

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

PRINTED: 09/25/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/12/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLY MANOR REHAB AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2003 COBB STREET</b> <b>FARMVILLE, VA 23901</b>		
(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 9/11/23 through 9/12/23. One complaint was investigated (VA00059603-substantiated with deficiencies). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.  The census in this 120 certified bed facility was 105 at the time of the survey. The survey sample consisted of six current resident reviews.	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 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	F 656	The medication administration has already occurred for Resident #2 & Resident #3; therefore, the alleged deficient practice may not be retroactively corrected.  All residents of the facility have the potential to be affected by alleged deficient practice. An audit of the medication administration times for all current residents over the past two weeks has been performed; identified noncompliance (medication provided outside of the allowable time frame) has been reported to the provider and resident representative.  DON/Designee will educate licensed nurses regarding development and implementation of the care plan to include administering medications per order.		10/13/2023

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

TITLE

(X6) DATE

*Carole D. Hays* *Administrator* *10/03/2023*

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>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, facility document review, and clinical record review, the facility staff failed to implement the care plan for two of six residents in the survey sample, Residents #3 and #2.</p> <p>The findings include:</p> <p>1. For Resident #3 (R3), the facility staff failed to implement the care plan for pain management.</p> <p>R3 was admitted to the facility with diagnoses including COPD (chronic obstructive pulmonary disease) and lung cancer that had spread to other parts of the body. On the most recent MDS (minimum data set), an admission assessment</p>	F 656	<p>DON/Designee will perform and audit of the medication administration times for 10% of current residents to ensure medication is administered within the allowable time frame.</p> <p>Identified variances will be corrected and results will be reviewed through QAPI.</p> <p>Date of Compliance: 10/13/2023</p>		

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F 656	<p>Continued From page 2</p> <p>with an ARD (assessment reference date) of 8/30/23, R3 was coded as having no cognitive impairment for making daily decisions.</p> <p>A review of R3's provider's orders revealed the following order dated 8/29/23: Morphine Sulfate Oral Solution 100 mg/ml (milligrams per milliliter) Give 0.75 ml by mouth every 6 hours for pain related to [lung cancer.]"</p> <p>A review of R3's August and September 2023 MARs (medication administration records) revealed R3 received Morphine more than an hour past the time they were due on the following dates and times: 9/2/23 at 1:56 a.m. (due at midnight); 9/2/23 at 7:27 a.m. (due at 6:00 a.m.); 9/2/23 at 2:02 p.m. (due at 12:00 p.m.); 9/2/23 at 8:01 p.m. (due at 6:00 p.m.); 9/4/23 at 4:21 a.m. (due at midnight).</p> <p>A review of R3's comprehensive care plan revealed, in part: "The resident has risk for experiencing episodes of pain r/t (related to) neoplasm of the lung with mets (metastasis - spreading of cancer to other parts of the body)...Administer analgesia as per orders."</p> <p>On 9/12/23 at 10:03 a.m., LPN (licensed practical nurse) #1 was interviewed. She stated the purpose of a care plan is to let the facility staff know what the resident needs in all aspects of life at the facility. She stated everyone at the facility is in charge of implementing the care plan.</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse consultant, were informed of these concerns. ASM #2 stated the purpose of the care plan is to have goals and to capture a picture of the</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>resident's needs. She stated that nursing is responsible for implementing the care plan.</p> <p>A review of the facility policy, "Care Planning - Comprehensive, Person-Centered," revealed: "The facility will develop and implement a comprehensive person-centered care plan for each resident that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs...the resident will receive the services and/or items included in the plan of care."</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) "Morphine is used to relieve moderate to severe pain. Morphine extended-release tablets and capsules are only used to relieve severe (around-the-clock) pain that cannot be controlled by the use of other pain medications." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a682133.html">https://medlineplus.gov/druginfo/meds/a682133.html</a>.</p> <p>2. For Resident #2 (R2), the facility staff failed to implement the care plan for pain management.</p> <p>R2 was admitted to the facility with diagnoses including multiple fractures of the leg and arm and muscle spasms. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 7/26/23, R2 was coded as having no cognitive impairment for making daily decisions.</p> <p>On 9/11/23 at 2:28 p.m., R2 was interviewed and stated he does not receive his medications "on</p>	F 656			

