

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

PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/13/2023
NAME OF PROVIDER OR SUPPLIER ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 12/11/2023 through 12/13/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint (VA00060044-substantiated with deficiency) was investigated during the survey. The census in this 120 certified bed facility was 108 at the time of the survey. The survey sample consisted of three closed records reviews and 10 current resident reviews.	F 000		
F 580 SS=E	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that	F 580	Resident #1, Resident # 10, and Resident # 11 physician has been notified of medications not available or administered. The current physician orders for resident # 1, resident # 10 and resident # 11 have been reviewed for medications availability in the medication cart to be administrated.	1/16/2024

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

TITLE

(X6) DATE

Patricia F. Hower

LNHA

1/10/2024

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

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F 580	<p>Continued From page 1</p> <p>all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to notify the physician/nurse practitioner when medications were not available or administered for three of 13 residents in the survey sample, Residents #1, #10, and #11.</p> <p>The findings include:</p> <p>1. For Resident #1, the facility staff failed to notify the physician/nurse practitioner (NP) when Toprol</p>	F 580	<p>DON/designee will review current residents in the facility physicians' orders for availability of medication in the medication cart. Current resident's physician orders will be reviewed for availability and documentation for any discrepancy identified by the nurse, upon discovery will be corrected.</p> <p>The licensed nursing staff will be re- educated by DON/ADON / designee on obtaining and administering medications as directed by physician, to include notification of physician/ np and resident's representative of medication changes. No other residents on Toprol XL were identified for changes.</p>	

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F 580	<p>Continued From page 2</p> <p>XL and Meloxicam were not available administration.</p> <p>The physician order dated, 8/22/2023, documented, "Mobic (Meloxicam) Oral tablet 15 mg (milligrams); give 1 tablet by mouth one time a day for pain.</p> <p>The November 2023 MAR (medication administration record) documented the above order. On the following dates at the 9:00 a.m. dose, a "7" was documented, a "7" indicated, other/see nurse note: 11/2/2023 11/3/2023 11/6/2023 11/7/2022 11/8/2023</p> <p>The nurse's note for 11/2/2023, documented in part, "Awaiting pharmacy delivery, not in back up box." The nurse's note for 11/3/2023, documented in part, "Reordered - pharmacy notified." The nurse's note for 11/6/2023, there was no nurse's note for this missed dose. The nurse's note dated, 11/7/2023, documented in part, "pharmacy was notified of not being delivered." The nurse's note dated, 11/8/2023, documented in part, "pharmacy was notified several times - no delivery at this time."</p> <p>The physician order dated, 11/15/2023, documented in part, "Mobic Oral Tablet 15 mg; Give 1 tablet by mouth one time a day for back pain."</p> <p>The November MAR documented the above</p>	F 580	<p>The DON/ designee will review the 24- hour report for documentation of medications missing, changes and/ or not available. Documentation will be reviewed for notifications to physician / NP for further recommendations and resident's representative for notification, daily x14 days, and 5x week for 60 days. The results of the medication 24-hour audit will be reported to the monthly QAPI committee for further recommendations.</p>	1/16/2024

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F 580	<p>Continued From page 3</p> <p>order. On 11/16/2023 and 11/17/2023 for the 9:00 a.m. dose, a "7" was documented.</p> <p>The nurse's note dated, 11/16/2023, documented in part, "Not available at this time."</p> <p>The nurse's note dated, 11/17/2023, documented in part, "Medication on order from Pharmacy."</p> <p>The physician order dated, 4/19/2023, documented, "Toprol XL Oral Tablet Extended Release 24 hour 50 mg (Metoprolol Succinate); Give 1 tablet by mouth one time a day for HTN (high blood pressure)."</p> <p>The November MAR documented the above order. On 11/2/2023, 11/14/2023, 11/16/2023, and 11/17/2023, there was documented a "7" for the 9:00 a.m. doses of Toprol XL.</p> <p>The nurse's notes dated, 11/2/2023, documented in part, "Awaiting pharmacy delivery, not available in back up box."</p> <p>The nurse's note dated, 11/14/2023, documented in part, "Medication on order from Pharmacy."</p> <p>The nurse's note dated, 11/16/2023, documented in part, "On order from Pharmacy."</p> <p>The nurse's note dated, 11/17/2023, documented in part, "Medication on order from Pharmacy."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 12/12/2023 at 2:25 p.m. When asked the steps a nurse takes when a medication is not available at the scheduled time of administration, LPN #2 stated you first look in the bottom of the cart to see if the medication is there, where extra medication is stored. If not there, the nurse should go to the backup box. If not there the nurse should call the pharmacy to see if it's been sent and the status of it. If you still</p>	F 580		

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F 580	<p>Continued From page 4</p> <p>can't administer the medication, the nurse should notify the doctor and the resident and/or responsible party. LPN #2 was asked where all the steps they have taken are documented, LPN #2 stated, in the progress notes.</p> <p>The facility policy, "Medication Administration" documented in part, "2. If a dose of regularly scheduled medications is withheld, refused, or given at other than the scheduled time (for example, the resident is not in the nursing care center at scheduled does time, or a starter dose of antibiotic is needed), the space provided on the front of the MAR for that dosage administration is initiated and circled. An explanatory note is entered on the reverse side of the record provided for PRN (as needed) documentation. If two consecutive doses of a vital mediation are withheld or refuse, the physician is notified."</p> <p>ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>2. For Resident #10, the facility staff failed to notify the physician/NP when a dose of Trulicity not administered.</p> <p>The physician order dated, 10/5/2023, documented, "Trulicity Subcutaneous Solution Pen-injector (2) 1.5 MG/0.5ML (milligrams per milliliter) (Dulaglutide); inject 0.5 ml subcutaneously one time a day every Mon (Monday) for DM (diabetes mellitus)."</p>	F 580			

