

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

PRINTED: 07/07/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE HEALTH &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1719 BELLEVUE AVENUE</b> <b>RICHMOND, VA 23227</b>		
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F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted 6/20/2023 through 6/22/2023. Six complaints were investigated during the survey. VA00056084 (substantiated with deficiency); VA00058924 (substantiated with deficiency); VA00056756 (substantiated without deficiency); VA00054631 (substantiated without deficiency); VA00055498 (substantiated with deficiency); VA00054765 (substantiated with deficiency). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 128 certified bed facility was 104 at the time of the survey. The survey sample consisted of seven current resident review and two closed record review.	F 000			
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 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	F 656		7/14/23	

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

TITLE

(X6) DATE

Electronically Signed

07/04/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 656	<p>Continued From page 1</p> <p>provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(iii) Be culturally-competent and trauma-informed. This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review and facility document review it was determined that the facility staff failed to implement the comprehensive care plan for two of nine residents in the survey sample, Resident #9 and Resident #6.</p> <p>The findings include:</p> <p>1. For Resident #9 (R9), the facility staff failed to</p>	F 656	<p>1.) Residents #9 and #6 were assessed by nursing staff and their medical records were reviewed. The residents' care plans have been updated to reflect current individualized plans of care.</p> <p>2.) The Director of Nursing/designee has performed an audit of all current residents' care plans. Care plans have been updated to ensure individualized needs are addressed appropriately and</p>		

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F 656	<p>Continued From page 2</p> <p>implement the comprehensive care plan to provide dental services to R9 as needed.</p> <p>R9's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/10/2023, the resident scored 14 out of 15 on the BIMS (brief interview for mental status) assessment, indicating the resident was cognitively intact for making daily decisions. Section K documented no weight loss in the last month or last six months and the resident receiving a therapeutic diet. Section L documented no mouth pain or dentures.</p> <p>On 6/20/2023 at 12:25 p.m., an interview was conducted with R9 in their room. R9 stated that they had multiple loose teeth in their mouth and that someone had come in to look inside their mouth but did not do anything. R9 stated that their teeth were painful and made it hard to chew and they had requested to go out to see a dentist multiple times but had no one had never helped them to set up an appointment.</p> <p>The comprehensive care plan for R9 documented in part, "Dental or oral cavity health problem r/t (related to) no natural teeth. Date Initiated: 06/18/2022. Revision on: 01/14/2023." Under "Interventions" it documented in part, "...Refer to dentist/ hygienist for evaluation/ recommendations re: denture realignment, new fitting, teeth pulled, repair of carious teeth as needed. Date Initiated: 06/24/2022. Revision on: 01/11/2023."</p> <p>The physician orders for R9 documented in part, - "Schedule dentist appointment/refferal [sic] per (name of physician) d/t (due to) sore gums and loose teeth. On hold from 03/31/2022 12:00 to</p>	F 656	<p>that results are being tracked and addressed appropriately. A process has been developed and implemented to identify resident care needs in the daily interdisciplinary team meeting, and to update the care plans to reflect the needs identified.</p> <p>3.) The Director of Nursing/designee has in-serviced nursing leadership and interdisciplinary team members regarding care plan updates. The in-service includes, but no limited to, the importance of care plan reviews and updates with any changes for each resident and care plans being reflective of individualized care needs.</p> <p>4.) The Director of Nursing/designee will conduct an audit of 25% of resident care plans weekly for 4 weeks and then monthly for 2 months to ensure that interventions are appropriate and reflect the individual needs of each resident. Any issues identified will be addressed immediately by the Director of Nursing/designee and appropriate actions will be taken to update the resident care plans. The Director of Nursing/designee will identify any trends and/or patters and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.</p>		

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F 656	<p>Continued From page 3</p> <p>04/01/2022 00:58 (12:58 a.m.). Order Date: 01/17/2022."</p> <p>- "Schedule Dental visit. On hold from 03/31/2022 12:00 to 04/01/2022 00:58. Order Date: 01/21/2022."</p> <p>- "Dental consult related to sore gums and Loose teeth. Order Date: 04/06/2022."</p> <p>The progress notes for R9 documented in part,</p> <p>- "1/17/2022 14:56 (2:56 p.m.) Nutrition/Weight...Note Text : Spoke w/SLP (speech language pathologist) about resident's refusal to consume anything other than liquids. Will drink Ensure, juice, etc. Declined to downgrade diet to pureed. Told SLP his teeth hurt. Writer notified MD (medical doctor), MD stated for nurse to put in order for dental eval. Writer reported MD order to nurse..."</p> <p>- "1/20/2022 14:28 (2:28 p.m.) Nutrition/Weight...Met w/resident in room. Reports difficulty chewing r/t (related to) teeth in poor condition (order in place to make dental appointment in (name of electronic medical record system))..."</p> <p>- "1/21/2022 15:34 (3:34 p.m.) Note Text : NP (nurse practitioner) in to see New orders written for CBC, CMP, TSH (complete blood count, comprehensive metabolic panel, thyroid stimulating hormone) next lab day. Dental visit, soft diet until dental appt, start Amoxicillin 500mg TID (three times a day) x 7 days foe [sic] dental infection resident is currently on mechanical sift diet RP (responsible party) is aware of new orderder [sic] and scheduler ids [sic] aware of need for Dental appt. (appointment) and is working on making Appt."</p> <p>- "7/20/2022 11:45 (11:45 a.m.) Wound Progress note...Daughter expresses concerns for patient's appetite. She feels the decline in PO (by mouth)</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>intake is secondary to issues with his teeth. Stated patient had recently been seen by a dentist in facility with recommendation for extractions. She is unaware if any appointment for further orthodontic procedure has been scheduled..."</p> <p>- "9/9/2022 15:16 (3:16 p.m.) Note Text : Spoke with resident daughter (Name of daughter) regarding upcoming appointments with dentist, dermatologist and wound clinic. Concerns being addressed with IDT (interdisciplinary) team. (Name of daughter) verbalized satisfaction regarding receiving health updates."</p> <p>Review of R9's clinical record failed to evidence documentation of dental consults arranged or notes regarding dental care provided.</p> <p>On 6/20/2023 at approximately 4:00 p.m., a request was made to ASM (administrative staff member) #1, the administrator for evidence of any dental consults and follow up dental visits for R9.</p> <p>On 6/21/2023 at approximately 9:00 a.m., ASM #2, the director of nursing provided a list of residents including R9 that were scheduled for a visit on 7/6/2023 with the visiting in house dentist. ASM #2 stated that they had searched to try to find a dentist in the community for R9 to go to but they could not find one that could accommodate the resident in their office. ASM #2 stated that they had recently found the new dentist who would come to the facility to see residents but they were unable to come in until 7/6/2023. ASM #2 stated that the medical records staff member arranged outside appointments and did not document what attempts they made or conversations with the resident and the</p>	F 656			

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F 656	<p>Continued From page 5 responsible party in the medical record.</p> <p>On 6/21/2023 at 9:25 a.m., ASM #2 provided a letter dated 6/21/2023 from (Name of outside dental office) stating that they did not accept residents on stretchers. At this time a request was made to ASM #2 for evidence of attempts made prior to 6/21/2023 to set up a dental consultation for R9.</p> <p>On 6/21/2023 at 9:50 a.m., an interview was conducted with OSM (other staff member) #8, medical records. OSM #8 stated that the nurse practitioner normally let them know when a resident needed an appointment set up outside of the facility and then they reviewed the residents insurance and set up the appointment and transportation accordingly. She stated that they sent some of the residents to (Name of outside dental office) but they did not take residents on stretchers so it was very hard to get appointments for those residents. She stated that the new company starting in July would be able to refer them to someone who would evaluate residents on stretchers. OSM #8 stated that they had attempted to find an outside dental office but did not document the attempts they made. OSM #8 stated that they were solely responsible for finding the resources in the community for the residents and the former social worker did not assist however they were hopeful that the new social worker would assist with this.</p> <p>On 6/21/2023 at 10:45 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that the purpose of the care plan was to provide a plan of care for the resident and it should be followed. She stated that she did not remember any dentist visits for R9 and they were</p>	F 656			