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F 656	<p>Continued From page 4</p> <p>time." He stated he does not understand why this is, and has talked to the nurses multiple times about it. He stated he has to ask for his scheduled Tylenol, and the nurses still do not administer it to him on time. R2 stated Tylenol is the only pain medicine he receives, and it is important to him to receive it on time.</p> <p>A review of R2's provider's orders revealed the following orders: "7/21/23 Acetaminophen Oral (Tylenol) 325 mg (milligrams) Give 3 tablets by mouth three times a day for pain."</p> <p>A review of R2's August and September 2023 MARs (medication administration records) revealed he received the following medications more than an hour past the time they were due:</p> <p>Tylenol - 9/1/23 at 10:20 a.m. (due at 9:00 a.m.), 9/3/23 at 10:25 a.m. (due at 9:00 a.m.);and not given at all on 9/1/23, 9/3/23, and 9/4/23 at 9:00 p.m.</p> <p>A review of R2's comprehensive care plan dated 7/22/23 and revised 8/3/23 revealed, in part: "The resident has acute pain r/t (related to) multiple fractures related to MVA (motor vehicle accident...Administer analgesia as per orders."</p> <p>On 9/12/23 at 10:03 a.m., LPN (licensed practical nurse) #1 was interviewed. She stated the purpose of a care plan is to let the facility staff know what the resident needs in all aspects of life at the facility. She stated everyone at the facility is in charge of implementing the care plan.</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse</p>	F 656			

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F 656	Continued From page 5 consultant, were informed of these concerns. ASM #2 stated the purpose of the care plan is to have goals and to capture a picture of the resident's needs. She stated that nursing is responsible for implementing the care plan.	F 656		
F 658 SS=D	No further information was provided prior to exit. 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, the facility staff failed to administer medications according to the provider's orders and professional standards of medication administration for two of six residents in the survey sample, Residents #3 and #2.  The findings include:  1. For Resident #3 (R3), the facility staff failed to administer Potassium Chloride (1), Famotidine (2), Colace (3), and Albuterol (4) in a timely manner.  R3 was admitted to the facility with diagnoses including COPD (chronic obstructive pulmonary disease) and lung cancer that had spread to other parts of the body. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of	F 658	The medication administration has already occurred for Resident #2 & Resident #3; therefore, the alleged deficient practice may not be retroactively corrected.  All residents of the facility have the potential to be affected by the alleged deficient practice. An audit of the medication administration times for all current residents over the past two weeks has been performed; identified noncompliance (medication provided outside of the allowable time frame) has been reported to the provider and resident representative.  DON/Designee to educate licensed nurses regarding the allowable time frame for medication administration.  DON/Designee will perform and audit of the medication administration times for 10% of current residents to ensure medication is administered within the allowable time frame.	10/13/2023

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F 658	<p>Continued From page 6</p> <p>8/30/23, R3 was coded as having no cognitive impairment for making daily decisions.</p> <p>On 9/11/23 at 2:48 p.m., R3 was interviewed, and stated: "I'm not sure I get my medicines at the right time always. They do give them to me pretty regularly."</p> <p>A review of R3's provider's orders revealed the following: "8/30/23 Colace Capsule 100 mg (milligrams) Give 1 capsule by mouth two times a day for constipation."</p> <p>"8/26/23 Famotidine 20 mg Give 1 tablet by mouth two times a day."</p> <p>"8/26/23 Potassium Chloride ER (extended release) 10 MEQ (milliequivalents) Give 1 tablet by mouth two times a day."</p> <p>"8/25/23 Albuterol Sulfate Nebulization Solution 0.083% 1 vial inhale orally via nebulizer three times a day for wheezing/shortness of breath."</p> <p>A review of R3's August and September 2023 MARs (medication administration records) revealed she received the following medications more than an hour past the time they were due: Potassium Chloride (due at 8:00 a.m.) - 8/27/23 at 9:29 a.m.; 9/2/23 at 9:47 a.m.; 9/4/23 at 9:06 a.m.</p> <p>Famotidine (due at 8:00 a.m.) - 8/27/23 at 9:29 a.m.</p> <p>Colace (due at 8:00 a.m.) - 9/2/23 at 9:47 a.m.; 9/4/23 at 9:26 a.m.</p>	F 658	5. Identified variances will be corrected and results will be reviewed through QAPI.		

