

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/03/2023
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 5/2/2023 through 5/3/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey (VA00055493-substantiated with deficiency, VA00057258-substantiated with deficiency, and VA00058573-substantiated without deficiency).	F 000	This Plan of Correction is respectfully submitted as evidence of alleged compliance.		
F 580 SS=E	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	F 580	1. Resident #1's RP was notified on 5/13/2023. Resident #4's was seen by hospice and multiple medications were discontinued due to refusals. 2. DON/designee will complete an audit of all current residents with falls in the past 30 days have RP notifications. DON/designee will complete audit of all current residents with 3 or more doses of medication refused since 5/1/2023 will have NP notification.		

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

TITLE

(X6) DATE

Dana Cook

RN

5/19/23

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>§483.15(c)(1)(ii).</p> <ul style="list-style-type: none"> (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. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- <ul style="list-style-type: none"> (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). <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> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to notify the physician and/or responsible party for a change in condition for two of seven residents in the survey sample, Residents #1 and #4.</p> <p>The findings include:</p>	F 580	<p>3. Licensed nurses will be educated to notify RP after fall has occurred. Licensed nurses will be educated on notifying NP/MD after patient refuses 3 doses of medications.</p> <p>4. DON/designee will audit order administration progress notes 5x week x4 weeks to notify NP/MD after patient refuses 3 doses of medications. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/2023.</p>		

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F 580	<p>Continued From page 2</p> <p>1. For Resident #1 (R1), the facility staff failed to notify the responsible party of a fall in May 2022.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 2/1/2023, the resident scored a one out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely, cognitively impaired for making daily decisions.</p> <p>A nurse's note dated, 5/10/2022 at 3:31 a.m. documented in part, "CNA (certified nursing assistant) retrieved this nurse that resident had fallen. Resident was found sitting on the floor in front of her wheelchair. Resident states that she slipped out of her wheelchair. Resident denies any pain. Resident assisted up x2 (by two staff members), placed in wheelchair and then assisted to bed. No injuries noted at this time."</p> <p>The nurse's note dated, 5/11/2022 at 12:50 p.m. documented, "IDT (interdisciplinary team) note in regard to resident fall, resident will be encouraged to go to bed earlier in evening/nights. NP (nurse practitioner) and RP (responsible party) aware."</p> <p>The "Fall Investigation," dated, 5/10/2022, documented the above nurse's note. The form documented, People Notified: POA Care (power of attorney), name and date: 5/13/2022 at 8:15 a.m.</p> <p>An interview was conducted with LPN (licensed practical nurse) #3 on 5/3/2023 at 9:41 a.m. When asked if she had contacted the responsible party after the fall on 5/10/2022, LPN #3 stated, she had forgotten to put it in her note. The above</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>Fall Investigation was shown to LPN #3. LPN #3 stated, now she recalls, she didn't call the RP. She stated the next time she saw the RP she told them it was her fault that she didn't call them. LPN #3 stated, "It's most likely that I didn't call her after the fall." When asked the normal process for notifying the RP after a fall, LPN #3 stated, if there are no injuries, we wait until the day shift comes on and then we sit down and notify the RP, not wanting to alarm them in the middle of the night.</p> <p>On 5/3/2023 at 10:08 a.m., an interview was conducted with ASM (administrative staff member) #3, the assistant director of nursing, who wrote the nurse's note of 5/11/2022. When asked if she called the RP after the fall, ASM #3 stated, no. ASM #3 stated that she did not realize when she wrote the note of 5/11/2022 that the RP hadn't been called. Once she realized that the RP hadn't been called, she called the RP on 5/13/2022 at 8:15 a.m. When asked the normal process for notifying the RP of a fall, ASM #3 stated the nurse should call the RP and NP (nurse practitioner) after the resident has been assessed and cared for.</p> <p>The facility policy, "Change in Resident's Condition" documented in part, "1. The nurse will notify the resident's Attending Physician/practitioner on call when there has been a (an): accident of incident involving the resident...3. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when: a. The resident is involved in any accident or incident that results in any injury including injuries of an unknown source...4. Except in medical emergencies, notifications will be made within twenty-four hours of a change</p>	F 580			