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F 656	<p>Continued From page 6</p> <p>not sure if the in house dentist completed a note or a report when they came into the building. She stated that she remembered that R9 had missed some appointments because the transportation did not show up but did not recall which appointments they were. She stated that when a resident required a dentist, they asked the family if they had a dentist in community first and if not they asked the physician who they recommended and the scheduler set up the appointment.</p> <p>On 6/21/2023 at 12:18 p.m., an interview was conducted with ASM #2, director of nursing. ASM #2 stated that they had been at the facility since June of 2022. ASM #2 stated that R9 had never complained to the staff about having issues with their teeth and they had we offered to set up an appointment however it was challenging because the one that they had contracted with could not see him and the one they found that would take his insurance would not accommodate his stretcher. ASM #2 stated that they had been attempting to set up the appointment since they had discussed it with the daughter on 9/9/2022 and it was challenging for them because there were few dentists that would do mobile visits. ASM #2 stated that the documentation was where the missing piece was because the medical records staff did not document. ASM #2 stated that they thought that the former social worker had gotten involved and attempted to find resources also but they did not have any documentation to evidence that.</p> <p>The facility policy "Care Planning- Interdisciplinary Team" undated, failed to evidence guidance on implementing the care plan.</p> <p>On 6/21/2023 at 4:06 p.m., ASM #1, the</p>	F 656			

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F 656	<p>Continued From page 7</p> <p>administrator, ASM #2, the director of nursing and ASM #4, the regional nurse consultant were made aware of the concern.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #6 (R6), the facility staff failed to implement the comprehensive care plan for administering medications per the physician orders.</p> <p>The comprehensive care plan revised on 1/31/2023, documented in part, Focus: The resident is on insulin r/t (related to) diabetes. Focus: At risk for change in mood r/t anxiety and depression. Focus: At risk for changes in mood r/t depression. Focus: Cardiac disease related to hyperlipidemia, hypertension. Focus: Endocrine System related to diabetes. Focus: Neurological deficiencies related to seizure. Focus: Pain related to generalized pain and back pain, shoulder pain, vaginal pain, leg pain. For all these focused areas on the care plan the Intervention document in part, "Administer medications per physician orders."</p> <p>The physician order summary for March/April 2023 documented the physician orders for the following medications:</p> <ol style="list-style-type: none"> <li>1. Atorvastatin Calcium Tablet (1) 40 mg (milligrams); Give 40 mg by mouth at bedtime for Hyperlipidemia (elevated fats in blood).</li> <li>2. Basaglar KwikPen Solution (2) Injector 100 UNIT/ML (units per milliliter) (Insulin Glargine); inject 70 units subcutaneously at bedtime for diabetes.</li> <li>3. Clonazepam Tablet Disintegrating (3) 0.125 mg; Give 1 tablet by mouth two times a day related to anxiety disorder.</li> </ol>	F 656			



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F 656	<p>Continued From page 8</p> <p>4. Insulin Lispro Solution (4): inject as per sliding scale if bs (blood sugar) 150-200 = 4 units, 201-250 = 6 units, 251 - 300 = 8 units, 301-350 = 10 units, 351 - 400 = 12 units before meals and at bedtime for diabetes.</p> <p>5. Lidocaine patch (5) 5%; apply to foot - dorsal (top) left topically one time a da for pain remove after 12 hours.</p> <p>6. Melatonin Oral 3 mg Tablet (6); Give 6 mg by mouth at bedtime for insomnia.</p> <p>7. Metformin HCL (7) 500 mg; Give 1000 mg by mouth at bedtime for DM (diabetes mellitus).</p> <p>8. Metformin HCL 500 mg; Give 500 mg by mouth one time a day for DM.</p> <p>9. Oxybutynin CL ER (extended release) 10 mg Tablet (8); Give 1 tablet by mouth at bedtime for OAB (overactive bladder).</p> <p>10. OxyContin Tablet ER 10 mg (9); Give 10 mg by mouth every 12 hours related to: Encounter for orthopedic aftercare following surgical amputation.</p> <p>11. Ramelteon Oral Tablet (10) 8 mg; Give 8 mg by mouth at bedtime for insomnia.</p> <p>12. Seroquel Tablet 25 mg (11); Give 1 tablet by mouth two times day for Bipolar Disorder.</p> <p>13. Topiramate Tablet 25 mg (12); Give 25 mg by mouth two times a day for seizure.</p> <p>The March 2023 MAR (medication administration record) documented the above orders. On 3/31/2023, the following medications had a blank where the nurse should sign that the medication was given: Atorvastatin Calcium - due at 9:00 p.m. Basaglar KwikPen Solution - a blood sugar and administration was due at 9:00 p.m. Melatonin Oral Tablet - due at 9:00 p.m. Metformin HCL tablet 1000 mg - due at 9:00 p.m. Oxybutynin CL ER 10 mg - due at 9:00 p.m.</p>	F 656			

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F 656	<p>Continued From page 9</p> <p>Ramelteon Oral Tablet 8 mg - due at 9:00 p.m. Oxycontin Tablet ER 10 mg - due at 9:00 p.m. Insulin Lispro solution - inject per the sliding scale - due at 9:00 p.m.</p> <p>The April 2023 MAR documented the above orders. On 4/12/2023, the following medications had a blank where the nurse should sign that the medication was given: Lidocaine Patch 5% - due at 9:00 a.m. Metformin HCL tablet 500 mg - due at 9:00 a.m. Oxycontin Oral Tablet ER 15 mg - due at 9:00 a.m. Seroquel Tablet 25 mg - due at 9:00 a.m. Clonazepam Tablet 0.125 mg - due at 9:00 a.m. Topiramate Tablet 25 mg - due at 9:00 a.m. Gabapentin 100 mg - 2 capsules - due at 9:00 a.m. and 1:00 p.m. Insulin Lispro Solution - due at 11:10 a.m. with no blood sugar documented.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 6/21/2023 at 11:10 a.m. When asked the purpose of the care plan LPN #1 stated it's the plan of care for the resident. LPN #1 was asked if the care plan should be followed, LPN #1 stated, yes.</p> <p>ASM #1, the administrator, ASM #2 and ASM #4, the regional nurse consultant, were made aware of the above concern on 6/21/2023 at 4:45 p.m.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) Atorvastatin is given to lower lipids (fats) in the blood stream. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a600045.h">https://medlineplus.gov/druginfo/meds/a600045.h</a></p>	F 656			

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F 656	Continued From page 10 tml (2) Basalar KwikPen Insulin Glargine is used to treat diabetes, it's a long-acting insulin. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a600027.html">https://medlineplus.gov/druginfo/meds/a600027.html</a> tml (3) Clonazepam is used to treat seizures and panic attacks. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682279.html">https://medlineplus.gov/druginfo/meds/a682279.html</a> tml (4) Insulin Lispro is a short acting insulin used to treat diabetes. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697021.html">https://medlineplus.gov/druginfo/meds/a697021.html</a> tml (5) Lidocaine Patch is used to treat pain. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a603026.html">https://medlineplus.gov/druginfo/meds/a603026.html</a> tml (6) Melatonin is used to treat insomnia. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/natural/940.html">https://medlineplus.gov/druginfo/natural/940.html</a> (7) Metformin is used to treat diabetes. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a696005.html">https://medlineplus.gov/druginfo/meds/a696005.html</a> tml (8) Oxybutynin is used to treat overactive bladder. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682141.html">https://medlineplus.gov/druginfo/meds/a682141.html</a> tml (9) Oxycontin is used to treat moderate to severe pain. This information was obtained from the following website:	F 656			