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F 580	<p>Continued From page 5</p> <p>The October MAR documented the above order. On 10/16/2023 a "5" was documented in the box for the administration of the Trulicity. A "5" indicated, LOA (leave of absence).</p> <p>Review of the nurse's note failed to evidence documentation of the reason the medications was not given. Nor documentation of the physician and/or nurse practitioner being notified that is wasn't given.</p> <p>The resident had a physician order dated, 10/5/2023, documented in part, "Resident has dialysis Mon, Wed, Fri, pick up is 9:15 a.m."</p> <p>An interview was conducted with RN #1 on 12/12/2023 at 3:19 p.m. When asked if a medication is not given due to the resident going to dialysis, and it's a weekly medication, what steps should the nurse take, RN #1 stated first I would see what the medication is if it can be given later but mostly call the physician and follow their orders. It could have been given once the resident got back from dialysis since it's only a weekly medication. RN #1 stated if she had seen that order, she would have called the physician and scheduled it around the resident's dialysis schedule, but the nurse should have called the physician or nurse practitioner and told them it wasn't given.</p> <p>ASM (administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was provided prior to exit.</p>	F 580			

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F 580	<p>Continued From page 6</p> <p>3. For Resident #11, the facility staff failed to notify the physician/NP when medications were not given on 10/27/2023.</p> <p>Review of the October 2023 MAR (medication administration record) failed to evidence the following medications were administered on 10/27/2023 at 9:00 p.m.:</p> <ul style="list-style-type: none"> -Hydrocortisone External gel 1%; apply to bilateral hands and leg topically two time a day for rash/itching for 7 days. -Keflex Oral Capsule (antibiotic) 500 mg (milligram); give 1 capsule by mouth two times a day for cellulitis lower legs for 5 days. -Lotrimin AF external cream 1%; apply to plantar of B. feet topically two times a day for tinea pedis (fungal rash) for 7 days. -Tylenol Extra Strength Oral tablet - 500 mg; give 2 tablets by mouth two times day for pain. <p>Review of the physician orders documented the above orders. The nurse's notes were reviewed and failed to evidence any documentation as to why the medications were not administered or the notification to the physician that the medications were not given.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 12/12/2023 at 2:25 p.m. LPN #2 was shown the above MAR. When asked what do the blanks on 10/27/2023 indicate, LPN #2 stated it means the medications were not given. LPN #2 was asked if it was found that the medications were not given, should the nurse do anything, LPN #2 stated the nurse should notify the physician that the medications were not given.</p> <p>ASM (administrative staff member) #1, the interim</p>	F 580			

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F 580	Continued From page 7 administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.	F 580			
F 656 SS=D	No further information was provided prior to exit. 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 recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)-	F 656	Resident #7 and #11 current physician orders have been reviewed for medication administration according to resident's plan of care. Resident # 10 Trulicity medication has been reviewed by physician and new order received on January 4, 2024, to administer medication non dialysis every Thursday. Care plans were updated to reflect medication administration per physician order.	1/16/2024	

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F 656	<p>Continued From page 8</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 staff interview, facility document review, and clinical record review, it was determined the facility staff failed to implement the comprehensive care plan for three of 13 residents in the survey sample, Residents #7, #11, and #10.</p> <p>The findings include:</p> <p>1. For Resident #7, the facility staff failed to implement the comprehensive care plan for administering medications per the physician orders.</p> <p>The comprehensive care plan documented, in part, the following: Focus: Resident at risk for hyper/hypoglycemic episodes due to diagnosis of DM (diabetes mellitus). Insulin dependent. Interventions: Administer medications per order observing affect.</p>	F 656	<p>Care plans will be reviewed with scheduled RAI quarterly assessments for following medication administration per orders/recommendations. DON/IDT team will review care plans and revise with review of 24-hour report to include any new physician orders-recommendations upon discovery. The Dialysis residents were reviewed for any other medication identified for changes with none identified, no other residents noted for Trulicity.</p>		

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F 656	<p>Continued From page 9</p> <p>Focus: Resident is taking two anticoagulant and at risk for side effects/complications Interventions: Administer medication per order.</p> <p>Focus: Resident is taking an antidepressant for depression and anti-manic for Chronic pain. Interventions: Administer anti manic medication per order observing effect. Administer antidepressant per order observing effect. Medicate for pain as order observing effect.</p> <p>Focus: Resident is taking an antipsychotic medication placing resident at risk for side effects. Interventions: Administer medications per order observing effect.</p> <p>Focus: Resident is at risk for cardiac disease due to ASHD (arteriosclerotic heart disease), high blood pressure... Taking antihypertensive medications daily. Interventions: Administer antihypertensive medications per order.</p> <p>Review of the October 2023 MAR (medication administration record) failed to evidence the following medications were administered on 10/27/2023 at 9:00 p.m.:</p> <ul style="list-style-type: none"> -Donepezil HCL Oral Tablet 10 mg; Give 2 tablets by mouth at bedtime for dementia. -Melatonin Oral Tablet (used for sleep) 3 mg; Give 1 tablet by mouth at bedtime for anemia. -Carvedilol Oral tablet 25 mg; give 1 tablet by mouth two times a day for high blood pressure. -Depakote Oral Tablet Delayed Release 125 mg; give 1 tablet by mouth two times a day for MMD (myotonic muscular dystrophy) -Eliquis Oral Tablet 2.5 mg; give 1 tablet by mouth two times a day for ASHD (arteriosclerotic heart disease). -Memantine HCL Oral Tablet 10 mg; Give 1 tablet by mouth two times a day related to dementia. 	F 656	<p>DON/designee will re educate the licensed nurses and IDT team on revision of care plans after reviewing 24-hour report and/or physician summary for documentation of medication changes per physician orders and/or recommendations/changes for revision of current care plan.</p> <p>The DON/ unit managers / designee will review physician orders and 24-hour report, daily x 14 days, and 5x week for 60 days for documentation accuracy and care plan revision. The results will be reported to QAPI monthly x3 for further recommendations.</p>	1/16/2024