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F 580	<p>Continued From page 4</p> <p>occurring in the resident's medical/mental condition or status."</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>2. For Resident #4 (R4), the facility staff failed to notify the physician/practitioner of the resident's refusal to take ordered medications on multiple occasions.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 1/13/2023, the resident was coded as rarely/never being understood. R4 was coded as having no speech.</p> <p>1. The physician order dated, 9/24/2022, documented: "Levothyroxine Sodium Tablet 75 MCG (micrograms) (1); Give 1 tablet by mouth one time a day for low thyroid hormone."</p> <p>2. The physician order dated, 4/21/2023, documented, "Bactrim DS (double strength) Oral Tablet 800 - 160 MG (milligrams) (2); Give 1 tablet by mouth two times a day for right lateral chest abscess for 14 days."</p> <p>3. The physician order dated, 4/21/2023, documented, "Cipro Oral Tablet 500 MG (3); Give 1 tablet by mouth two times a day for abscess for 14 days."</p> <p>4. The physician order dated, 10/31/2022, documented, "Acetaminophen Liquid; Give 20.3 ml (milliliters) (4) by mouth every 8 hours for wound pain."</p> <p>5. The physician order dated, 4/19/2023, documented, "Acetaminophen Oral Tablet; Give</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>650 MG (4) by mouth every 8 hours for pain, 2 tablets oral every 8 hours for pain (325 mg tablet)."</p> <p>6. The physician order dated, 4/4/2023, documented, "Baclofen Oral Tablet 5 MG (5); Give 1 tablet by mouth every 8 hours for muscle spasms."</p> <p>The April 2023 MAR (medication administration record) documented the above orders.</p> <p>1. For the Levothyroxine, it was documented on the following dates at 6:00 a.m., a "9," indicating, "Other/See Progress Notes." 4/1/2023 through 4/4/2023, 4/6/2023, 4/8/2023, 4/9/2023, 4/11/2023, 4/12/2023, 4/14/2023, 4/15/2023, 4/18/2023 through 4/20/2023, 4/24/2023, 4/26/2023 and 4/29/2023.</p> <p>2. For the Bactrim DS, for the 9:00 a.m. dose on 4/22/2023, a "5" was documented, indicating, "Hold/See Progress Notes."</p> <p>3. For the Cipro tablets, a "9" was documented for the 5:00 a.m. dose on 4/22/2023 and 4/24/2023.</p> <p>4. For the Acetaminophen Liquid, a "9" was documented for the following dates for the 6:00 a.m. dose, 4/1/2023, 4/2/2023, 4/3/2023, 4/4/2023, 4/6/2023, 4/8/2023, 4/9/2023, 4/11/2023, 4/12/2023, 4/14/2023, 4/15/2023, 4/18/2023, and 4/19/2023. For the 2:00 p.m. doses a "9" was documented on 4/11/2023 and 4/12/2023. A "5" was documented for the 2:00 p.m. dose on 4/14/2023. A "9" was documented for the following dates for the 10:00 p.m. dose on 4/3/2023.</p> <p>5. For the Acetaminophen Tablets, a "9" was documented on the following dates for the 6:00 a.m. dose: 4/20/2023, 4/21/2023, 4/24/2023, 4/26/2023, and 4/29/2023.</p> <p>6. For the Baclofen tablets, a "9" was</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>documented for the 6:00 a.m. dose on 4/4/2023, 4/6/2023, 4/8/2023, 4/9/2023, 4/11/2023, 4/12/2023, 4/14/2023, 4/15/2023, 4/18/2023, 4/19/2023, 4/20/2023, 4/21/2023, 4/26/2023, and 4/29/2023.</p> <p>The progress notes/nurse's notes were reviewed. For all of the above dates and times it was documented, "Resident refused to take medications."</p> <p>The following dates were the only documentation of notification to the NP or RP regarding the refusal of medications: The nurse's notes documented on 4/3/2023 at 5:33 p.m., "Resident refused meds, NP/RP informed." The nurse's note dated, 4/17/2023 at 3:28 p.m. documented, "NP/Hospice aware of residents refusal to take medications at times throughout the weekend. Resident often refuses medications at times." The nurse's note dated, 4/22/2023 at 3:10 p.m. documented in part, . "Resident continues on x2 (two) ABT (antibiotics) for wound infection and resident refused to take any medications for this nurse. Unable to redirect to take medications multiple times. Resident kept trying to grab nurse's shirt to pull this nurse close to him. Educated resident that he cannot touch others, resident continued to try and grab nurses shirt." The nurse's note dated, 4/25/2023 at 2:21 p.m. documented in part, "Fluids encouraged and refused. Refused Magic cup (frozen dietary supplement)." x2." The nurse's note dated, 4/26/2023 at 6:28 a.m. documented in part, "Encouraged fluids but refused. Resident refused meds this am."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 5/3/2023 at 1:37 p.m.</p>	F 580			

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F 580	<p>Continued From page 7</p> <p>When asked the process for when a resident refuses their medication, LPN #2 stated the nurse should try to go back and offer again. If the resident still doesn't take the medication, then you write a note and notify the physician, RP and the unit manager.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 5/3/2023 at 4:23 p.m. ASM #2 stated she could not account for why no one notified the doctor/NP and the responsible party of all the refusals. ASM #2 presented care plan that documents the resident does refuse care. When asked if the nurses should still notify the NP and RP even though the resident has a care plan for refusals, ASM #2 stated, there still needs to be documentation of the notification to both the RP and NP.</p> <p>The facility policy, "General Guidelines for Medication Administration" documented in part, "Refusals of Medications: Medication refusal must be reported to the prescriber after 3 doses are refused, or in accordance with facility policy, and prescriber notification must be documented."</p> <p>The facility policy, "Change in Resident's Condition" documented in part, "1. The nurse will notify the resident's Attending Physician/practitioner or physician on all where there has been a refusal of treatment or medications two (2) or more consecutive times."</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p> <p>No further information was obtained prior to exit.</p>	F 580			