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F 656	Continued From page 11 <a href="https://medlineplus.gov/druginfo/meds/a682132.html">https://medlineplus.gov/druginfo/meds/a682132.html</a> (10) Ramelteon is used to insomnia. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605038.html">https://medlineplus.gov/druginfo/meds/a605038.html</a> (11) Seroquel is used to treat schizophrenia and depression. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a605038.html">https://medlineplus.gov/druginfo/meds/a605038.html</a> (12) Topiramate is used to treat seizures. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697012.html">https://medlineplus.gov/druginfo/meds/a697012.html</a>	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 resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to administer medications per the physician orders for one of nine residents in the survey sample, Resident #6.  The findings include:  For Resident #6 (R6), the facility staff failed to administer the morning medications on	F 658	1.) Resident #6's drug regime was reviewed by Physician. Resident #6's Responsible Party is aware of medication errors. Physician is aware of the medication errors. 2.) The Director of Nursing/designee has performed an audit of all current residents' medication administration records to ensure administration per the physician orders. Any variances found have been reviewed by the Physician.	7/14/23	

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F 658	<p>Continued From page 12</p> <p>4/12/2023, and the evening medications on 3/31/2023, and failed to administer medications on 6/19/2023 within the prescribed time frame.</p> <p>An interview was conducted with R6 on 6/20/2023 at 2:10 p.m. R6 stated that on 4/12/2023 the nurse never gave her, her morning medications and there was another time in March she didn't get her medications. R6 also stated that on 6/19/2023 they received her morning medications at almost 1:00 p.m.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/2/2023, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.</p> <p>The physician order summary for March/April/June 2023 documented the physician orders for the following medications:</p> <ol style="list-style-type: none"> <li>1. Atorvastatin Calcium Tablet (1) 40 mg (milligrams); Give 40 mg by mouth at bedtime for Hyperlipidemia (elevated fats in blood).</li> <li>2. Basaglar KwikPen Solution (2) Injector 100 UNIT/ML (units per milliliter) (Insulin Glargine); inject 70 units subcutaneously at bedtime for diabetes.</li> <li>3. Clonazepam Tablet Disintegrating (3) 0.125 mg; Give 1 tablet by mouth two times a day related to anxiety disorder.</li> <li>4. Insulin Lispro Solution (4): inject as per sliding scale if bs (blood sugar) 150-200 = 4 units, 201-250 = 6 units, 251 - 300 = 8 units, 301-350 = 10 units, 351 - 400 = 12 units before meals and at bedtime for diabetes.</li> <li>5. Lidocaine patch (5) 5%; apply to foot - dorsal</li> </ol>	F 658	<p>Plans of care have been reviewed and updated for individualized care needs.</p> <p>3.) The Director of Nursing/designee has educated nurses on the importance of administering medications in a safe and effective manner. The education included, but was not limited to, administering medications per physician's orders, and administering medications within the prescribed time frame.</p> <p>4.) The Director of Nursing/designee will conduct an audit of 25% of resident medication administration records weekly for 4 weeks and then monthly for 2 months to ensure that medications are being administered timely and per physician's orders. Any issues identified will be addressed immediately by the Director of Nursing/designee and appropriate actions will be taken to update the physician's orders. The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.</p>		

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F 658	<p>Continued From page 13</p> <p>(top) left topically one time a da for pain remove after 12 hours.</p> <p>6. Melatonin Oral 3 mg Tablet (6); Give 6 mg by mouth at bedtime for insomnia.</p> <p>7. Metformin HCL (7) 500 mg; Give 1000 mg by mouth at bedtime for DM (diabetes mellitus).</p> <p>8. Metformin HCL 500 mg; Give 500 mg by mouth one time a day for DM.</p> <p>9. Oxybutynin CL ER (extended release) 10 mg Tablet (8); Give 1 tablet by mouth at bedtime for OAB (overactive bladder).</p> <p>10. OxyContin Tablet ER 10 mg (9); Give 10 mg by mouth every 12 hours related to: Encounter for orthopedic aftercare following surgical amputation.</p> <p>11. Ramelteon Oral Tablet (10) 8 mg; Give 8 mg by mouth at bedtime for insomnia.</p> <p>12. Seroquel Tablet 25 mg (11); Give 1 tablet by mouth two times day for Bipolar Disorder.</p> <p>13. Topiramate Tablet 25 mg (12); Give 25 mg by mouth two times a day for seizure.</p> <p>The March 2023 MAR (medication administration record) documented the above orders. On 3/31/2023, the following medications had a blank where the nurse should sign that the medication was given:</p> <p>Atorvastatin Calcium - due at 9:00 p.m. Basaglar KwikPen Solution - a blood sugar and administration was due at 9:00 p.m. Melatonin Oral Tablet - due at 9:00 p.m. Metformin HCL tablet 1000 mg - due at 9:00 p.m. Oxybutynin CL ER 10 mg - due at 9:00 p.m. Ramelteon Oral Tablet 8 mg - due at 9:00 p.m. Oxycontin Tablet ER 10 mg - due at 9:00 p.m. Insulin Lispro solution - inject per the sliding scale - due at 9:00 p.m.</p> <p>The April 2023 MAR documented the above</p>	F 658			

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F 658	<p>Continued From page 14</p> <p>orders. On 4/12/2023, the following medications had a blank where the nurse should sign that the medication was given:</p> <p>Lidocaine Patch 5% - due at 9:00 a.m. Metformin HCL tablet 500 mg - due at 9:00 a.m. Oxycontin Oral Tablet ER 15 mg - due at 9:00 a.m. Seroquel Tablet 25 mg - due at 9:00 a.m. Clonazepam Tablet 0.125 mg - due at 9:00 a.m. Topiramate Tablet 25 mg - due at 9:00 a.m. Gabapentin 100 mg - 2 capsules - due at 9:00 a.m. and 1:00 p.m. Insulin Lispro Solution - due at 11:10 a.m. with no blood sugar documented.</p> <p>The June 2023 MAR documented the above orders. On 6/19/2023, the following medications were documented on the Medication Administration Audit Report as being administered between 12:42 and 12:51 p.m. Seroquel Tablet 25 mg - due at 9:00 a.m. Clonazepam Tablet 0.125 mg - due at 9:00 a.m. Oxycontin Oral Tablet ER 15 mg - due at 9:00 a.m. Metformin HCL tablet 500 mg - due at 9:00 a.m. Insulin Lispro Solution - due at 11:30 a.m. Blood sugar documented - 188 - documented as done at 12:50 p.m.</p> <p>The comprehensive care plan revised on 1/31/2023, documented in part, Focus: The resident is on insulin r/t (related to) diabetes. Focus: At risk for change in mood r/t anxiety and depression. Focus: At risk for changes in mood r/t depression. Focus: Cardiac disease related to hyperlipidemia, hypertension. Focus: Endocrine System related to diabetes. Focus: Neurological deficiencies related to seizure. Focus: Pain related to generalized pain and back pain,</p>	F 658			