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F 656	<p>Continued From page 10</p> <p>-Olanzapine Oral Tablet 2.5 mg; Give 1 tablet by mouth two times a day related to anxiety.</p> <p>-Tramadol HCL Oral Tablet 50 mg; Give 1 tablet by mouth every 12 hours for pain.</p> <p>-Gabapentin Oral Capsule 300 mg; Give 1 capsule by mouth three times a day for chronic pain.</p> <p>-Trazadone HCL Oral Tablet 50 mg; Give 1 tablet by mouth three times a day for anxiety and dementia.</p> <p>An interview was conducted with RN (registered nurse) #1, on 12/12/2023 at 3:19 p.m. When asked the purpose of the care plan, RN #1 stated it so that everyone know how to take care of that resident, what special utensils, devices needed and why residents are on medications. RN #1 was asked if medications were not given, per the physician order, and it's written on the care plan, is that following the care plan, RN #1 stated, no.</p> <p>The facility policy, "Care Plan" documented in part, "All staff must be familiar with each resident's Care Plan and all approaches must be implemented."</p> <p>ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #11, the facility staff failed to implement the comprehensive care plan for administering medications per the physician orders.</p>	F 656		

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

PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2023
NAME OF PROVIDER OR SUPPLIER ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 656	<p>Continued From page 11</p> <p>The comprehensive care plan documented, in part, the following: Focus: Altered skin integrity non pressure related to: per family my skin is fragile and I have a history of skin tears. Interventions: Treatments as ordered. Focus: I have increased pain in my right knee during therapy. Interventions: Medicate for pain as ordered by physician and follow up for effectiveness.</p> <p>Review of the October 2023 MAR (medication administration record) failed to evidence the following medications were administered on 10/27/2023 at 9:00 p.m.:</p> <ul style="list-style-type: none"> -Hydrocortisone External gel 1%; apply to bilateral hands and leg topically two time a day for rash/itching for 7 days. -Keflex Oral Capsule (antibiotic) 500 mg (milligram); give 1 capsule by mouth two times a day for cellulitis lower legs for 5 days. -Lotrimin AF external cream 1%; apply to plantar of B. feet topically two times a day for tinea pedis (fungal rash) for 7 days. -Tylenol Extra Strength Oral tablet - 500 mg; give 2 tablets by mouth two times day for pain. <p>An interview was conducted with RN (registered nurse) #1, on 12/12/2023 at 3:19 p.m. When asked the purpose of the care plan, RN #1 stated it so that everyone know how to take care of that resident, what special utensils, devices needed and why residents are on medications. RN #1 was asked if medications were not given, per the physician order, and it's written on the care plan, is that following the care plan, RN #1 stated, no.</p> <p>ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional</p>	F 656			

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

PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

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F 656	<p>Continued From page 12</p> <p>clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was provided prior to exit.</p> <p>3. For Resident #10, the facility staff failed to implement the comprehensive care plan for administering medications per the physician orders.</p> <p>The comprehensive care plan documented in part, the following: Focus: I am a diabetic placing resident at risk for hypo/hyperglycemia episodes. Resident is receiving insulin and diet as treatment. Interventions: Diabetic medications as ordered by physician.</p> <p>The physician order dated, 10/5/2023, documented, "Trulicity Subcutaneous Solution Pen-injector (2) 1.5 MG/0.5ML (milligrams per milliliter) (Dulaglutide); inject 0.5 ml subcutaneously one time a day every Mon (Monday) for DM (diabetes mellitus)."</p> <p>The October MAR documented the above order. On 10/16/2023 a "5" was documented in the box for the administration of the Trulicity. A "5" indicated, LOA (leave of absence).</p> <p>Review of the nurse's note failed to evidence documentation of the reason the medications was not given, nor documentation of the physician and/or nurse practitioner being notified that is wasn't given.</p> <p>An interview was conducted with RN (registered nurse) #1, on 12/12/2023 at 3:19 p.m. When</p>	F 656		

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

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FORM APPROVED
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F 656	Continued From page 13 asked the purpose of the care plan, RN #1 stated it so that everyone know how to take care of that resident, what special utensils, devices needed and why residents are on medications. RN #1 was asked if medications were not given, per the physician order, and it's written on the care plan, is that following the care plan, RN #1 stated, no. ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.	F 656		
F 657 SS=D	No further information was provided prior to exit. Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.	F 657	Resident # 12 leave of absence (LOA), physician order has been reviewed by medical director. The Medical Director reviewed resident's BIMS of 15, he is cognitively intact and his own responsible party. A new physician's order for LOA with no supervision was obtained. Care plan does reflect LOA as indicated.	1/16/2024

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

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F 657	<p>Continued From page 14</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview, and clinical record review, it was determined the facility staff failed to review and revise the care plan for one of 13 residents in the survey sample, Resident #12.</p> <p>The findings include:</p> <p>For Resident #12, the facility staff failed to revise the care plan for a physician order to monitor the resident when the resident signs himself out of the building.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 10/3/2023, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions. Resident #12 was coded as being able to self-propel his wheelchair 150 feet and can walk 150 feet. The resident was not coded as having any behaviors. The resident was not coded as having had any falls since the previous assessment.</p> <p>The comprehensive care plan dated, 7/4/2023, and last revised on 12/4/2023, documented in part, "Focus: Resident is at risk for falls, related to: history of falls, use of medication, complicated</p>	F 657	<p>DON/designee reviewed current residents in the facility with physician orders for LOA have been reviewed with changes as indicated at discovery. No other residents were identified with issues with LOA orders. Care plans were reviewed for revision as applicable.</p> <p>The facility's medical director will provide re - education to medical practitioner staff regarding LOA orders and supporting documentation.</p>	