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F 658	<p>Continued From page 7</p> <p>Albuterol (due at 2:00 p.m.) - 9/4/23 at 3:49 p.m.</p> <p>On 9/12/23 at 10:03 a.m., LPN (licensed practical nurse) #1 was interviewed. When asked if there is range of time within which medications should be administered. She stated, "We should always give them within an hour before up until an hour after they are due." She stated she believed this was a facility policy. She stated this is especially important for any medication that a resident receives more than twice a day.</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse consultant, were informed of these concerns.</p> <p>A review of the facility policy, "Medication and Treatment Orders," revealed no information related to the time frame within which medications should be administered."</p> <p>No further information was provided prior to exit.</p> <p>According to Fundamentals of Nursing, 6th Edition, 2005: Patricia A. Potter and Anne Griffin Perry; Mosby, Inc., page 843, "All routinely ordered medications should be given within 60 minutes of the times ordered."</p> <p>References:</p> <p>(1) "Potassium is a mineral that your body needs to work properly. It is a type of electrolyte. It helps your nerves to function and muscles to contract. It helps your heartbeat stay regular. It also helps move nutrients into cells and waste products out of cells." This information is taken from the website <a href="https://medlineplus.gov/potassium.html">https://medlineplus.gov/potassium.html</a>.</p> <p>(2) "Prescription famotidine is used to treat ulcers</p>	F 658			

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F 658	<p>Continued From page 8</p> <p>(sores on the lining of the stomach or small intestine); gastroesophageal reflux disease (GERD, a condition in which backward flow of acid from the stomach causes heartburn and injury of the esophagus [tube that connects the mouth and stomach]); and conditions where the stomach produces too much acid." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a687011.html">https://medlineplus.gov/druginfo/meds/a687011.html</a>.</p> <p>(3) "Stool softeners are used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. They work by softening stools to make them easier to pass." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a601113.html">https://medlineplus.gov/druginfo/meds/a601113.html</a>.</p> <p>(4) "Albuterol is used to prevent and treat difficulty breathing, wheezing, shortness of breath, coughing, and chest tightness caused by lung diseases such as asthma and chronic obstructive pulmonary disease (COPD; a group of diseases that affect the lungs and airways)." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a682145.html">https://medlineplus.gov/druginfo/meds/a682145.html</a>.</p> <p>2. For Resident #2 (R2), the facility staff failed to administer Colace (1) in a timely manner.</p> <p>R2 was admitted to the facility with diagnoses including multiple fractures of the leg and arm and muscle spasms. On the most recent MDS (minimum data set), an admission assessment</p>	F 658			

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F 658	<p>Continued From page 9</p> <p>with an ARD (assessment reference date) of 7/26/23, R2 was coded as having no cognitive impairment for making daily decisions.</p> <p>On 9/11/23 at 2:28 p.m., R2 was interviewed, and stated he does not receive his medications "on time." He stated he does not understand why this is, and stated he has talked to the nurses multiple times about it.</p> <p>A review of R2's provider's orders revealed the following order dated 8/14/23: "Docusate Sodium (Colace) Capsule 100 mg (milligrams) Give one capsule by mouth two times a day for constipation."</p> <p>A review of R2's August and September 2023 MARs (medication administration records) revealed he received Colace more than an hour past the time it was due on the following dates and times: 8/26/23 at 9:28 a.m. (due at 6:00 a.m.); 9/1/23 at 10:20 a.m. (due at 6:00 a.m.); 9/3/23 at 10:25 a.m. (due at 6:00 a.m.); and 9/3/23 at 8:46 p.m. (due at 6:00 p.m.)</p> <p>On 9/12/23 at 10:03 a.m., LPN (licensed practical nurse) #1 was interviewed. When asked if there is range of time within which medications should be administered. She stated, "We should always give them within an hour before up until an hour after they are due." She stated she believed this was a facility policy. She stated this is especially important for any medication that a resident receives more than twice a day.</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse consultant, were informed of these concerns.</p>	F 658			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495339</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/12/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLLY MANOR REHAB AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2003 COBB STREET</b> <b>FARMVILLE, VA 23901</b>		
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F 658	Continued From page 10 No further information was provided prior to exit.  NOTES (1) "Stool softeners are used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems. They work by softening stools to make them easier to pass." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a601113.html">https://medlineplus.gov/druginfo/meds/a601113.html</a> .	F 658			
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, facility document review, and clinical record review, the facility staff failed to administer medications in a manner to prevent significant medication errors for two of six residents in the survey sample, Residents #3 and #2.  The findings include:  1. For Resident #3 (R3), the facility staff failed to administer Morphine Sulfate (1) in a timely manner.  R3 was admitted to the facility with diagnoses including COPD (chronic obstructive pulmonary disease) and lung cancer that had spread to other parts of the body. On the most recent MDS (minimum data set), an admission assessment	F 760	The medication administration has already occurred for Resident #2 & Resident #3; therefore, the alleged deficient practice may not be retroactively corrected.  All residents of the facility have the potential to be affected by the alleged deficient practice. An audit of the medication administration times for all current residents over the past two weeks has been performed; identified noncompliance (medication provided outside of the allowable time frame) has been reported to the provider and resident representative.  DON/Designee will perform medication administration competencies for licensed nurses.  DON/Designee will perform a medication administration competency with a randomly selected licensed nurse three times per week for four weeks, then weekly for eight weeks.	10/13/2023	