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F 658	<p>Continued From page 15</p> <p>shoulder pain, vaginal pain, leg pain. For all of these focused areas on the care plan the Intervention document in part, "Administer medications per physician orders."</p> <p>On 6/21/2023 at 8:46 a.m. ASM (administrative staff member) #2, the director of nursing, was asked who the nurse responsible for the administration of medications to R6 on 4/12/2023, on the morning shift was. ASM #2 stated, "Those medications were missed. I received a call from one of the nurses to inform me that (R6) did not receive her morning medications." Upon her investigation, ASM #2 stated the nurse that was assigned to R6 claimed she didn't know the resident was her patient. ASM #2 stated that the unit manager administered as many of the medications that could be given without overlap of medications or times. That's why there are still blanks on the MAR.</p> <p>On 6/21/2023 at 9:31 a.m., an interview was conducted with ASM #2 regarding the missing medications on 3/31/2023. ASM #2 stated it was an agency nurse. The nurse was working a double and gave the morning medications but can't say if she gave the evening medications. When asked if there is a blank on the MAR, what does that indicate, ASM #2 stated, if it's not documented it most likely was not given. ASM #2 was asked about the times of the morning medications given on 6/19/2023. ASM #2 stated she could not get in contact with the nurse that administered the medications on 6/19/2023.</p> <p>The facility policies provided, "Medication and Treatment Orders" and "Medication Orders" failed to evidence documentation and administration of medications per the physician orders.</p>	F 658			



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F 658	Continued From page 16  ASM #1, the administrator, ASM #2 and ASM #4, the regional nurse consultant, were made aware of the above concern on 6/21/2023 at 4:45 p.m.  No further information was provided prior to exit.  References: (1) Atorvastatin is given to lower lipids (fats) in the blood stream. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a600045.html">https://medlineplus.gov/druginfo/meds/a600045.html</a> (2) Basalar KwikPen Insulin Glargine is used to treat diabetes, it's a long-acting insulin. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a600027.html">https://medlineplus.gov/druginfo/meds/a600027.html</a> (3) Clonazepam is used to treat seizures and panic attacks. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a682279.html">https://medlineplus.gov/druginfo/meds/a682279.html</a> (4) Insulin Lispro is a short acting insulin used to treat diabetes. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a697021.html">https://medlineplus.gov/druginfo/meds/a697021.html</a> (5) Lidocaine Patch is used to treat pain. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a603026.html">https://medlineplus.gov/druginfo/meds/a603026.html</a> (6) Melatonin is used to treat insomnia. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/natural/940.html">https://medlineplus.gov/druginfo/natural/940.html</a> (7) Metformin is used to treat diabetes. This	F 658			

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F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview,	F 760	1.) Resident #6 has been assessed by	7/14/23	

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F 760	<p>Continued From page 18</p> <p>family interview, facility document review and clinical record review, it was determined the facility staff failed to ensure one of nine residents were free from a significant medication error, Resident #6.</p> <p>The findings include:</p> <p>For Resident #6 (R6), the facility staff gave the morning medications and the 1:00 p.m. medications at the same time, causing resident to be very drowsy for the rest of the day.</p> <p>An interview was conducted with R6 on 6/20/2023 at 2:10 p.m. R6 stated on 6/19/2023 the nurse gave them, their 9:00 a.m. medications and their 2:00 p.m. medications at the same time at a little before 1:00 p.m. R6 stated it included four capsules of Gabapentin. R6 stated they did not wake up until midnight. R6 recalled asking the night CNA (certified nursing assistant) why she was there so early. The CNA told R6 it was midnight. R6's family was in the room and stated they could not get in touch with R6 all day and was getting ready to come to the facility when they did get a hold of them later in the evening but stated R6 was "out of it."</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 5/2/2023, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.</p> <p>Review of the physician orders dated 9/28/2021, documented, Gabapentin Capsule (1)100 mg; give 2 capsules by mouth three times a day for</p>	F 760	<p>nursing staff and provider with no negative outcomes noted. The resident, responsible party and provider were notified. Plan of care was reviewed and updated for individualized care needs.</p> <p>2.) The Director of Nursing/designee has performed an audit of all current residents' medication administration records to ensure administration per the physician orders. Any variances found have been reviewed by the Physician. Plans of care have been reviewed and updated for individualized care needs.</p> <p>3.) The Director of Nursing/designee has educated nurses on the importance of administering medications in a safe and effective manner. The education included, but was not limited to, administering medications as prescribed in accordance with good nursing principles and practices and within the prescribed time frame.</p> <p>4.) The Director of Nursing/designee will conduct an audit of 25% of resident medication administration records weekly for 4 weeks and then monthly for 2 months to ensure that medications are being administered timely and per physician's orders. Any issues identified will be addressed immediately by the Director of Nursing/designee and appropriate actions will be taken to update the physician's orders. The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.</p>		

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F 760	<p>Continued From page 19 neuropathic pain.</p> <p>The MAR (medication administration record) for June 2023, documented the resident was due to receive Gabapentin 100 mg - 2 tablets scheduled for 9:00 a.m. and Gabapentin 100 mg - 2 capsules, scheduled for 1:00 p.m.</p> <p>Review of the Medication Administration Audit Report revealed the 9:00 a.m. and 1:00 p.m. doses of Gabapentin were administered at 12:42 p.m. and 12:49 p.m.</p> <p>The nurse who administered the medications on 6/19/2023 was unable to be reached during the survey.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1, on 6/21/2023 at 11:10 a.m. When asked if a nurse can give two doses of a medication at once, an example of 9:00 a.m. and 1:00 p.m. dose together, LPN #1 stated, you shouldn't.</p> <p>On 6/21/2023 at 11:45 a.m., an interview was conducted with ASM #3, the attending physician for R6. The Gabapentin order and the times given were explained to ASM #3. When asked if two doses of a medication should be given at the same time, ASM #3 stated no. ASM #3 was asked if two doses of Gabapentin were given at the same time, what effect would it have on the resident, ASM #3 stated the resident would be very groggy and dizzy. ASM #3 stated, "If the resident missed a dose in the morning, then the nurse should have called me for directions. Two doses should not be given at one time."</p> <p>An interview was conducted with ASM #2, the</p>	F 760			

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F 760	Continued From page 20 director of nursing, on 6/21/2023 at 11:59 a.m. When asked if a nurse can give two doses of Gabapentin at one time, ASM #2 stated no, there are parameters set by the physician for each medication, be it every day, every eight hours, or every 12 hours. The physician orders should be followed. When the above was explained, ASM #2 stated the resident is alert and oriented and knows what is going on. ASM #2 stated the resident will ask what she is receiving and usually pops all pills in her mouth at one time.  The facility policies provided, "Medication and Treatment Orders" and "Medication Orders" failed to evidence documentation and administration of medications per the physician orders.  On 6/21/2023 at 4:45 p.m., ASM #1, the administrator, ASM #2 and ASM #4, the regional nurse consultant, were made aware of the above concern.  No further information was provided prior to exit.  (1) Gabapentin is used to treat seizures and pain. This information was obtained from the following website: <a href="https://medlineplus.gov/druginfo/meds/a694007.html">https://medlineplus.gov/druginfo/meds/a694007.html</a> .	F 760			
F 776 SS=D	Radiology/Other Diagnostic Services CFR(s): 483.50(b)(1)(i)(ii)  §483.50(b) Radiology and other diagnostic services. §483.50(b)(1) The facility must provide or obtain radiology and other diagnostic services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the	F 776			7/14/23