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

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OMB NO. 0938-0391

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F 657	<p>Continued From page 15</p> <p>by seizure disorder, required walked for independent ambulation." The "Interventions" documented in part, "12/4/2023: Re-educate resident of the danger of signing out to go to downtown alone and drinking."</p> <p>The physician order dated 11/28/2023, documented, "For patient safety - need supervision at all times when he signs himself out of the building."</p> <p>A request was made for the resident sign-out logs for October, November, and December 2023. The only logs presented were for October and November. ASM (administrative staff member) #1 stated they could not locate the sign out logs for December. The October and November logs only documented R12's name once for each month.</p> <p>An interview was conducted with ASM #5, the nurse practitioner that wrote the above order, on 12/12/2023 at 11:07 a.m. When asked why she wrote the order, ASM #5 stated the resident has been falling a lot lately and some are in the parking lot. ASM #5 was asked who she felt is the expected person to go outside with him, a staff member? ASM #5 stated he should have a responsible person. When asked if it could be another resident, ASM #5 stated no, just a person that is responsible.</p> <p>An interview was conducted with Resident #12 on 12/12/2023 at 3:51 p.m. When asked if he still goes outside to the property line to smoke, R12 stated he still goes out with the other residents that smoke. When asked if a staff member goes outside with him, R12 stated no. R12 was asked if he still walked into the town, R12 stated he</p>	F 657	<p>The DON/ designee will review the 24- hour report for documentation for new admissions with LOA orders, and changes in LOA orders. Data obtained from audit for documentation will be reviewed for further recommendations for LOA orders and notification, daily x14 days, and 5x week for 60 days. The results of the LOA review, physician orders, and 24-hour audit will be reported to the monthly QAPI committee for further recommendations.</p>	1/16/2024

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

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F 657	Continued From page 16 didn't because it was too cold now. An interview was conducted with RN (registered nurse) #1, on 12/12/2023 at 3:19 p.m. When asked the purpose of the care plan, RN #1 stated it so that everyone know how to take care of that resident, what special utensils, devices needed and why residents are on medications. RN #1 was asked if the physician wrote an order for supervision of a resident when they sign themselves out of the building, should that be on the care plan, RN #1 stated, yes. The facility policy, "Care Plan" documented in part, "An interdisciplinary plan of care will be established for every resident and updated in accordance with state and federal regulatory requirements and on an as needed basis. ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.	F 657		
F 658 SS=E	No further information was obtained 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 staff interview, facility document review, and clinical record review, it was	F 658	Resident # 11, Resident # 2, and Resident # 7 current physician orders have been reviewed and medication administration records for evidence of receiving medications.	1/14/2024

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

PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

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F 658	<p>Continued From page 17</p> <p>determined the facility staff failed to follow professional standards of practice for the administration of medications for three of 13 residents in the survey sample, Residents #11, #2, and #7.</p> <p>The findings include:</p> <p>1. For Resident #11, the facility staff failed to administer the physician ordered medications on 10/27/2023.</p> <p>Review of the October 2023 MAR (medication administration record) failed to evidence the following medications were administered on 10/27/2023 at 9:00 p.m.:</p> <ul style="list-style-type: none"> -Hydrocortisone External gel 1%; apply to bilateral hands and leg topically two time a day for rash/itching for 7 days. -Keflex Oral Capsule (antibiotic) 500 mg (milligram); give 1 capsule by mouth two times a day for cellulitis lower legs for 5 days. -Lotrimin AF external cream 1%; apply to plantar of B. feet topically two times a day for tinea pedis (fungal rash) for 7 days. -Tylenol Extra Strength Oral tablet - 500 mg; give 2 tablets by mouth two times day for pain. <p>Review of the physician orders documented the above orders. The nurse's notes were reviewed and failed to evidence any documentation as to why the medications were not administered or notification to the physician that the medications were not given.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 12/12/2023 at 2:25 p.m. LPN #2 was shown the above MAR. When asked what do the blanks on 10/27/2023 indicate, LPN</p>	F 658	<p>Residents who reside in the facility have the potential to be affected. DON/designee reviewed current resident's medication administration records for evidence of receiving medications, any changes in orders identified will be corrected at discovery.</p> <p>Licensed nursing staff will be re educated by DON /designee on obtaining medications, and notifications to physician/NP and resident's responsible party when appropriate upon discovery.</p>		

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

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F 658	<p>Continued From page 18</p> <p>#2 stated it means the medications were not given. When asked if she was working that evening, LPN #2 stated she was working the other two medication carts on that evening. The previous interim director of nursing (DON) was supposed to work on the other two carts that evening. A situation with an employee came up and the DON had to deal with that. She stated she did the best she could but never got down to some of the residents, as she was trying to get her scheduled work done.</p> <p>An interview was conducted with ASM #2, the interim director of nursing, on 12/12/2023 at 3:58 p.m. When asked what blanks on the MAR indicated, ASM #2 stated they weren't given.</p> <p>The facility policy, "Medication Administration" documented in part, "Medications are administered as prescribed in accordance with manufacturer's specifications, good nursing principles and practices and only by legally authorized to do so...Documentation: 1. The individual who administers the medication dose, records the administration on the resident's MAR immediately following the medication being given. In no case should the individual who administered the medications report off-duty without first recording the administration of any medications."</p> <p>ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was obtained prior to exit.</p> <p>2. For Resident #2, the facility staff failed to</p>	F 658	<p>The DON/designee will review 24-hour reports and audit medication administration records for documentation of medication not available or administered for notification to physician/NP and/or resident representative, daily x 14 days and 5 x week for 60 days. The DON will report the results of the audit to the QAPI committee for recommendations.</p>	1/16/2024