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F 580	Continued From page 8 (1) Levothyroxine is used to treat hypothyroidism (condition where the thyroid gland does not produce enough thyroid hormone). This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682461.html (2) Bactrim DS is used to treat certain bacterial infections. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a684026.html (3) Cipro is used to treat or prevent certain infections caused by bacteria. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a688016.html (4) Acetaminophen is used to treat fever and mild to moderate pain. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a681004.html (5) Baclofen is used to treat pain and certain types of spasticity. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682530.html	F 580			
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's	F 656			

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F 656	Continued From page 9 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 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:	F 656	<ol style="list-style-type: none"> 1. Resident #2 has been discharged from the facility. 2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/designee will complete audit of all current residents with midodrine parameters from 5/1/2023 and notify NP/MD when medication was not given as ordered. DON/designee will complete an audit of all current residents with blood sugar parameters from 5/1/2023 and notify NP/MD when blood sugars were out of parameters. 3. Licensed nurses will be educated on following medication order parameters and following care plan interventions documented as "Medications as ordered." 4. DON/designee will audit patients with midodrine orders 3x week x4 weeks to assure medications were not given outside of parameters. DON/designee will audit blood sugars out of parameters 3x week x4weeks to assure NP/MD were notified of blood sugars outside of parameters. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Completion date 5/26/23. 		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/03/2023
NAME OF PROVIDER OR SUPPLIER SKYVIEW SPRINGS REHAB AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 30 MONTVUE DRIVE LURAY, VA 22835		
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F 656	<p>Continued From page 10</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to implement the comprehensive care plan for one of seven residents in the survey sample, Residents #2.</p> <p>The findings include:</p> <p>1.a. For Resident #2 (R2), the facility staff failed to implement the comprehensive care plan for administering the medication Midodrine Midodrine is used to treat orthostatic hypotension (sudden fall in blood pressure that occurs when a person assumes a standing position) (1).</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 3/21/2023, the resident scored a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions.</p> <p>The comprehensive care plan dated, 5/26/2021, documented in part, "Focus: (R2) has the potential for altered cardiovascular status r/t (related to) cardiomyopathy, CHF (congestive heart failure), CAD (coronary artery disease), orthostatic hypotension, HTN (high blood pressure), pacemaker, and A-Fib (atrial fibrillation)." The "Interventions" documented in part, "Medications as ordered."</p> <p>The physician order dated, 5/5/2022, documented, "Midodrine HCL (hydrochloride) Tablet 10 MG (milligrams); Give 1 tablet by mouth three times a day for hypotension. Hold for SBP (systolic blood pressure) > (greater than) 110."</p>	F 656			

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

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F 656	<p>Continued From page 11</p> <p>The October MAR (medication administration record) documented the above order. On the following dates and times the SBP was over 110 yet the medication was documented as given:</p> <ul style="list-style-type: none"> 10/3/2022 at 9:00 a.m. - BP (blood pressure) - 126/74 10/6/2022 at 2:00 p.m. - BP - 120/69 10/7/2022 at 9:00 a.m. - BP - 113/69 10/7/2022 at 9:00 p.m. - BP - 141/72 10/8/2022 at 9:00 a.m. - BP - 128/67 10/17/2022 at 9:00 a.m. - BP - 118/68 10/17/2022 at 2:00 p.m. - BP - 118/68 10/18/2022 at 9:00 a.m. - BP - 118/64 10/18/2022 at 9:00 p.m. - BP - 118/68 10/21/2022 at 9:00 a.m. - BP - 128/74 10/22/2022 at 9:00 p.m. - BP - 136/68 10/25/2022 at 9:00 a.m. - BP - 116/66 10/27/2022 at 9:00 a.m. - BP - 117/68 10/27/2022 at 2:00 p.m. - BP - 114/63 10/27/2022 at 9:00 p.m. - BP - 119/68 10/28/2022 at 9:00 a.m. - BP - 126/74 10/28/2022 at 2:00 p.m. - BP - 121/70 10/28/2022 at 9:00 p.m. - BP - 116/68 <p>The November 2022 MAR documented the above order. On the following dates and times, the SBP was over 110 yet the medication was documented as given:</p> <ul style="list-style-type: none"> 11/3/2022 at 9:00 a.m. - BP - 115/70 11/3/2022 at 2:00 p.m. - BP - 120/70 11/4/2022 at 9:00 a.m. - BP - 116/69 11/5/2022 at 9:00 a.m. - BP - 112/66 11/5/2022 at 2:00 p.m. - BP - 122/70 11/5/2022 at 9:00 p.m. - BP - 119/70 11/10/2022 at 9:00 a.m. - BP - 118/73 11/13/2022 at 9:00 p.m. - BP - 120/70 11/14/2022 at 9:00 a.m. - BP - 124/70 11/17/2022 at 9:00 a.m. - BP - 123/77 11/17/2022 at 2:00 p.m. - BP - 118/69 	F 656			