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F 776	<p>Continued From page 21 services.</p> <p>(i) If the facility provides its own diagnostic services, the services must meet the applicable conditions of participation for hospitals contained in §482.26 of this subchapter.</p> <p>(ii) If the facility does not provide its own diagnostic services, it must have an agreement to obtain these services from a provider or supplier that is approved to provide these services under Medicare.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to provide radiological services in a timely manner to one of nine residents in the survey sample, Resident #5.</p> <p>The findings include:</p> <p>For Resident #5 (R5), the facility staff failed to obtain a physician ordered STAT (urgent) x-ray for approximately 18 hours after the order was documented. The resident was in pain with a swollen leg and could not be repositioned due to the pain as documented in the clinical record.</p> <p>The nurse's note, written by LPN #1, dated 7/3/2022 at 10:20 a.m. documented, "Writer was called to room along with another staff member. Resident was noted lying on her left side facing door, resident back was at window. When assessing resident, writer observed left leg was extremely swollen from above left knee down left foot. Resident left leg was contracted up, unable to move leg. Writer also observed dark purple discoloration on left calf. When touching the left leg starting at foot, and coming up the leg, resident started to do facial grimacing, when</p>	F 776	<p>1.) Resident #5 has been assessed by nursing staff and provider with no negative outcomes noted. The resident, responsible party and provider were notified. Plan of care was reviewed and updated for individualized care needs. Rosedale Health and Rehabilitation has an agreement for radiology services with Dispatch Health Imaging.</p> <p>2.) The Director of Nursing/designee has performed an audit of all current residents who have a physician order for radiology services to ensure services have been provided in a timely manner. Any variances found have been reviewed by the Physician.</p> <p>3.) The Director of Nursing/designee has educated nurses on radiology services. The education included, but was not limited to, the importance of timely radiology services.</p> <p>4.) The Director of Nursing/designee will conduct an audit of all residents 5x a week for 4 weeks and then monthly for 2 months to ensure that any resident with a physician order for radiology services receives the service in a timely manner.</p>		

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F 776	<p>Continued From page 22</p> <p>touching below left knee and above the knee. Another staff member was assigned to the resident, the nurse was present."</p> <p>The nurse's note, written by RN (registered nurse) #1, dated, 7/3/2022 at 12:37 p.m. documented, "Resident was assessed due to change in condition, specifically the swelling of entire lower extremity and bruising noted to posterior left leg, as pointed out by her aide and then reported to the nurse. Resident is a [name of hospice company] Hospice patient and this nurse contacted the nurse on-call to obtain orders. The on-call nurse contacted the MD (medical doctor) on-call and an x-ray to the patient's left hip and left knee was ordered. Confirmation number 37301093. The resident only complained of pain with touch, but is resting comfortably and without visible s/s (signs and symptoms) of pain at this time. Administrator contacted via text, then replied via phone call to this nurse. The family was contacted by the hospice nurse and they agreed to the x-ray. Will report to next shifts and then follow up upon completion of x-ray."</p> <p>The physician order dated, 7/3/2022 at 11:46 a.m. documented, "X-ray to left hip and left knee to rule out fracture. STAT. Indication: pain and swelling."</p> <p>The nurse's note dated, 7/4/2022 at 12:09 a.m. documented, "Chart check done new order noted. X-ray to LEFT hip and LEFT knee to rule out fracture. STAT for pain and swelling."</p> <p>The X-ray report dated 7/4/2022, documented the x-ray was taken at 5:50 a.m. and reported to the facility at 8:53 a.m.</p>	F 776	The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.		

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F 776	<p>Continued From page 23</p> <p>The nurse's note dated, 7/4/2022 at 6:51 a.m. documented, "X-ray tech (technician) in and taken x-rays as ordered."</p> <p>The nurse's note dated, 7/4/2022 at 8:28 a.m. documented, "Resident was received lying in bed on her left side. Bruising noted to abdomen and leg on left side. LEFT LEG IS TRIPLE IN SIZE OF NORMAL, PAINFUL TO TOUCH. Morphine 0.25 mg (milligrams) given for pain. Staff is unable to reposition due to pain level. Hospice nurse was notified and will send nurse to assessment resident. (Name of x-ray company) was called for x-ray results. Results are not available at this time."</p> <p>RN #1 was no longer employed by the facility and unavailable for interview. The CNA that discovered the swelling and bruising of the left leg was no longer employed by the facility and was unavailable for interview.</p> <p>An interview was conducted with LPN #1 on 6/21/2023 at 11:06 a.m. When asked the process to get a physician ordered x-ray, LPN #1 stated you get the order, call the company and give them a copy of the order and the face sheet when they come. LPN #1 was asked what time frame would she expect the x-ray company to come, LPN #1 stated, within four hours.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 6/21/2023 at 11:59 a.m. When asked if there is an order for a STAT x-ray, when should it be done, ASM #2 stated she believed the contract is for it to be completed within four to six hours. When asked what happened on 7/3/2022 for R5, ASM #2 stated she was in orientation and</p>	F 776			



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F 776	<p>Continued From page 24</p> <p>there was an interim DON (director of nursing) here and she handled this. ASM #2 further stated, if she couldn't get the mobile company to get here, she would have contacted the doctor to send the resident out to the emergency room for evaluation.</p> <p>An interview was conducted with LPN #2 on 6/21/2023 at 1:50 p.m. LPN #2's nurse's note from 7/3/2022 was reviewed with her. When asked to explain what happened that day, LPN #2 stated, "(R5) wasn't my resident. The CNA said her leg was swollen and painful to touch and was hollering out when you tried to move it. I went in. The left leg was swollen from the thigh to the foot and contracted. (R5) couldn't move it. I palpated the leg and when I got to the knee it was very painful, (R5) was hollering out. There was dark purple discoloration on the back of the leg. I told their nurse, and their nurse and I went in to see resident together." When asked is the resident normally contracted, LPN #2 stated, no, the resident sits in the wheelchair and propels around the facility. LPN #2 stated she had seen R5 the previous day in the day room.</p> <p>The contract for the "Provider for X-ray Services," documented in part, "1.1 Provide Center with complete, accurate and timely Services upon the request of the Center in accordance with the orders of a patient's attending physician...1.3 Be available to provide Services 24 hours a day, 7 days a week for "rush" or "stat" tests and any significant abnormal findings."</p> <p>The facility policy, "Radiology and Diagnostic Services" documented in part, "POLICY: Radiological and diagnostic testing services are provided the facility to meet the needs of our</p>	F 776			

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F 776	Continued From page 25 residents. The service may be provided on-site or off-site through contracted services of a diagnostic testing provider that is approved to provide the services by Medicare. DEFINITIONS: "Radiology Services": Radiology is the medical discipline that uses medical imaging to diagnose and treat diseases. A variety of imaging techniques such as X-ray radiography, ultrasound, computed tomography (CT), nuclear medicine including positron emission tomography (PET), fluoroscopy, and magnetic resonance imaging (MRI) are used to diagnose or treat diseases. SPECIFIC PROCEDURES / GUIDANCE: 1.The facility will enter into written contracts and agreements to ensure that appropriate radiological and diagnostic testing is available to the residents as ordered by the physician / practitioner. a.The service may be provided on-site or off-site through contracted services of a diagnostic testing provider that is approved to provide the services by Medicare. b.The radiological services may be provided at the facility through contract for mobile services or the resident may be transported to a location in which the radiological diagnostic testing can be performed."  ASM #1, the administrator, ASM #2 and ASM #4, the regional nurse consultant, were made aware of the concern on 6/21/2023 at 2:45 p.m. for the delay in obtaining a physician ordered STAT x-ray in a timely manner.	F 776			
F 779 SS=D	No further information was provided prior to exit. X-Ray Diagnostic Report in Record Sign/Dated CFR(s): 483.50(b)(2)(iv)  §483.50(b)(2)(iv) File in the resident's clinical	F 779		7/14/23	