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

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F 658	Continued From page 19 administer the physician ordered medications on 10/27/2023. Review of the October 2023 MAR (medication administration record) failed to evidence the following medications were administered on 10/27/2023 at 9:00 p.m.: -Atorvastatin Calcium Oral Tablet - high cholesterol - 40 mg; Give 1 tablet by mouth at bedtime for hyperlipidemia. -Loratadine Oral Tablet 10 mg; Give 1 tablet one time a day for allergies. -Trazadone HCL Oral tablet - 50 mg; Give 1 tablet by mouth at bedtime for depression. -Buspirone HCL Oral tablet 10 mg - Give 1 tablet by mouth two times a day for anxiety. -Famotidine Oral tablet 20 mg; Give 1 tablet by mouth two times a day for GERD (gastroesophageal reflux disease). -Furosemide Oral tablet 40 mg; Give 1 tablet by mouth two times a day for CHF (congestive heart failure). -Levetiracetam Oral tablet 750 mg; Give 1 tablet by mouth two times a day for Seizure disorder. -Magnesium Oxide Tablet; Give 400 mg by mouth two times a day for GERD. -Potassium Chloride ER (extended release) Oral Tablet 20 mEq (milliequivalents); give 1 tablet by mouth two times a day for hypokalemia. -Tylenol Extra Strength Tablet 500 mg; Give 2 tablets by mouth two times a day for pain until 10/30/2023. -Baclofen Oral Tablet 10 mg; Give 1 tablet by mouth every 8 hours for muscle spasms. -Glucophage Oral Tablet 500 mg; Give 1 tablet by mouth three times a day for DM (diabetes mellitus). -Ipratropium Bromide Solution 0.02%; Give 1 vial by mouth three times a day for SOB (shortness of	F 658			

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

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F 658	<p>Continued From page 20 breath).</p> <p>-Sodium Bicarbonate Oral tablet 650 mg; give 1 tablet by mouth four times a day for GERD.</p> <p>-Sucralfate Oral tablet 1 GM (gram); Give 1 tablet four times a day for GERD.</p> <p>Review of the physician orders documented the above orders. The nurse's notes were reviewed and failed to evidence any documentation as to why the medications were not administered or notification to the physician that the medications were not given.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 12/12/2023 at 2:25 p.m. LPN #2 was shown the above MAR. When asked what do the blanks on 10/27/2023 indicate, LPN #2 stated it means the medications were not given. When asked if she was working that evening, LPN #2 stated she was working the other two medication carts on that evening. The previous interim director of nursing (DON) was supposed to work on the other two carts that evening. A situation with an employee came up and the DON had to deal with that. She stated she did the best she could but never got down to some of the residents, as she was trying to get her scheduled work done.</p> <p>An interview was conducted with ASM #2, the interim director of nursing, on 12/12/2023 at 3:58 p.m. When asked what blanks on the MAR indicated, ASM #2 stated they weren't given.</p> <p>ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p>	F 658		

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

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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611	
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F 658	Continued From page 21 No further information was provided prior to exit. 3. For Resident #7, the facility staff failed to administer the physician ordered medications on 10/27/2023. Review of the October 2023 MAR (medication administration record) failed to evidence the following medications were administered on 10/27/2023 at 9:00 p.m.: -Donepezil HCL Oral Tablet 10 mg; Give 2 tablets by mouth at bedtime for dementia. -Melatonin Oral Tablet (used for sleep) 3 mg; Give 1 tablet by mouth at bedtime for anemia. -Carvedilol Oral tablet 25 mg; give 1 tablet by mouth two times a day for high blood pressure. -Depakote Oral Tablet Delayed Release 125 mg; give 1 tablet by mouth two times a day for MMD (myotonic muscular dystrophy) -Eliquis Oral Tablet 2.5 mg; give 1 tablet by mouth two times a day for ASHD (arteriosclerotic heart disease). -Memantine HCL Oral Tablet 10 mg; Give 1 tablet by mouth two times a day related to dementia. -Olanzapine Oral Tablet 2.5 mg; Give 1 tablet by mouth two times a day related to anxiety. -Tramadol HCL Oral Tablet 50 mg; Give 1 tablet by mouth every 12 hours for pain. -Gabapentin Oral Capsule 300 mg; Give 1 capsule by mouth three times a day for chronic pain. -Trazadone HCL Oral Tablet 50 mg; Give 1 tablet by mouth three times a day for anxiety and dementia. Review of the physician orders documented the above orders. The nurse's notes were reviewed and failed to evidence any documentation as to	F 658		

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

PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

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F 658	Continued From page 22 why the medications were not administered or notification to the physician that the medications were not given. An interview was conducted with LPN (licensed practical nurse) #2 on 12/12/2023 at 2:25 p.m. LPN #2 was shown the above MAR. When asked what do the blanks on 10/27/2023 indicate, LPN #2 stated it means the medications were not given. When asked if she was working that evening, LPN #2 stated she was working the other two medication carts on that evening. The previous interim director of nursing (DON) was supposed to work on the other two carts that evening. A situation with an employee came up and the DON had to deal with that. LPN #2 stated she did the best she could but never got down to some of the residents, as she was trying to get her scheduled work done. An interview was conducted with ASM #2, the interim director of nursing, on 12/12/2023 at 3:58 p.m. When asked what blanks on the MAR indicated, ASM #2 stated they weren't given. ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.	F 658		
F 689 SS=D	No further information was provided prior to exit. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains	F 689	Resident # 12 is cognitively intact with a BIMS of 15, physician order for LOA was	1/16/2024

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

PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

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F 689	<p>Continued From page 23</p> <p>as free of accident hazards as is possible; and</p> <p>§483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, resident interview, staff interview and facility document review, it was determined the facility staff failed to implement a physician order for supervision of a resident when the resident signs himself out of the building, for one of 13 residents in the survey sample, Resident #12.</p> <p>The findings include:</p> <p>For Resident #12 (R12), the physician orders revealed an order for the resident to be supervised at all times when he signs himself out of the building, however no supervision was observed to occur on two occasions.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 10/3/2023, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions. Resident #12 was coded as being able to self-propel his wheelchair 150 feet and can walk 150 feet. The resident was not coded as having any behaviors. The resident was not coded as having had any falls since the previous assessment.</p> <p>The physician order dated 11/28/2023, documented, "For patient safety - need supervision at all times when he signs himself out</p>	F 689	<p>reviewed for LOA without 1;1 supervision. Resident #12 has been re – educated on the documentation process for his LOA.</p> <p>DON/designee reviewed current residents with LOA physician ordered have been reviewed with need of supervision noted, upon discovery, corrections were completed as applicable for changes in orders for LOA as indicated.</p> <p>The Medical Director will re-educate nurse practitioners on the proper procedure for writing physician orders for residents with LOA.</p>	