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F 760	<p>Continued From page 11</p> <p>with an ARD (assessment reference date) of 8/30/23, R3 was coded as having no cognitive impairment for making daily decisions.</p> <p>On 9/11/23 at 2:48 p.m., R3 was interviewed. She stated: "I'm not sure I get my medicines at the right time always. They do give them to me pretty regularly."</p> <p>A review of R3's provider's orders revealed the following order dated 8/29/23: Morphine Sulfate Oral Solution 100 mg/ml (milligrams per milliliter) Give 0.75 ml by mouth every 6 hours for pain related to [lung cancer.]"</p> <p>A review of R3's August and September 2023 MARs (medication administration records) revealed R3 received Morphine more than an hour past the time they were due on the following dates and times: 9/2/23 at 1:56 a.m. (due at midnight); 9/2/23 at 7:27 a.m. (due at 6:00 a.m.); 9/2/9/2/23 at 2:02 p.m. (due at 12:00 p.m.); 9/2/23 at 8:01 p.m. (due at 6:00 p.m.); 9/4/23 at 4:21 a.m. (due at midnight).</p> <p>A review of R3's comprehensive care plan revealed, in part: "The resident has risk for experiencing episodes of pain r/t (related to) neoplasm of the lung with mets (metastasis - spreading of cancer to other parts of the body)...Administer analgesia as per orders."</p> <p>On 9/12/23 at 10:03 a.m., LPN (licensed practical nurse) #1 was interviewed. When asked if there is range of time within which medications should be administered. She stated: "We should always give them within an hour before up until an hour after they are due." She stated she believed this was a facility policy. She stated this is especially</p>	F 760	Identified variances will be corrected and results will be reviewed through QAPI.		

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F 760	<p>Continued From page 12</p> <p>important for any medication that a resident receives more than twice a day. When asked about the importance of residents receiving pain medications on time, she stated: "Those are the most important. Our residents need their pain meds on time."</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse consultant, were informed of these concerns.</p> <p>A review of the facility policy, "Medication and Treatment Orders," revealed no information related to the time frame within which medications should be administered."</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(1) "Morphine is used to relieve moderate to severe pain. Morphine extended-release tablets and capsules are only used to relieve severe (around-the-clock) pain that cannot be controlled by the use of other pain medications." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a682133.html">https://medlineplus.gov/druginfo/meds/a682133.html</a>.</p> <p>2. For Resident #2 (R2), the facility staff failed to administer Tizanidine (1), Keflex (2), and Tylenol in a timely manner.</p> <p>R2 was admitted to the facility with diagnoses including multiple fractures of the leg and arm and muscle spasms. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 7/26/23, R2 was coded as having no cognitive</p>	F 760			

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F 760	<p>Continued From page 13</p> <p>impairment for making daily decisions.</p> <p>On 9/11/23 at 2:28 p.m., R2 was interviewed, and stated he does not receive his medications "on time." He stated he does not understand why this is, and stated he has talked to the nurses multiple times about it. He stated he has to ask for his scheduled Tylenol, and the nurses still do not administer it to him on time. R2 stated Tylenol is the only pain medicine he receives, and it is important to him to receive it on time.</p> <p>A review of R2's provider's orders revealed the following orders: "7/21/23 Acetaminophen Oral (Tylenol) 325 mg (milligrams) Give 3 tablets by mouth three times a day for pain."</p> <p>"8/27/23 Keflex Oral Capsule 500 mg Give 1 capsule by mouth three times a day for UTI."</p> <p>"7/22/23 Tizanidine Oral Tablet 2 mg Give 1 tablet by mouth every 8 hours for muscle spasms."</p> <p>A review of R2's August and September 2023 MARs (medication administration records) revealed he received the following medications more than an hour past the time they were due: Tizanidine - 8/26/23 at 9:28 a.m. (due at 8:00 a.m.); 8/26/23 at 6:52 p.m. (due at 4:00 p.m.); 9/1/23 at 10:20 a.m. (due at 8:00 a.m.); 9/1/23 at 6:28 p.m. (due at 4:00 p.m.); 9/3/23 at 2:58 a.m. (due at midnight); 9/3/23 at 8:46 p.m. (due at 4:00 p.m.)</p> <p>Keflex - 9/1/23 at 10:20 a.m. (due at 9:00 a.m.); 9/3/23 at 10:25 a.m. (due at 9:00 a.m.); not given at all 9/1/23 at 9:00 p.m.</p>	F 760			