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F 779	<p>Continued From page 26</p> <p>record signed and dated reports of radiologic and other diagnostic services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, and facility document review it was determined that the facility staff failed to ensure radiology results were included in the medical record for one of nine residents in the survey sample, Resident #9.</p> <p>The findings include:</p> <p>For Resident #9 (R9), the facility staff failed to ensure an MRI (magnetic resonance imaging) report completed on 4/3/2023 was included in the medical record.</p> <p>The progress notes for R9 documented in part;</p> <p>- "3/2/2023 13:00 (1:00 p.m.) Medical Practitioner Note (Physician/NP (nurse practitioner)) ...Plan: acute- related symptoms cyclic episodes of stumbling of words, upper extremity tremor that last less than 5 seconds each episode. These episodes have occurred in the past and resolved within 3 to 4 days per patient. Patients remain AOX4 (alert and oriented to person, place, time and situation) during episodes. intermittent dysphagia (1) when episodes occur. MRI scheduled 3/17, neurology consult 3/22..."</p> <p>- "3/17/2023 21:56 (9:56 p.m.) Nurses note. Note Text : Paperwork was placed in scheduler's box for appt to be rescheduled due to the transportation not picking up resident earlier for appt (appointment). Transportation company stated that they didn't have a driver."</p> <p>- "4/3/2023 14:09 (2:09 p.m.) Note Text : Resident returned from appt at 9:00am. No concerns expressed. No new orders."</p>	F 779	<p>1.) Resident #9 MRI report completed on 4/3/23 is in resident's medical record. Physician, responsible party and resident are aware of the results. Plan of care was reviewed and updated for individualized care needs.</p> <p>2.) The Director of Nursing/designee has performed an audit of all current residents who have a physician order for radiology services to ensure the report is signed, dated and in the resident's medical record.</p> <p>3.) The Director of Nursing/designee has educated nurses and Medical Records Clerk on content of the medical record. The education included, but was not limited to, the importance of radiology reports to be signed, dated and filed in the resident's medical record.</p> <p>4.) The Director of Nursing/designee will conduct an audit of all residents 5x a week for 4 weeks and then monthly for 2 months to ensure that any resident with a physician order for radiology services has a signed and dated radiology report in their medical record. The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.</p>		

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F 779	Continued From page 27  Review of R9's clinical record failed to evidence results from the scheduled MRI.  On 6/20/2023 at approximately 4:00 p.m., a request was made to ASM (administrative staff member) #1, the administrator for evidence of neurology consults and MRI completed in March of 2023.  On 6/21/2023 at 10:35 a.m., ASM #1 stated that the nurse practitioner who worked with R9 was not available to be interviewed.  On 6/21/2023 at approximately 1:00 p.m., ASM #1 provided evidence of the MRI being performed on 4/3/2023 at 7:41 a.m. with results documented as "in process."  On 6/21/2023 at 11:58 a.m., an interview was conducted with ASM #3, medical doctor. ASM #3 stated that in their records it documented an MRI back in 2019 but they did not recall anything recently. She stated that (R9) had mentioned to the nurse practitioner that he had memory issues, and they had examined him the previous week and were not aware of an MRI being done recently.  On 6/21/2023 at approximately 4:00 p.m., a request was made to ASM #1 for the MRI results and evidence of physician review.  On 6/22/2023 at 8:25 a.m., ASM #1 stated that they did not have the results of the MRI. ASM #1 stated that the original MRI results were given to the nurse practitioner who had them prior to going out on leave. ASM #1 stated that the results should be in the clinical record.	F 779			

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F 779	Continued From page 28  On 6/22/2023 at 8:55 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that normally they relied on the physician, the nurse practitioner or medical records staff to obtain the results of radiology tests completed at outside facilities. She stated that they sent an order to the facility when the appointment was made and with the resident the day of the appointment and the facility normally faxed the results to them within 24-72 hours afterwards. LPN #1 stated that anything urgent was called to the physician or nurse practitioner any other results were placed in the medical record for review.  On 6/22/2023 at 9:14 a.m., ASM #2, the director of nursing provided a faxed copy of the MRI results from 4/3/2023 with a faxed date of 6/22/2023 at 8:05 a.m. She stated that the results were on the record and the nurse practitioner had reviewed them and discussed them with the resident and the family already but they had gotten misplaced and they were unable to provide evidence that the report was in the medical record so they had another copy faxed to put in the medical record.  The facility policy "Radiology and Diagnostic Services" undated, documented in part, "...Radiological and diagnostic testing services are provided the facility to meet the needs of our residents. The service may be provided on-site or off-site through contracted services of a diagnostic testing provider that is approved to provide the services by Medicare.... The facility will file in the resident's clinical record diagnostic reports that are dated and contain the name and address of the testing facility..."	F 779			

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F 779	Continued From page 29  The facility policy "Content and Order of Medical Record" undated, documented in part, "...The medical record will include: ...h. Laboratory and diagnostic reports..."  On 6/22/2023 at 8:38 a.m., ASM #1, the administrator was made aware of the concern.  No further information was provided prior to exit.  Reference: (1) dysphagia- A swallowing disorder. This information was obtained from the website: <a href="https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html">https://www.nlm.nih.gov/medlineplus/swallowingdisorders.html</a>	F 779			
F 791 SS=E	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5)  §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care.  §483.55(b) Nursing Facilities. The facility-  §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services;  §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the	F 791		7/14/23	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE HEALTH &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1719 BELLEVUE AVENUE</b> <b>RICHMOND, VA 23227</b>		
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F 791	<p>Continued From page 30 dental services locations;</p> <p>§483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within 3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review, and facility document review it was determined that the facility staff failed to provide dental services for one of nine residents in the survey sample, Resident #9.</p> <p>The findings include:</p> <p>For Resident #9 (R9), the facility staff failed to provide a dental consult first ordered on 1/17/2022, and again on 1/21/2022 and 4/6/2022.</p> <p>R9's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 4/10/2023, the resident scored</p>	F 791	<p>1.) Resident #9 is scheduled to be seen by dental services arranged by facility on 7/6/23. RP, resident and physician aware of appointment. Plan of care was reviewed and updated for individualized care needs.</p> <p>2.) The Director of Nursing/designee has performed an audit of all current residents who have a physician order for a dental consult to ensure services have been scheduled and if necessary, transportation to the appointment has been arranged.</p> <p>3.) The Director of Nursing/designee has educated nurses, Social Service Director</p>		

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F 791	<p>Continued From page 31</p> <p>14 out of 15 on the BIMS (brief interview for mental status) assessment, indicating the resident was cognitively intact for making daily decisions. Section K documented no weight loss in the last month or last six months and the resident receiving a therapeutic diet. Section L documented no mouth pain or dentures.</p> <p>The clinical record documented R9 under Medicare A services at the facility from 10/15/2021-11/8/2021, 4/4/2022-6/9/2022, and 6/17/2022-7/23/2022; Medicaid services from 11/9/2021- 4/3/2022 and United Healthcare Commonwealth Coordinated Care Plus services from 7/24/2022-6/7/2023.</p> <p>On 6/20/2023 at 12:25 p.m., an interview was conducted with R9 in their room. R9 stated that they had multiple loose teeth in their mouth and that someone had come in to look inside their mouth but did not do anything. R9 stated that their teeth were painful and made it hard to chew and they had requested to go out to see a dentist multiple times but had no one had never helped them to set up an appointment.</p> <p>The comprehensive care plan for R9 documented in part, "Dental or oral cavity health problem r/t (related to) no natural teeth. Date Initiated: 06/18/2022. Revision on: 01/14/2023." Under "Interventions" it documented in part, "...Refer to dentist/ hygienist for evaluation/ recommendations re: denture realignment, new fitting, teeth pulled, repair of carious teeth as needed. Date Initiated: 06/24/2022. Revision on: 01/11/2023."</p> <p>The physician orders for R9 documented in part, - "Schedule dentist appointment/referral [sic] per</p>	F 791	<p>and Appointment Scheduler on Dental Services in nursing facility. The education included, but was not limited to, assisting residents in obtaining routine and emergency dental care and arranging transportation to the appointment if necessary.</p> <p>4.) The Director of Nursing/designee will conduct an audit of all residents weekly for 4 weeks and then monthly for 2 months weekly to ensure that any resident with a physician order for a dental consult has been scheduled for an appointment and transportation, if necessary, has been arranged. The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.</p>		