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

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OMB NO. 0938-0391

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F 689	<p>Continued From page 24 of the building."</p> <p>A request was made for the resident sign-out logs for October, November, and December. The only logs presented were the October and November. ASM (administrative staff member) #1 stated they could not locate the sign out logs for December. The October and November logs only documented R12's name once for each month.</p> <p>An interview was conducted with Resident #12 on 12/12/2023 at 3:51 p.m. When asked if he still goes outside to the property line to smoke, R12 stated he still goes out with the other residents that smoke. When asked if a staff member goes outside with him, R12 stated no. R12 was asked if he still walked into the town, R12 stated he didn't because it was too cold now.</p> <p>An interview was conducted with ASM #2, the interim director of nursing, on 12/12/2023 at 3:58 p.m. The order above was reviewed with ASM #2. When asked what the order entails, ASM #2 stated, it means he should be monitored.</p> <p>The comprehensive care plan dated, 7/4/2023, and last revised on 12/4/2023, documented in part, "Focus: Resident is at risk for falls, related to: history of falls, use of medication, complicated by seizure disorder, required walked for independent ambulation." The "Interventions" documented in part, "12/4/2023: Re-educate resident of the danger of signing out to go to downtown alone and drinking."</p> <p>Resident #12 was observed self-propelling in the wheelchair outside the front door and went to the side of the property line on 12/12/2023 at 5:06 p.m., and 12/13/2023 at 10:46 a.m. No other</p>	F 689	<p>DON/ unit manager will audit residents with new LOA orders and new admissions, to verify if any safety concerns to be addressed 5 x week for 30 days. The DON will report the results of the audits to the monthly QAPI committee for recommendations.</p>	1/16/2024	

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

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F 689	Continued From page 25 person was with him. An interview was conducted with ASM #5, the nurse practitioner that wrote the above order, on 12/12/2023 at 11:07 a.m. When asked why she wrote the order, ASM #5 stated the resident has been falling a lot lately and some are in the parking lot. ASM #5 was asked who she felt was the expected person to go outside with him, a staff member? ASM #5 stated he should have a responsible person. When asked if it could be another resident, ASM #5 stated no, just a person that is responsible. An interview was conducted with ASM #2, the interim director of nursing, on 12/12/2023 at 3:58 p.m. The order above was reviewed with ASM #2. When asked what the order entails, ASM #2 stated, it means he should be monitored. A policy on resident safety was requested and none was provided prior to exit. ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.	F 689			
F 755 SS=D	No further information was obtained prior to exit. Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed	F 755	Resident # 1 medication meloxicam was discontinued by physician on 11/27/23. Resident # 1 has a current physician order for Toprol XL and is administered as ordered.		1/16/2024

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

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F 755	<p>Continued From page 26</p> <p>personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide pharmacy services for one of 13 residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1, the facility staff failed to ensure two medications were available for administration, Meloxicam (used for pain) and Toprol XL (used</p>	F 755	<p>DON/designee reviewed current residents who reside in the facility, that have the potential to be affected. No other residents were identified.</p> <p>Licensed nursing staff will be re – educated on obtaining medications from pharmacy and reviewing back up pharmacy e-box in facility. In addition, licensed nursing staff will be instructed on physician notification and documentation for further recommendation indicated, by DON/Designee.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 755	<p>Continued From page 27 for high blood pressure).</p> <p>The physician order dated, 8/22/2023, documented, "Mobic (Meloxicam) Oral tablet 15 mg (milligrams); give 1 tablet by mouth one time a day for pain.</p> <p>The November 2023 MAR (medication administration record) documented the above order. On the following dates at the 9:00 a.m. dose, a "7" was documented, a "7" indicated, other/see nurse note: 11/2/2023 11/3/2023 11/6/2023 11/7/2022 11/8/2023</p> <p>The nurse's note for 11/2/2023, documented in part, "Awaiting pharmacy delivery, not in back up box." The nurse's note for 11/3/2023, documented in part, "Reordered - pharmacy notified." The nurse's note dated, 11/4/2023, documented, "This nurse outreached (name of pharmacy) to request a RF (refill) on Meloxicam and Metoprolol but the pharmacy states they are unable to do so. Meloxicam cannot be RF until 11/16 and Metoprolol on 11/22. Placed in MD (medical doctor) book for review." The nurse's note for 11/6/2023, there was no nurse's note for this missed dose. The nurse's note dated, 11/7/2023, documented in part, "pharmacy was notified of not being delivered." The nurse's note dated, 11/8/2023, documented in part, "pharmacy was notified several times - no delivery at this time."</p>	F 755	<p>DON /unit manager will review new physician orders, 24-hour report, and MAR/TAR's, 5x week for 30 days. The DON will report monthly to the QAPI committee the results of the physician and mar/tar audits for further recommendations.</p>	1/16/2024

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

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F 755	<p>Continued From page 28</p> <p>The physician order dated, 11/15/2023, documented in part, "Mobic Oral Tablet 15 mg; Give 1 tablet by mouth one time a day for back pain."</p> <p>The November MAR documented the above order. on 11/16/2023 and 11/17/2023 for the 9:00 a.m. dose, a "7" was documented.</p> <p>The nurse's note dated, 11/16/2023, documented in part, "Not available at this time." The nurse's note dated, 11/17/2023, documented in part, "Medication on order from Pharmacy."</p> <p>The physician order dated, 4/19/2023, documented, "Toprol XL Oral Tablet Extended Release 24 hour 50 mg (Metoprolol Succinate); Give 1 tablet by mouth one time a day for HTN (high blood pressure)."</p> <p>The November MAR documented the above order. On 11/2/2023, 11/14/2023, 11/16/2023, and 11/17/2023, there was documented a "7" for the 9:00 a.m. doses of Toprol XL.</p> <p>The nurse's notes dated, 11/2/2023, documented in part, "Awaiting pharmacy delivery, not available in back up box." The nurse's note dated, 11/14/2023, documented in part, "Medication on order from Pharmacy." The nurse's note dated, 11/16/2023, documented in part, "On order from Pharmacy." The nurse's note dated, 11/17/2023, documented in part, "Medication on order from Pharmacy."</p> <p>The list of the contents of the backup pharmacy box failed to evidence the two medications.</p> <p>An interview was conducted with LPN (licensed</p>	F 755			