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

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F 656	<p>Continued From page 12</p> <p>11/18/2022 at 9:00 a.m. - BP - 112/66 11/18/2022 at 9:00 p.m. - BP - 118/68 11/19/2022 at 9:00 p.m. - BP - 118/68 11/20/2022 at 9:00 p.m. - BP - 132/72 11/22/2022 at 9:00 a.m. - BP - 122/70 11/22/2022 at 2:00 p.m. - BP - 118/68 11/23/2022 at 2:00 p.m. - BP - 119/60 11/24/2022 at 2:00 p.m. - BP - 128/72 11/25/2022 at 9:00 p.m. - BP - 118/68 11/28/2022 at 9:00 p.m. - BP - 118/62 11/29/2022 at 9:00 a.m. - BP - 140/71 11/29/2022 at 2:00 p.m. - BP - 134/74 11/29/2022 at 9:00 p.m. - BP - 112/62</p> <p>The December 2022 MAR documented the above order. On the following dates and times, the SBP was over 110 yet the medication was documented as given:</p> <ul style="list-style-type: none"> 12/1/2022 at 9:00 p.m. - BP - 114/60 12/2/2022 at 9:00 a.m. - BP - 115/54 12/2/2022 at 2:00 p.m. - BP - 118/68 12/2/2022 at 9:00 p.m. - BP - 130/54 12/3/2022 at 9:00 a.m. - BP - 123/60 12/5/2022 at 2:00 p.m. - BP - 118/64 12/8/2022 at 2:00 p.m. - BP - 118/77 12/9/2022 at 9:00 p.m. - BP - 120/68 12/10/2022 at 9:00 a.m. - BP - 118/62 12/10/2022 at 2:00 p.m. - BP - 124/68 12/14/2022 at 9:00 a.m. - BP - 118/62 12/14/2022 at 2:00 p.m. - BP - 118/78 12/15/2022 at 2:00 p.m. - BP - 118/68 12/18/2022 at 9:00 p.m. - BP - 124/68 12/20/2022 at 2:00 p.m. - BP - 119/68 12/22/2022 at 2:00 p.m. - BP - 114/68 12/23/2022 at 9:00 p.m. - BP - 124/68 12/30/2022 at 9:00 a.m. - BP - 116/70 12/31/2022 at 9:00 p.m. - BP - 118/70 <p>An interview was conducted with LPN (licensed</p>	F 656			

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

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F 656	<p>Continued From page 13</p> <p>practical nurse) #2, on 5/3/2023 at 1:37 p.m. When asked the purpose of the care plan, LPN #2 stated, It's the guideline, that is individualized for each resident, to give proper care for each resident. When asked if the care plan should be followed. LPN #2 stated, yes.</p> <p>The facility policy, "Comprehensive Assessments and the Care Delivery Process," documented in part, "1. Comprehensive assessments, care planning and the care delivery process involve collecting and analyzing information, choosing and initiating interventions and then monitoring results and adjusting interventions."</p> <p>ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, the assistant director of nursing, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a616030.html.</p> <p>1.b. For Resident #2, the facility staff failed to implement the comprehensive care plan for monitoring the resident's blood sugar and notifying the physician of blood sugars out of the physician ordered parameters.</p> <p>The comprehensive care plan dated, 5/26/2021, documented in part, "Focus: (R2) has Diabetes Mellitus." The "Interventions" documented in part, "Labs (laboratory tests) and blood sugar as ordered. Monitor/document/report PRN (as needed) any s/sx (signs/symptoms) of</p>	F 656			

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

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F 656	<p>Continued From page 14 hypoglycemia (low blood sugar)."</p> <p>The physician order dated, 8/24/2019, documented, "Accu check (fingerstick blood sugar) every morning and as needed for DM2 (diabetes mellitus - type two), in the morning for n DM2; call if < (less than) 70 or > (greater than) 350."</p> <p>The MAR (medication administration record) for October 2022, documented the above order. On 10/4/2022 the fingerstick blood sugar was documented as "67." On 10/6/2022, the fingerstick blood sugar was documented as "69."</p> <p>The MAR for December 2022 documented the above order. On 12/7/2022, the fingerstick blood sugar was documented as "68." On 12/17/2022, the fingerstick blood sugar was documented as "63."</p> <p>Review of the nurse's notes for October and December 2022 failed to evidence documentation of notifying the physician or nurse practitioner.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 5/3/2023 at 1:37 p.m. When asked the purpose of the care plan, LPN #2 stated, It's the guideline, that is individualized for each resident, to give proper care for each resident. When asked if the care plan should be followed. LPN #2 stated, yes.</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, the assistant director of nursing, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p> <p>No further information was obtained prior to exit.</p>	F 656			

