPN [licensed practical nurse] #1). The controlled drug record documented 15 pills were present, but 17 pills were observed in the medication pack. LPN #1 was unable to explain the discrepancy. ASM (administrative staff member) #2, the director of nursing and ASM #3, the regional director of clinical services were immediately notified. On 5/9/23 at 8:48 a.m., an interview was conducted with ASM #2. ASM #2 stated a nurse who worked a 16-hour shift (day shift and evening shift) on 5/7/23 signed out three doses of clonazepam on the controlled drug record but only actually administered one dose of the medication. ASM #2 stated during each shift change, one nurse should review the controlled drug record and another nurse should look at the card to verify the correct number of pills. ASM #2 stated the reconciliation between the evening shift nurse and night shift nurse on 5/7/23, and the reconciliation between the night shift nurse and the day shift nurse on 5/8/23 was inaccurate	{F 755}		

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since the discrepancy occurred on 5/7/23. ASM #2 stated she had not yet been in touch with the night shift nurse, but she spoke with the day shift nurse (LPN #1). ASM #2 stated LPN #1 said she messed up, she was so sorry, she just overlooked the discrepancy and did not realize.

The 5/7/23 day/evening shift nurse and the 5/7/23 into 5/8/23 night shift nurse were not available for interview during the survey.

On 5/9/23 at 9:24 a.m., an interview was conducted with LPN #1. LPN #1 stated she completed R104's clonazepam reconciliation with the night shift nurse during the morning on 5/8/23. LPN #1 stated the night shift nurse looked at the controlled drug book and called out the number of pills that should have been present while LPN #1 looked at the medication cards. LPN #1 stated she made a mistake. LPN #1 stated the night shift nurse called out an amount and she (LPN #1) looked at the card and said, "Yes." LPN #1 stated she should have looked at the number of pills recorded in the book and verified the amount with the medication cards.

On 5/9/23 at 1:11 p.m., ASM #1, the administrator, ASM #2 and ASM #3 were made aware of the above concern.

The facility policy titled, "Controlled Drug Count" documented, "4. The 2 nurses will count the number of individual controlled drugs: A. Look at each medication and verify that the number of individual controlled drugs matches the number on the declining inventory sheet. B. If the number does not match, STOP: i. DO NOT SIGN THE CONTROLLED DRUG COUNT SHEET. ii. NO ONE IS TO LEAVE THE UNIT. iii. DETERMINE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 755}	Continued From page 24 WHY THERE IS A DISCREPANCY. iv. CALL THE DIRECTOR OF NURSING..." Reference: (1) Clonazepam is used to treat seizures and anxiety. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682279.html.	{F 755}	F842	
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842	1) Resident #101 has a complete and accurate clinical record. 2) Current residents have the potential to be affected. 3) Licensed nurses re-educated on ensuring accurate documentation is completed in the clinical record to include but not limited to, signing TAR after completion of task. 4) An audit will be conducted weekly x2 months to ensure documentation is completed accurately in the clinical record to include signing TAR. Results will be provided to QAPI monthly. Any noted trends will be corrected immediately. 5) Compliance Date: 5/19/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495140	A. BUILDING _____ B. WING _____	R-C 05/09/2023

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F 842	Continued From page 25 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 842		

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F 842	Continued From page 26 Based on staff interview and clinical record review, it was determined that the facility staff failed to ensure a complete and accurate clinical record for one of 11 residents in the survey sample; Resident #101. The findings include: For Resident #101, the facility staff failed to document on the April 2023 TAR (Treatment Administration Record) the provision of care on 4/28/23 for multiple areas. A review of the clinical record revealed on 4/28/23, day shift, the following areas were not documented on the TAR as being completed. The spaces where completion of treatment would be documented were left blank; there were no nurse's initials. 1. Snacks twice a day every day and even every day and evening shift for weight loss. 2. Anchor Foley bag to leg dignity bag over drainage bag to maintain dignity, keep ensure proper drainage every shift. 3. Foley catheter care every shift every shift. 4. Monitor air mattress for functioning every shift for wound healing. 5. Monitor for signs and symptoms of bleeding and bruising every shift for monitor. 6. Monitor resident receiving antidepressant medication for worsening of depression, suicidal behavior/thinking. Monitor for signs of adverse reactions such as dizziness, nausea, diarrhea,	F 842		

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F 842	Continued From page 27 anxiety, nervousness, insomnia, somnolence, weight gain, anorexia, or increased appetite. 7. Record urinary output from Foley catheter every shift. On 5/9/23 at 11:30 AM, an interview was conducted with LPN #4 (Licensed Practical Nurse). She stated that she had done the care but forgot to sign off on the TAR. On 5/9/23 at 12:20 PM, LPN #4 and ASM #2 (Administrative Staff Member) the Director of Nursing (DON) presented a worksheet from 4/28/23 that contained LPN #4's notes from that shift, which indicated care was done and included a specific amount of urinary output from the Foley catheter that date. ASM #2 stated that the plan was for LPN #4 to complete late documentation at this time related to the missed documentation, since the worksheet was still available as evidence of the care provided but not documented. A facility policy regarding a complete and accurate clinical record was requested. On 5/9/23 at 2:35 PM, ASM #3 the Regional Director of Clinical Services stated that the facility did not have one. On 5/9/23 at 1:11 PM, ASM #1 the Administrator, ASM #2 and ASM #3 were made aware of the findings. No further information was provided by the end of the survey.	F 842		