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

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F 755	<p>Continued From page 29</p> <p>practical nurse) #2, on 12/12/2023 at 2:25 p.m. When asked the steps a nurse takes when a medication is not available at the scheduled time of administration, LPN #2 stated you first look in the bottom of the cart to see if the medication is there, where extra medication is stored. If not there, the nurse should go to the backup box. If not there the nurse should call the pharmacy to see if it's been sent and the status of it. If you still can't administer the medication, the nurse should notify the doctor and the resident and/or responsible party. LPN #2 was asked where all the steps they have taken are documented, LPN #2 stated, in the progress notes.</p> <p>The facility policy, "Provider Pharmacy Requirements," documented in part, "4. The provider pharmacy agrees to perform the following pharmaceutical services, including but not limited to: a. Assisting the nursing care center, as necessary, in determining the appropriate acquisition, receipt, dispensing and administration of all medications and biologicals to meet the medication needs of the resident and the nursing care center. b. Accurately dispensing prescriptions based on authorized prescriber orders."</p> <p>ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was obtained prior to exit.</p>	F 755	<p>Resident # 7 is currently receiving Lantus as ordered by the physician. Resident # 10 has a new physician order for Trulicity effective 1 /4/24 on non-dialysis day.</p>	
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760		1/16/2024

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

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F 760	<p>Continued From page 30</p> <p>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:</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure two of 13 residents were free of significant medication errors, Residents #7 and Resident #10.</p> <p>The findings include:</p> <p>1. For Resident #7, the facility staff failed to administer Lantus Insulin on 10/27/2023 and the resident's blood sugar was elevated the next morning.</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 10/7/2023, the resident scored a five out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired for making daily decisions. In Section N - Medications, the resident was coded as receiving insulin injections for seven days of the look back period.</p> <p>The physician order dated, 8/17/2023, documented, "Lantus Subcutaneous Solution (1) 100 UNIT/ML (milliliters); Inject 34 units subcutaneously two times a day for diabetes."</p> <p>The October 2023 MAR (medication administration record) documented the above order. The place for the 10/27/2023 dose at 9:00 p.m. was blank on the MAR. The MAR documented the resident's blood sugar on 10/28/2023 at "324." Review of the MAR</p>	F 760	<p>DON/designee reviewed current residents identified with medication errors, and has been reviewed with medical director and nursing administration to address with pharmacy as indicated upon discovery.</p> <p>Licensed nursing staff have been re educated by DON/designee on obtaining medications and documentation of physician notification of medication availability or not given for further recommendations.</p>	

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

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F 760	<p>Continued From page 31</p> <p>documented the resident's morning blood sugars from 110 to 299.</p> <p>The comprehensive care plan dated, 7/3/2023, documented in part, "Focus: Resident is at risk for hyper/hypoglycemic episodes due to diagnosis of DM (diabetes mellitus). Insulin dependent." The "Interventions" documented in part, "Administer medications per order observing affect."</p> <p>An interview was conducted with LPN (licensed practical nurse) #2 on 12/12/2023 at 2:25 p.m. An interview was conducted with LPN (licensed practical nurse) #2, who worked the wing Resident #7 resided on, on 10/27/2023. She stated the interim director of nursing was going to work the floor that evening, but something came up with one of the employees and she didn't get to give all of the scheduled medications. LPN #2 stated she tried to give some of the medications that night, but she was busy with her assignment too.</p> <p>An interview was conducted with RN (registered nurse) #1, on 12/12/2023 at 3:19 p.m. When asked what blanks on the MAR indicated, RN #1 stated, it wasn't given.</p> <p>The facility policy, Medication Administration - General Guidelines, documented in part, "Policy: Medications are administered as prescribed in accordance with manufacturers' specifications, good nursing principles and practices and only by persons legally authorized to do so...The individual who administers the medication dose, records the administration on the resident's MAR immediately following the medication being given. In no case should the individual who administered</p>	F 760	<p>The DON will review the 24-hour reports for documentation of medication not available, pharmacy needs to include physician notification, the data will be reported to the monthly QAPI committee with medication error trends and educational needs of staff to be addressed, and or further recommendations.</p>	1/16/2024

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PRINTED: 01/02/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495140	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/13/2023
NAME OF PROVIDER OR SUPPLIER ROSE HILL HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 110 CHALMERS COURT BERRYVILLE, VA 22611		
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F 760	<p>Continued From page 32</p> <p>the medications report off-duty without first recording the administration of any medications."</p> <p>ASM (administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.</p> <p>No further information was provided prior to exit,</p> <p>(1) Lantus is used to treat diabetes. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a600027.html.</p> <p>2. For Resident #10, the facility failed to administer Trulicity injection on 10/16/2023.</p> <p>On the most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 10/11/2023, the resident was coded as scoring a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions. In Section N - Medications, the resident was coded as receiving insulin injections for seven days of the look back period.</p> <p>The physician order dated, 10/5/2023, documented, "Trulicity Subcutaneous Solution Pen-injector (2) 1.5 MG/0.5ML (milligrams per milliliter) (Dulaglutide); inject 0.5 ml subcutaneously one time a day every Mon (Monday) for DM (diabetes mellitus)."</p>	F 760			