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F 760	<p>Continued From page 14</p> <p>Tylenol - 9/1/23 at 10:20 a.m. (due at 9:00 a.m.), 9/3/23 at 10:25 a.m. (due at 9:00 a.m.); not given at all on 9/1/23, 9/3/23, and 9/4/23 at 9:00 p.m.</p> <p>A review of R2's comprehensive care plan dated 7/22/23 and revised 8/3/23 revealed, in part: "The resident has acute pain r/t (related to) multiple fractures related to MVA (motor vehicle accident)...Administer analgesia as per orders."</p> <p>On 9/12/23 at 10:03 a.m., LPN (licensed practical nurse) #1 was interviewed. When asked if there is range of time within which medications should be administered. She stated: "We should always give them within an hour before up until an hour after they are due." She stated she believed this was a facility policy. She stated this is especially important for any medication that a resident receives more than twice a day.</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse consultant, were informed of these concerns.</p> <p>No further information was provided prior to exit.</p> <p>References: (1) "Tizanidine is used to relieve the spasms and increased muscle tone caused by multiple sclerosis (MS, a disease in which the nerves do not function properly and patients may experience weakness, numbness, loss of muscle coordination and problems with vision, speech, and bladder control), stroke, or brain or spinal injury. Tizanidine is in a class of medications called skeletal muscle relaxants. It works by slowing action in the brain and nervous system to allow the muscles to relax." This information is taken from the website</p>	F 760			

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F 760	Continued From page 15 <a href="https://medlineplus.gov/druginfo/meds/a601121.html">https://medlineplus.gov/druginfo/meds/a601121.html</a> .  (2) "Cephalexin (Keflex) is used to treat certain infections caused by bacteria such as pneumonia and other respiratory tract infections; and infections of the bone, skin, ears, , genital, and urinary tract. Cephalexin is in a class of medications called cephalosporin antibiotics. It works by killing bacteria." This information is taken from the website <a href="https://medlineplus.gov/druginfo/meds/a682733.html">https://medlineplus.gov/druginfo/meds/a682733.html</a> .	F 760			
F 804 SS=E	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2)  §483.60(d) Food and drink Each resident receives and the facility provides-  §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;  §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review, the facility staff failed to serve food at a palatable texture and appetizing temperature, on one of three facility units, the Brantley unit.  The findings include:  A test tray from the Brantley unit at breakfast on 9/12/23 contained cold, soggy toast and a lukewarm cheese omelet.	F 804	Affected residents were provided food that was of palatable texture and appetizing temperature.  All units of the facility have the potential to be affected by the alleged deficient practice. An audit was performed for the trays served in the other units and all meals to make sure the food appears palatable and attractive, and it is served at a safe and appetizing temperature.  Dietary Manager/Designee educated dietary staff on inspecting food trays to ensure that correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature.  Dietary Manager/designee will perform food tray temperature audits for all meals to ensure food is served at a palatable texture and appetizing temperature daily for one week, twice a	10/13/2023	

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F 804	<p>Continued From page 16</p> <p>On 9/12/23 at 6:50 a.m., OSM (other staff member) #2, a cook, was observed as he took temperatures of the hot breakfast foods on the tray line prior to resident meals being served. OSM #2 removed the toast from the toaster and put it in a steam table pan on the serving line. When he tested the cheese omelets, they registered a temperature of 197 degrees (Fahrenheit).</p> <p>On 9/12/23 at 7:51 a.m., the test tray was prepared, covered, and placed on the cart with other meals for Brantley unit residents. The cart arrived on the unit at 7:56 a.m.</p> <p>On 9/12/23 at 8:08 a.m., the last resident on the Brantley unit had been served breakfast. OSM #1 (the dining services manager) took the temperature of the omelet; the temperature was 97 degrees. The omelet tasted only lukewarm. The toast was mildly cold and soggy. OSM #1 was asked to taste both the toast and the omelet. She agreed that the toast was soggy and cold, and that the omelet was not at a palatable warm temperature. She stated: "It is a long way from the kitchen to the unit. And the nursing staff passes out the tray. We never know how long that might take."</p> <p>A review of the facility policy, "Food and Nutrition Services," revealed: "Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive, and it is served at a safe and appetizing temperature."</p> <p>On 9/12/23 at 11:30 a.m., ASM (administrative staff member) #1 and ASM #2, the regional nurse</p>	F 804	<p>week for two weeks, then weekly for four weeks.</p> <p>Identified variances will be corrected and results will be reviewed through QAPI.</p> <p>Date of Compliance: 10/13/2023</p>		

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F 804	Continued From page 17 consultant, were informed of these concerns.  No further information was provided prior to exit.	F 804			