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F 658 SS=E	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility policy review, and clinical record review, it was determined the facility staff failed to follow professional standards of practice for following the physician orders, and for the administration of medications for two of seven residents in the survey sample, Residents #2 and #3.</p> <p>The findings include:</p> <p>1. a. For Resident #2 (R2), the facility staff failed to follow the physician's order for notifying the physician/nurse practitioner when the resident's blood sugar was lower than 70 per the physician's order.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 3/21/2023, the resident scored a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions.</p> <p>The physician order dated, 8/24/20019, documented, "Accu check (fingerstick blood sugar) every morning and as needed for DM2 (diabetes mellitus - type two), in the morning for n DM2; call if < (less than) 70 or > (greater than) 350."</p>	F 658	<p>1. Resident #2 has been discharged from the facility. NP notified Resident #3 missed Gabapentin doses on 4/20/2023, 4/21/2023, & 4/22/2023.</p> <p>2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/designee will complete audit of all current residents with midodrine parameters from 5/1/2023 and notify NP/MD when medication was not given as ordered. DON/designee will complete an audit of all current residents with blood sugar parameters from 5/1/2023 and notify NP/MD when blood sugars were out of parameters. DON/designee will complete audit of all current residents with Gabapentin order to assure medication available.</p> <p>3. Licensed nurses will be educated on following medication order parameters and following care plan interventions documented as " Medications as ordered." Licensed nurses will be educated to notify NP/MD when medication not available.</p>		

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F 658	<p>Continued From page 16</p> <p>The MAR (medication administration record) for October 2022, documented the above order. On 10/4/2022 the fingerstick blood sugar was documented as "67." On 10/6/2022, the fingerstick blood sugar was documented as "69."</p> <p>The MAR for December 2022 documented the above order. On 12/7/2022, the fingerstick blood sugar was documented as "68." On 12/17/2022, the fingerstick blood sugar was documented as "63."</p> <p>Review of the nurse's notes for October and December 2022 failed to evidence documentation of notifying the physician or nurse practitioner.</p> <p>The comprehensive care plan dated, 5/26/2021, documented in part, "Focus: (R2) has Diabetes Mellitus." The "Interventions" documented in part, "Labs (laboratory tests) and blood sugar as ordered. Monitor/document/report PRN (as needed) any s/sx (signs/symptoms) pf hypoglycemia (low blood sugar)."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 5/3/2023 at 1:37 p.m. The above order and MAR was reviewed with LPN #2.</p> <p>When asked according to the physician order, what is the nurse to do if the blood sugar is outside the parameters, LPN #2 stated, you are supposed to call the doctor, nurse practitioner, responsible party and the unit manager and then write a progress note after you have done it.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 5/3/2023 at 4:24 p.m. When asked where the documentation of notifying the</p>	F 658	<p>4. DON/designee will audit patients with midodrine orders 3x week x4 weeks to assure medications were not given outside of parameters. DON/designee will audit progress notes to assure any Gabapentin not available had NP/MD notification. DON/designee will audit blood sugars out of parameters 3x week x4weeks to assure NP/MD were notified of blood sugars outside of parameters. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring.</p> <p>5. Completion date 5/26/23.</p>		

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F 658	<p>Continued From page 17</p> <p>physician when the blood sugars above were out of the physician prescribed range, ASM #2 stated she could not find anything documented related to notifying the physician when the fingerstick blood sugars were outside the parameters.</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, the assistant director of nursing, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>1.b. For R2, the facility staff failed to administer, Midodrine (used to treat sudden fall in blood pressure that occurs when a person assumes a standing position) (1) according to the physician orders.</p> <ul style="list-style-type: none"> The physician order dated, 5/5/2022, documented, "Midodrine HCL (hydrochloride) Tablet 10 MG (milligrams); Give 1 tablet by mouth three times a day for hypotension. Hold for SBP (systolic blood pressure) > (greater than) 110." <p>The October MAR (medication administration record) documented the above order. On the following dates and times the SBP was over 110 and the medication was documented as given: 10/3/2022 at 9:00 a.m. - BP (blood pressure) - 126/74 10/6/2022 at 2:00 p.m. - BP - 120/69 10/7/2022 at 9:00 a.m. - BP - 113/69 10/7/2022 at 9:00 p.m. - BP - 141/72 10/8/2022 at 9:00 a.m. - BP - 128/67 10/17/2022 at 9:00 a.m. - BP - 118/68 10/17/2022 at 2:00 p.m. - BP - 118/68 10/18/2022 at 9:00 a.m. - BP - 118/64 10/18/2022 at 9:00 p.m. - BP - 118/68</p>	F 658			