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F 791	<p>Continued From page 32</p> <p>(name of physician) d/t (due to) sore gums and loose teeth. On hold from 03/31/2022 12:00 to 04/01/2022 00:58 (12:58 a.m.). Order Date: 01/17/2022."</p> <p>- "Schedule Dental visit. On hold from 03/31/2022 12:00 to 04/01/2022 00:58. Order Date: 01/21/2022."</p> <p>- "Dental consult related to sore gums and Loose teeth. Order Date: 04/06/2022."</p> <p>- "Amoxicillin Capsule 500 MG (milligram) Give 500 mg by mouth three times a day for mouth pain for 7 Days. Order Date: 01/21/2022."</p> <p>The progress notes for R9 documented in part,</p> <p>- "1/17/2022 14:56 (2:56 p.m.) Nutrition/Weight...Note Text : Spoke w/SLP (speech language pathologist) about resident's refusal to consume anything other than liquids. Will drink Ensure, juice, etc. Declined to downgrade diet to pureed. Told SLP his teeth hurt. Writer notified MD (medical doctor), MD stated for nurse to put in order for dental eval. Writer reported MD order to nurse..."</p> <p>- "1/20/2022 14:28 (2:28 p.m.) Nutrition/Weight...Met w/resident in room. Reports difficulty chewing r/t (related to) teeth in poor condition (order in place to make dental appointment in (name of electronic medical record system))...."</p> <p>- "1/21/2022 15:34 (3:34 p.m.) Note Text : NP (nurse practitioner) in to see New orders written for CBC, CMP, TSH (complete blood count, comprehensive metabolic panel, thyroid stimulating hormone) next lab day. Dental visit, soft diet until dental appt, start Amoxicillin 500mg TID (three times a day) x 7 days foe [sic] dental infection resident is currently on mechanical sift diet RP (responsible party) is aware of new orderder [sic] and scheduler ids [sic] aware of</p>	F 791			

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F 791	<p>Continued From page 33</p> <p>need for Dental appt. (appointment) and is working on making Appt."</p> <p>- "4/26/2022 23:21 (11:21 p.m.) admit/readmit...Has teeth missing in the mouth no dentures or other dental apparatus..."</p> <p>- "7/20/2022 11:45 (11:45 a.m.) Wound Progress note...Daughter expresses concerns for patient's appetite. She feels the decline in PO (by mouth) intake is secondary to issues with his teeth. Stated patient had recently been seen by a dentist in facility with recommendation for extractions. She is unaware if any appointment for further orthodontic procedure has been scheduled..."</p> <p>- "9/9/2022 15:16 (3:16 p.m.) Note Text : Spoke with resident daughter (Name of daughter) regarding upcoming appointments with dentist, dermatologist and wound clinic. Concerns being addressed with IDT (interdisciplinary) team. (Name of daughter) verbalized satisfaction regarding receiving health updates."</p> <p>Review of R9's clinical record failed to evidence documentation of dental consults arranged or notes regarding dental care provided.</p> <p>On 6/20/2023 at approximately 4:00 p.m., a request was made to ASM (administrative staff member) #1, the administrator for evidence of any dental consults and follow up dental visits for R9.</p> <p>On 6/21/2023 at approximately 9:00 a.m., ASM #2, the director of nursing provided a list of residents including R9 that were scheduled for a visit on 7/6/2023 with the visiting in house dentist. ASM #2 stated that they had searched to try to find a dentist in the community for R9 to go to but they could not find one that could accommodate</p>	F 791			

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 791	<p>Continued From page 34</p> <p>the resident in their office. ASM #2 stated that they had recently found the new dentist who would come to the facility to see residents but they were unable to come in until 7/6/2023. ASM #2 stated that the medical records staff member arranged outside appointments and did not document what attempts they made or conversations with the resident and the responsible party in the medical record.</p> <p>On 6/21/2023 at 9:25 a.m., ASM #2 provided a letter dated 6/21/2023 from (Name of outside dental office) stating that they did not accept residents on stretchers. At this time a request was made to ASM #2 for evidence of attempts made prior to 6/21/2023 to set up a dental consultation for R9.</p> <p>On 6/21/2023 at 9:50 a.m., an interview was conducted with OSM (other staff member) #8, medical records. OSM #8 stated that the nurse practitioner normally let them know when a resident needed an appointment set up outside of the facility and then they reviewed the residents insurance and set up the appointment and transportation accordingly. She stated that they sent some of the residents to (Name of outside dental office) but they did not take residents on stretchers so it was very hard to get appointments for those residents. She stated that the new company starting in July would be able to refer them to someone who would evaluate residents on stretchers. OSM #8 stated that they had attempted to find an outside dental office but did not document the attempts they made. OSM #8 stated that they were solely responsible for finding the resources in the community for the residents and the former social worker did not assist however they were hopeful that the new</p>	F 791			

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F 791	<p>Continued From page 35</p> <p>social worker would assist with this.</p> <p>On 6/21/2023 at 10:35 a.m., ASM #1 stated that the nurse practitioner who worked with R9 was not available to be interviewed.</p> <p>On 6/21/2023 at 10:45 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that they did not remember any dentist visits for R9 and they were not sure if the in house dentist completed a note or a report when they came into the building. She stated that she remembered that R9 had missed some appointments because the transportation did not show up but did not recall which appointments they were. She stated that when a resident required a dentist, they asked the family if they had a dentist in community first and if not they asked the physician who they recommended and the scheduler set up the appointment.</p> <p>On 6/21/2023 at 11:58 a.m., an interview was conducted with ASM #3, medical doctor. ASM #3 stated that they had not been advised of R9 needing to be seen by a dentist and staff had never contacted them about any dental concerns.</p> <p>On 6/21/2023 at 12:18 p.m., an interview was conducted with ASM #2, director of nursing. ASM #2 stated that they had been at the facility since June of 2022. ASM #2 stated that R9 had never complained to the staff about having issues with their teeth and they had we offered to set up an appointment however it was challenging because the one that they had contracted with could not see him and the one they found that would take his insurance would not accommodate his stretcher. ASM #2 stated that they had been attempting to set up the appointment since they</p>	F 791			

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F 791	<p>Continued From page 36</p> <p>had discussed it with the daughter on 9/9/2022 and it was challenging for them because there were few dentists that would do mobile visits. ASM #2 stated that the documentation was where the missing piece was because the medical records staff did not document. ASM #2 stated that they thought that the former social worker had gotten involved and attempted to find resources also but they did not have any documentation to evidence that.</p> <p>On 6/21/2023 at 11:27 a.m., an interview was conducted with OSM #9, social services director. OSM #9 stated that they had been at the facility since the end of May 2023. OSM #9 stated that they were still learning the process but any outside physician appointments were handled by the scheduler. OSM #9 stated that they assisted with psychiatric consults, discharge planning, home health consults and outside physician appointments were not handled by social services.</p> <p>The facility policy "Dental consultant" undated, documented in part, "...The facility may make a referral to a Consultant Dentist who is responsible for: a. Providing consultation to physicians and providing other services relative to dental matters; b. Providing a dental assessment of each resident as needed..."</p> <p>On 6/21/2023 at 4:06 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional nurse consultant were made aware of the concern.</p> <p>No further information was provided prior to exit.</p>	F 791			
F 842 SS=E	Resident Records - Identifiable Information	F 842		7/14/23	

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F 842	Continued From page 37 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; (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	F 842			