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F 760	<p>Continued From page 33</p> <p>The October MAR documented the above order. On 10/16/2023 a "5" was documented in the box for the administration of the Trulicity. A "5" indicated, LOA (leave of absence).</p> <p>Review of the nurse's note failed to evidence documentation of the reason the medications was not given, nor documentation of the physician and/or nurse practitioner being notified that is wasn't given.</p> <p>The resident had a physician order dated, 10/5/2023, documented in part, "Resident has dialysis Mon, Wed, Fri, pick up is 9:15 a.m."</p> <p>The comprehensive care plan dated, 10/6/2023, documented in part, "Focus: I am a diabetic placing resident at risk for hypo/hyperglycemia episodes. Resident is receiving insulin and diet as treatment." The "Interventions" documented in part, "Diabetic medications as ordered by physician."</p> <p>An interview was conducted with RN #1 on 12/12/2023 at 3:19 p.m. When asked if a medication is not given due to the resident going to dialysis, and it's a weekly medication, what steps should the nurse take, RN #1 stated first I would see what the medication is, if it can be given later but mostly call the physician and follow their orders. It could have been given once the resident got back from dialysis since it's only a weekly medication. RN #1 stated if she had seen that order, she would have called the physician and scheduled it around the resident's dialysis schedule, but the nurse should have called the physician or nurse practitioner and told them it wasn't given.</p>	F 760			

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F 760	Continued From page 34 ASM (administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m. No further information was provided prior to exit. (2) Dulaglutide injection is used with a diet and exercise program to control blood sugar levels in adults and children 10 years of age or older with type 2 diabetes (condition in which the body does not use insulin normally and therefore cannot control the amount of sugar in the blood). This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a614047.html .	F 760		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete;	F 842	Resident # 3 has documentation in the medical record for 9-11-23 by the podiatrist. Resident # 3 was identified on 11/11 with COVID and was on isolation and would not have been visited by podiatrist. The nurse identified as author of the nursing note written on 11/1/23 is no longer employed with the facility.	1/16/2024

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F 842	<p>Continued From page 35</p> <p>(ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized</p> <p>§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-</p> <p>(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 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 (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident; (ii) A record of the resident's assessments;</p>	F 842	<p>DON/designee reviewed current residents who are scheduled to be seen by the podiatrist have the potential to be affected. Review of the residents seen by podiatrist were reviewed for proper documentation. No other residents were identified.</p> <p>The licensed nurse will be re educated by the DON / designee on ensuring proper documentation per podiatry visits will be transcribed on the in the appropriate medical records.</p>	

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F 842	<p>Continued From page 36</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. This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview and clinical record review, it was determined the facility staff failed to maintain a complete and accurate clinical record for one of 13 residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>For Resident #3, the facility staff failed to document accuracy of a podiatrist visit.</p> <p>The nurse's note dated 11/1/2023 at 4:53 p.m. documented, "Resident received routine podiatry care on 10/31/23."</p> <p>A request was made for the copy of the podiatry note dated, 10/31/2023 on 12/12/2023 at 11:14 a.m.</p> <p>An interview was conducted with OSM (other staff member) #1 on 12/12/2023 at 12:32 p.m. OSM #1 informed this writer that Resident #3 was not seen by the podiatrist on 10/31/2023. The resident was scheduled to be seen on 11/15/2023 but due to COVID-19, the resident was not seen. OSM #1 stated the resident has not been seen by the podiatrist since September of 2023. When asked if this documentation is accurate in this</p>	F 842	<p>Social services/ Unit Managers/medical record staff will review for appropriate documentation in the resident's medical record after scheduled podiatry visit. Any discrepancies will be reported by DON to the monthly QAPI committee for further recommendations.</p>	<p>1/16/2024</p>

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F 842	Continued From page 37 resident's medical record, OSM #1 stated she doesn't know why the documentation is in (Resident #3)'s medical record. ASM #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m.	F 842			
F 880 SS=F	No further information was provided prior to exit. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and	F 880	The infection control tracking logs for November and December have been reviewed and updated by DON. DON/Designee reviewed current residents in the facility who are receiving antibiotics, or new orders for antibiotic therapy have the potential to be affected. No concerns were noted. The Reginal Clinical Director will educate DON on compliance of maintaining accuracy of infection control logs.		1/16/2024

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F 880	Continued From page 38 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its	F 880	The administrator will review the infection control logs for completion monthly for re - education or further recommendations.	1/16/2024	

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F 880	<p>Continued From page 39</p> <p>IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and facility document review, it was determined the facility staff failed to maintain infection control tracking logs for two of the three months requested.</p> <p>The findings include:</p> <p>Upon entrance on 12/11/2023 at 9:15 a.m. a request was made for the infection control tracking logs for October, November, and December 2023.</p> <p>On 12/11/2023 at approximately 11:00 a.m. ASM (administrative staff member) #2, the director of nursing, provided a copy of the October 2023 infection control logs. She also provided a copy of a list from the pharmacy that documented what antibiotics were prescribed, but not the full documentation of a tracking log. She stated she could not find the November logs and the December logs have not been started.</p> <p>The facility policy, "Infection Control Surveillance" documented in part, "1. The Infection Control Committee (ICC) directs the infection control program and maintains minutes of all activities. The scope of surveillance includes: a. Establishing baseline nosocomial infection rates. B. Review of microbiological reports. C. Review resident infections to determine whether an infection is nosocomial, using the CDC (centers for disease control) guidelines. D. i. Review and analysis of surveillance data to include: i. Infections due to unusual pathogens. ii. Clusters of infections. iii. Unusual epidemics. iv. Nosocomial infection rate exceeds the baseline.</p>	F 880			

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F 880	Continued From page 40 v. Infections, populations, procedure or policies which are: a. high risk. b. high volume. c. problem prone. 2. Surveillance sampling of staff or the environment for infective agents is not done unless approved by the ICC an in accordance with applicable regulations. Analysis of surveillance data should include: A. Date of onset. B. Body site. C. Geographic location. D. Appropriate culture information. 3. The surveillance worksheet will be used as a tool to determine trends." ASM (administrative staff member) #1, the interim administrator, ASM #2, the interim director of nursing, ASM #3, the regional clinical director and ASM #4 the interim assistant director of nursing, were made aware of the above findings on 12/12/2023 at 4:45 p.m. No further information was obtained prior to exit.	F 880		