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F 658	<p>Continued From page 18</p> <p>10/21/2022 at 9:00 a.m. - BP - 128/74 10/22/2022 at 9:00 p.m. - BP - 136/68 10/25/2022 at 9:00 a.m. - BP - 116/66 10/27/2022 at 9:00 a.m. - BP - 117/68 10/27/2022 at 2:00 p.m. - BP - 114/63 10/27/2022 at 9:00 p.m. - BP - 119/68 10/28/2022 at 9:00 a.m. - BP - 126/74 10/28/2022 at 2:00 p.m. - BP - 121/70 10/28/2022 at 9:00 p.m. - BP - 116/68</p> <p>• The November 2022 MAR documented the above order. On the following dates and times, the SBP was over 110 and the medication was documented as given:</p> <p>11/3/2022 at 9:00 a.m. - BP - 115/70 11/3/2022 at 2:00 p.m. - BP - 120/70 11/4/2022 at 9:00 a.m. - BP - 116/69 11/5/2022 at 9:00 a.m. - BP - 112/66 11/5/2022 at 2:00 p.m. - BP - 122/70 11/5/2022 at 9:00 p.m. - BP - 119/70 11/10/2022 at 9:00 a.m. - BP - 118/73 11/13/2022 at 9:00 p.m. - BP - 120/70 11/14/2022 at 9:00 a.m. - BP - 124/70 11/17/2022 at 9:00 a.m. - BP - 123/77 11/17/2022 at 2:00 p.m. - BP - 118/69 11/18/2022 at 9:00 a.m. - BP - 112/66 11/18/2022 at 9:00 p.m. - BP - 118/68 11/19/2022 at 9:00 p.m. - BP - 118/68 11/20/2022 at 9:00 p.m. - BP - 132/72 11/22/2022 at 9:00 a.m. - BP - 122/70 11/22/2022 at 2:00 p.m. - BP - 118/68 11/23/2022 at 2:00 p.m. - BP - 119/60 11/24/2022 at 2:00 p.m. - BP - 128/72 11/25/2022 at 9:00 p.m. - BP - 118/68 11/28/2022 at 9:00 p.m. - BP - 118/62 11/29/2022 at 9:00 a.m. - BP - 140/71 11/29/2022 at 2:00 p.m. - BP - 134/74 11/29/2022 at 9:00 p.m. - BP - 112/62</p>	F 658			

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F 658	<p>Continued From page 19</p> <ul style="list-style-type: none"> The December 2022 MAR documented the above order. On the following dates and times, the SBP was over 110 and the medication was documented as given: 12/1/2022 at 9:00 p.m. - BP - 114/60 12/2/2022 at 9:00 a.m. - BP - 115/54 12/2/2022 at 2:00 p.m. - BP - 118/68 12/2/2022 at 9:00 p.m. - BP - 130/54 12/3/2022 at 9:00 a.m. - BP - 123/60 12/5/2022 at 2:00 p.m. - BP - 118/64 12/8/2022 at 2:00 p.m. - BP - 118/77 12/9/2022 at 9:00 p.m. - BP - 120/68 12/10/2022 at 9:00 a.m. - BP - 118/62 12/10/2022 at 2:00 p.m. - BP - 124/68 12/14/2022 at 9:00 a.m. - BP - 118/62 12/14/2022 at 2:00 p.m. - BP - 118/78 12/15/2022 at 2:00 p.m. - BP - 118/68 12/18/2022 at 9:00 p.m. - BP - 124/68 12/20/2022 at 2:00 p.m. - BP - 119/68 12/22/2022 at 2:00 p.m. - BP - 114/68 12/23/2022 at 9:00 p.m. - BP - 124/68 12/30/2022 at 9:00 a.m. - BP - 116/70 12/31/2022 at 9:00 p.m. - BP - 118/70 The comprehensive care plan dated, 5/26/2021, documented in part, "Focus: (R2) has the potential for altered cardiovascular status r/t (related to) cardiomyopathy, CHF (congestive heart failure), CAD (coronary artery disease), orthostatic hypotension, HTN (high blood pressure), pacemaker, and A-Fib (atrial fibrillation)." The "Interventions" documented in part, "Medications as ordered." <p>An interview was conducted with LPN (licensed practical nurse) #2 on 5/3/2023 at 1:37 p.m. The above order for Midodrine was reviewed with LPN #2. When asked what steps the nurse should take when administering the medication, LPN #2</p>	F 658			

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495255	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/03/2023
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F 658	<p>Continued From page 20</p> <p>stated, this drug has parameters, the nurse has to take the blood pressure prior to the administration, if the blood pressure is greater than 110, then you hold the medication and write a note.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 5/2/2023 at 4:24 p.m. ASM #2 stated she had identified this as a concern. She has done education and in-services on this concern but has not educated all nurses yet.</p> <p>The facility policy, "General Guidelines for Medication Administration" documented in part, "6. At a minimum, the 5 rights - right resident, right drug, right dose, right route, and right time, should be applied to all medication administration and reviewed at three steps in the process of preparation: 1. when medication is selected, 2. When the dose is removed from the container, and 3. after the dose is prepared and the medication is put away....Medications are administered in accordance with written orders of the prescriber."</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, the assistant director of nursing, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a616030.html.</p> <p>2. For Resident #3, the facility staff failed to</p>	F 658			