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F 842	<p>Continued From page 38</p> <p>a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record, for one of nine residents in the survey sample, Resident #7.</p> <p>The findings include:</p> <p>For Resident #7 (R7), the facility staff failed to accurately document the continence status of R7</p>	F 842	<p>1.) The medical records of resident #7 were reviewed. Resident does have a physician order for a foley catheter. A progress note has been written in the resident's medical record to clarify resident's ADL documentation regarding her continence. The resident's care plan has been updated to reflect a current individualized plan of care.</p> <p>2.) The Director of Nursing/designee has</p>		

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F 842	<p>Continued From page 39</p> <p>on the ADL (activities of daily living) documentation for September and October 2022. They documented the resident was continent when the resident had an indwelling urinary catheter.</p> <p>On the MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 8/25/2022, the resident was coded in Section H - Bladder and Bowel as having an indwelling catheter.</p> <p>The physician order dated, 8/8/2022, documented, "Maintain Foley 18 Fr (French) catheter every shift."</p> <p>The comprehensive care plan dated 5/17/2022, documented in part, "Focus: Use of indwelling urinary catheter needed due to neuromuscular dysfunction of bladder."</p> <p>The code for reading the ADL documentation: IN = incontinent; C - continent; 3 = Continence not rated due to indwelling catheter.</p> <p>The September 2022 ADL document form documented under "Toileting" the following: IN was documented on 13 out of 90 shifts. C was documented o 29 out of 90 shifts. 3 was documented on 47 out of 90 shifts.</p> <p>The October 2022 ADL document form documented under "Toileting" the following: IN was documented on four of 93 shifts, C was documented on 30 of 93 shifts. 3 was documented on 53 of 93 shifts.</p> <p>An interview was conducted with CNA # 1 on 6/22/2023 at 8:45 a.m. The above ADL documentation was reviewed with CNA #1. When</p>	F 842	<p>performed an audit of all current residents that have a physician order for a foley catheter. Any variances found in ADL documentation have a progress note in the resident's medical record to clarify resident's continence. The residents' care plans have been updated to reflect a current individualized plan of care.</p> <p>3.) The Director of Nursing/designee has educated certified nurse aides on accurate ADL documentation, including continence documentation.</p> <p>4.) The Director of Nursing/designee will conduct an audit of residents with foley catheters orders weekly for 4 weeks and then monthly for 2 months to ensure that continence care is accurately documented in the medical records. The Director of Nursing/designee will identify any trends and/or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.</p>		



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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>06/22/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE HEALTH &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1719 BELLEVUE AVENUE</b> <b>RICHMOND, VA 23227</b>		
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F 842	Continued From page 40 asked if R7 is continent of urine, CNA #1 stated, no, (R7) has a catheter. CNA #1 stated she doesn't know how the C or 3 or IN gets in the system but for R7 she just clicks the resident has an indwelling catheter. CNA #1 was asked if the documentation above was correct, CNA #1 stated, no.  On 6/22/2023 at 9:06 a.m., the above ADL documentation was reviewed with ASM (administrative staff member) #2, the director or nursing. When asked if the documentation was correct, ASM #2 stated, no.  The facility policy, "Content and Order of Medical Record" documented in part, "POLICY: The resident's medical records shall be complete and assembled in a systematic order." The facility policy, "Activities of Daily Living" failed to evidence documentation related to the documentation of the ADLs.  ASM #1, the administrator, and ASM #4, the regional nurse consultant, were made aware of the above concern on 6/22/2023 at 9:10 a.m.  No further information was provided prior to exit.	F 842			
F 850 SS=E	Qualifications of Social Worker >120 Beds CFR(s): 483.70(p)(1)(2)  §483.70(p) Social worker. Any facility with more than 120 beds must employ a qualified social worker on a full-time basis. A qualified social worker is:  §483.70(p)(1) An individual with a minimum of a bachelor's degree in social work or a bachelor's degree in a human services field including, but	F 850		7/14/23	

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F 850	<p>Continued From page 41</p> <p>not limited to, sociology, gerontology, special education, rehabilitation counseling, and psychology; and</p> <p>§483.70(p)(2) One year of supervised social work experience in a health care setting working directly with individuals.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and facility document review it was determined that the facility staff failed to employ a qualified full-time social worker from 2/24/2023 through 5/24/2023.</p> <p>The findings include:</p> <p>On 6/20/2023 at approximately 11:14 a.m. during entrance conference with ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing, ASM #1 stated that the facility had 128 beds.</p> <p>Review of the resident council minutes documented in part;</p> <ul style="list-style-type: none"> <li>- "Resident council minutes Date: 2/24/23... No Social Worker currently..."</li> <li>- "Resident council minutes Date: 3/22/24 [sic] (3/22/23)... Still without social worker at this time, (Name of activities director and rehab director) helping to cover. Concerns: (Name of 3 residents) requesting a SW (social worker) visit..."</li> <li>- "Resident council minutes Date: 4/19/23... Still without social worker at this time, (Name of activities director and rehab director) helping to cover..."</li> <li>- "Resident council minutes Date: 5/17/23... Still without social worker at this time, (Name of activities director and rehab director) helping to</li> </ul>	F 850	<ol style="list-style-type: none"> <li>1.) It is the policy of Rosedale Health and Rehabilitation to ensure that the facility has a qualified Social Worker to meet the needs of the residents.</li> <li>2.) A Social Worker who fulfills the requirements set forth in CFR(s): 483.70(p)(1)(2) has been employed at Rosedale Health and Rehabilitation on a full-time basis since May 18, 2023.</li> <li>3.) The Administrator/designee has in-serviced Human Resources staff on the qualifications of a Social Worker for a skilled nursing facility. The in-service includes, but is not limited to, the specific regulations set forth in CFR(s): 483.70(p)(1)(2) and the importance of a Social Worker in order to meet the needs of the resident population of Rosedale Health and Rehabilitation.</li> <li>4.) The Administrator/designee will meet Human Resources and Social Worker weekly for 4 weeks and then monthly for 2 months to ensure that a qualified Social Worker remains employed at Rosedale Health and Rehabilitation. The Administrator/designee will identify any trends and/or patterns, and additional education and training will be provided to staff on an ongoing basis. Findings will be discussed with the QAPI committee on at</li> </ol>		

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F 850	<p>Continued From page 42 cover..."</p> <p>On 6/21/2023 at approximately 11:18 a.m., a request was made to ASM #1 for evidence of a full-time social worker employed at the facility between February 2023 through May 2023.</p> <p>On 6/21/2023 at 1:12 p.m., ASM #1 provided employment information for the former social worker documenting a termination date of 2/23/2023 and a status change notice documenting a transfer date for OSM (other staff member) #9, (the current social service director) of 5/25/2023. ASM #1 stated that they had access to OSM #9 at their sister facility but did not have anyone in the position full time in the building and had assigned different department managers tasks related to the position during the vacancy.</p> <p>On 6/21/2023 at 1:36 p.m., an interview was conducted with OSM #7, activities director. OSM #7 stated that when they did not have a social worker in the building they were helping to oversee the running of care plan meetings, doing the BIMS (brief interview for mental status) and PHQ9 (questionnaire for depression) assessments for the MDS (minimum data set) and the rehab director was helping with discharge planning.</p> <p>On 6/21/2023 at 11:27 a.m., an interview was conducted with OSM #9, social service director. OSM #9 stated that they had worked at the facility full time since the end of May 2023 and there was no social worker at the facility when they started working at the facility.</p> <p>The facility policy "Social Services" undated,</p>	F 850	<p>least a quarterly basis.</p>		

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F 850	<p>Continued From page 43</p> <p>documented in part, "...1. The Director of Social Services is a qualified social worker and is responsible for: a. Consultation with other departments regarding program planning, policy development, and priority setting of social services..."</p> <p>On 6/21/2023 at 4:06 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional nurse consultant were made aware of the concern.</p> <p>No further information was provided prior to exit.</p>	F 850		