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 658	<p>Continued From page 21</p> <p>administer Gabapentin (2) although it was available in the back up medication supply.</p> <ul style="list-style-type: none"> On the most recent MDS (minimum data set) assessment, an annual assessment, with an assessment reference date of 3/31/2023, the resident scored a 10 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately impaired for making daily decisions. <p>The physician order dated, 5/17/2022, documented, "Gabapentin Capsule 400 MG (milligrams) (used to treat seizures and pain); Give 2 capsule by mouth two times a day for Neuropathy."</p> <p>The April 2023, Medication Administration Record (MAR) documented the above order. For the 9:00 p.m. dose on 4/20/2023, the 9:00 a.m. dose on 4/21/2023, the 9:00 p.m. dose on 4/21/2023 and on 4/22/2023 for the 9:00 a.m. dose, a "9" was documented. A "9" indicates "Hold/See Progress Notes."</p> <p>The Progress notes for the above doses documented, "On order."</p> <ul style="list-style-type: none"> The review of the list for the facility emergency/back up medication system, documented, Gabapentin 100 MG capsules - 13 caps (capsules) and Gabapentin 300 MG capsules - 7 capsules, currently in the emergency medication supply. <p>An interview was conducted with LPN (licensed practical nurse) #2, on 5/3/2023 at 1:37 p.m. When asked the process for when a medication is not in the medication cart when it is time to be</p>	F 658			

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

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 22</p> <p>administered, LPN #2 stated, first, the nurse checks the overflow medications (ones that don't fit in the medication cart), if not there, the nurse goes to the (name of emergency/back up medication system). If not there, then the nurse should notify the unit manager and they will call the pharmacy. LPN #2 further stated that if it is not given and there is no back up and it's not here from the pharmacy in a timely manner for the prescribed time, then the nurse should call the nurse practitioner or doctor and the responsible party and write a note. The list of medications in the backup system was reviewed with LPN #2. LPN #2 stated, the resident gets 800 MG, so I would have pulled two 300 MG capsules and two 100 MG capsules to equal their dose of 800 MG.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 5/3/2023 at 4:21 p.m. ASM #2 was asked why the medication was not taken from the backup medication system, ASM #2 stated, she can't say why they didn't put it from the (name of the backup medication system).</p> <p>The facility policy, "General Guidelines for Medication Administration" documented in part, "13. If a medication with a current, active order cannot be located in the medication cart/drawer, other areas of the medication cart, medication room and facility are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted or medication removed from the emergency kit."</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, the assistant director of nursing, were made aware of the above findings on 5/3/2023 at 5:15 p.m.</p>	F 658			

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

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FORM APPROVED
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F 658	Continued From page 23 No further information was obtained prior to exit. (2) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a694007.h tml	F 658			
F 725 SS=D	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. • §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced	F 725	1. Resident #1 was transferred back into the bed on 5/10/2022 after her fall. Staff scheduler educated to have minimum of 2 CNAs during the night shift on the unit. 2. DON/designee will review staffing for the last 30 days for less than two CNAs on night shift and notify Medical Director if fall had occurred during that time. 3. DON/designee will educate Staff scheduler, Human Resources, and Licensed nurses for the maintain minimum of two CNAs on unit on night shift. 4. DON/designee will audit daily x4 weeks to assure no less than two CNAs working on unit on night shift. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determinations related to ongoing monitoring. 5. Completion date 5/26/2023.		

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

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F 725	<p>Continued From page 24</p> <p>by:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide sufficient staffing for one of seven residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1) the facility staff failed to have sufficient staffing during the evening and night shift 5/9/2022 through 5/10/2022. There were only two CNAs (certified nursing assistants) for a census of 55 residents on the South wing for the evening shift. There was only one CNA on the South Wing for the night shift from 11:00 p.m. until 3:00 a.m. At 3:00 a.m. two CNAs came in. There was only one nurse on the South Wing for night shift. R1 was found on the floor in their room, in front of the wheelchair at 2:20 a.m.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date (ARD) of 2/1/2023, the resident scored a one out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is severely, cognitively impaired for making daily decisions. In Section G - Functional Status, R1 was coded as requiring extensive assistance of two staff members for moving in the bed and transfers. The resident was coded as not walking. The MDS assessment, a quarterly assessment, with an ARD of 5/10/2022, the resident scored a three out of 15 on the BIMS score, indicating the resident is severely, cognitively impaired for making daily decisions. In Section G - Functional Status, R1 was coded as requiring extensive assistance of one for moving in the bed and extensive assistance of two staff</p>	F 725			

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

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F 725	<p>Continued From page 25</p> <p>members for transfers. The resident was coded as not walking.</p> <p>The nurse's note dated, 5/10/2022 at 3:31 a.m. documented in part, "CNA (certified nursing assistant) retrieved this nurse that resident had fallen. Resident was found sitting on the floor in front of her wheelchair. Resident states that she slipped out of her wheelchair. Resident denies any pain. Resident assisted up x2 (by two staff members), placed in wheelchair and then assisted to bed. No injuries noted at this time."</p> <ul style="list-style-type: none"> The "Fall Investigation," dated, 5/10/2022 at 2:21 a.m., documented the above nurse's note. <p>The resident census for 5/9/2022 into 5/10/2022, on the South Unit, was 55.</p> <p>The "Daily Schedule" dated 5/9/2022 was reviewed. For the evening shift on 5/9/2022, there was one nurse from 3:00 p.m. - 11:00 p.m. There was another nurse that came in at 6:00 p.m. There was one CNA working the whole shift from 3:00 p.m. - 11:00 p.m. There was a CNA from 3:00 p.m. - 7:00 p.m. and another CNA came in at 7:30 p.m. and working until 3:00 a.m. The night shift, 11:00 p.m. to 7:00 a.m. There was one nurse and one CNA from 11:00 p.m. - 3:00 a.m. for the South Unit. Two CNAs came in at 3:00 a.m.</p> <p>An interview was conducted with OSM (other staff member) #3, the staffing coordinator, on 5/3/2023 at 8:46 a.m. The above Daily Schedule was reviewed with OSM #4. OSM#4 verified there was only one CNA from 11:00 p.m. to 3:00 a.m. OSM #3 was not employed at the facility in May 2022.</p> <ul style="list-style-type: none"> When asked if it was adequate staffing to care for 	F 725			

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

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F 725	<p>Continued From page 26</p> <p>these residents, OSM #4 stated, no in her opinion. When asked if the facility utilizes agency staff, OSM #3 stated, yes at times.</p> <ul style="list-style-type: none"> An interview was conducted with OSM #4, Human Resources, who was filling in with staffing during May 2022. The above schedule was reviewed. When asked the level of staffing the South will should have on each shift, OSM #4 stated for the day shift there should be two nurses on 7:00 a.m. to 3:00 p.m. and on 3:00 p.m. to 11:00 p.m. and one nurse for 11:00 p.m. to 7:00 a.m. For CNAs, there should be at least four on 7:00 a.m. to 3:00 p.m., two to three on 3:00 p.m. to 11:00 p.m. and two on 11:00 p.m. to 7:00 a.m. When asked if the unit was understaffed for 5/9/2022, OSM #4 stated, yes. On 5/3/2023 at 9:08 a.m. an interview was conducted with LPN (licensed practical nurse) #1, who worked the 3:00 p.m. to 11:00 p.m. shift, When asked about R1's normal bedtime schedule, LPN #1 stated the resident and roommate normally go to bed after dinner, the latest they stay up is until 9:00 p.m. When asked if she recalled if R1 was put to bed on 5/9/2022, LPN #1 stated the only thing she could think of it the resident wanted to stay up which is unusual for them. LPN #1 stated she didn't know why she [the resident] wouldn't have gone to bed. The CNA's that worked the evening shift on 5/9/2022 were no longer employed at the facility and unavailable for interview. An interview was conducted with LPN #3, the night shift nurse, on 5/3/2023 at 9:41 a.m. LPN #3 was asked to review the fall investigation and her nurse's note of 5/10/2022 at 3:31 a.m. When asked if the resident was in the wheelchair at the 	F 725			

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

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F 725	<p>Continued From page 27</p> <p>time of the fall, LPN #3 stated, the evening shift normally puts them to bed and didn't recall if (R1) was up in the wheelchair. LPN #3 stated the resident did slide out of her wheelchair a lot. She stated it would be unusual for the residents not to be in bed when she came on shift. When asked R1's normal bedtime, LPN #3 stated, R1's normal was to be in bed by 9:00 p.m. at the latest, maybe they refused. When asked where the wheelchair was located at the time of the fall, LPN #3 stated it was next to the bed. LPN #3 stated, once they put R1 to bed she stays put, R1 will sometimes throw a leg out but normally doesn't attempt to get out of the bed. When asked how many CNA's she had that night, LPN #3 stated she only had one until 3:00 a.m. LPN #3 stated she tried to help the CNA with rounds between her medication administration. When asked how many CNAs did, she normally have on the night shift, LPN #3 stated they try to have two but that didn't always happen. When asked if she felt it was understaffed that night, LPN #3 stated, "Yes, we can't take care of these residents properly without the staffing."</p> <p>The CNA that worked the night shift from 5/9/2022 through 5/10/2022, was no longer employed at the facility and was unavailable for interview.</p> <p>An interview was conducted with ASM (administrative staff member) #3, the assistant director of nursing, on 5/3/2023 at 10:08 a.m. When asked if she was involved with the staffing, ASM #3 stated, mainly if she is on call, we discuss staffing with the holes (blanks where they need staff to work). When asked the staffing for 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m., ASM #3 stated it should ideally be two aides on each wing with one on each hall for 3:00 p.m.</p>	F 725			

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

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F 725	Continued From page 28 to 11:00 p.m. On 11:00 p.m. to 7:00 a.m. it should ideally be one for each all but at times we have only had one aide at night. ASM #1, the administrator, ASM #2, the director of nursing, and ASM #3, were made aware of the above findings on 5/3/2023 at 5:15 p.m. No further information was obtained prior to exit.	F 725			