STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495378	A. BUILDING _____ B. WING _____	C 02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGTREE HEALTHCARE & REHAB CENTER	3433 SPRINGTREE DRIVE ROANOKE, VA 24012

(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 survey was conducted 02/20/2024 through 02/22/2024. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. Four (4) complaints were investigated during the survey. 1. VA00060552- Compliant with regulations 2. VA00059965- Compliant with regulations 3. VA00059609- Noncompliant with regulations 4. VA00059262- Substantiated w/o Deficiency The census in this 120 certified bed facility was 119 at the time of the survey. The survey sample consisted of 8 resident reviews.	F 000		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on resident and staff interview, clinical record review and facility document review, the facility staff failed to follow physician orders for 1 of 8 (eight) residents reviewed, Resident #1. The findings were:	F 684	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All deficiencies	3/13/24

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

Electronically Signed | 03/01/2024

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F 684	Continued From page 1 For Resident #1, facility staff failed to administer Timolol eye drops as directed by provider order. Timolol eye drops treat glaucoma (an eye condition which can damage the optic nerve). Resident #1's facesheet listed diagnoses which included but were not limited to, fracture of left femur, difficulty walking, gout, and glaucoma. A quarterly minimum data set with an assessment reference date of 06/16/23 assigned the resident a brief interview for mental status score of 15 out of 15 in Section C, cognitive patterns. This surveyor interviewed Resident #1 on 02/20/24 at 11:45 a.m. The resident reported it had been 5 days since she received her eye drops and stated, "They keep saying they should be here tomorrow." Later the same day, Resident #1 clarified the eye drop she had not been receiving was the one administered in the mornings. Resident #1's clinical record was reviewed on 02/20/24. The February 2024 medication administration record (MAR) and provider orders list included a 10/06/23 order for Timolol Maleate Solution 0.25% Instill 1 drop in both eyes one time a day for Glaucoma; The eye drops were scheduled daily at 9:00 a.m. There was no end date. For the month of February, the Timolol eye drops had a check mark documented each day which indicated the medication was administered. The registered nurse (RN#1) assigned to Resident #1 on 02/20/24 was interviewed in person about the resident's morning eye drops on 02/20/24 at approximately 2:20 p.m. RN#1 reported the morning eye drops were not in the medication cart and acknowledged it had been	F 684	cited have been or will be corrected by the date or dates indicated. F684 1. Physician was made aware of Timolol eye drops not being available for administration for resident #1 on 2/20/2024. The pharmacy was contacted, and an order was obtained from the physician to administer Timolol once received and then resume the normal scheduled time. Timolol was received on 2/21/24 and was administered per order. 2. An audit was completed on 2/20/24 of current patients to ensure Timolol was available for administration. 3.SDC/DON/Designee will provide education to licensed staff regarding proper procedure when medications are unavailable for administration by 3/13/2024. 4. DON/Unit Manager/designee will complete an audit of current patients to ensure that Timolol eye drops is available for administration by 3/13/2024. DON/Unit Manager/Designee will audit patients with Timolol eye drop orders to ensure the medication is available 2-3x weekly for 1 month. 5. Date of completion 3/13/2024	

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F 684	Continued From page 2	F 684		

approximately four (4) days since she had administered Resident #1 the Timolol eye drops. The nurse and surveyor observed the RN's medication cart. No Timolol eye drops were found in the drawer where RN#1 reported they should be stored. RN#1 reported the eye drops had been reordered and showed the surveyor in the software a reorder date of 02/20/24. When asked why the nurse had documented the medication as administered when the medication was not available, RN#1 stated that was her fault. The nurse stated she should have charted a progress note explaining the medication was not administered and had been reordered.

On 02/20/24 after the interview with RN#1, the surveyor informed the director of nursing (DON) about the concern that Resident #1's Timolol eye drops had not been administered and the medication was not available. The DON planned to investigate the issue.

The surveyor contacted the facility's pharmacy initially on 02/20/24 at 12:41 p.m. At 4:24 p.m. the same day, the pharmacy's quality assurance employee reported Resident #1's Timolol eye drops had last been sent from the pharmacy on 01/21/24 with an expected renewal/resend date of 03/05/24. The Timolol eye drops were supplied in a 5 ml bottle which should allow for 100 doses, or 50 days given Resident #1's order for one drop/day in both eyes. The pharmacy employee acknowledged their software indicated the medication was electronically reordered by facility staff on 02/13/24. The facility staff needed to call the pharmacy for an override for the medication to be sent sooner than expected.

The pharmacy policy #6.10 with an effective date

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F 684	Continued From page 3 of 09-2018, revision date of 08-2020 and titled, "Unavailable Medications" was reviewed. It read in part that nursing staff shall, "3. Notify the pharmacy of the replacement order." The administrator, regional director of clinical services, DON, and administrator in training were informed of the unavailable medication and documentation concern during an end of day meeting on 02/21/24 at 5:00 p.m. No further information was provided prior to the exit conference.	F 684		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the	F 842		3/13/24

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F 842	Continued From page 4	F 842		

records, except when release is-
(i) To the individual, or their resident representative where permitted by applicable law;
(ii) Required by Law;
(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;
(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.

§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.

§483.70(i)(4) Medical records must be retained for-
(i) The period of time required by State law; or
(ii) Five years from the date of discharge when there is no requirement in State law; or
(iii) For a minor, 3 years after a resident reaches legal age under State law.

§483.70(i)(5) The medical record must contain-
(i) Sufficient information to identify the resident;
(ii) A record of the resident's assessments;
(iii) The comprehensive plan of care and services provided;
(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;
(v) Physician's, nurse's, and other licensed professional's progress notes; and

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F 842	Continued From page 5 (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and clinical record review, the facility staff failed to ensure a complete and accurate clinical record for 1 of 8 (eight) residents reviewed, Resident #1. The findings were: For Resident #1, facility staff failed to accurately document Timolol eye drops were unavailable for administration and instead, documented the medication was administered. Timolol eye drops treat glaucoma (an eye condition which can damage the optic nerve). Resident #1's facesheet listed diagnoses which included but were not limited to, fracture of left femur, difficulty walking, gout, and glaucoma. A quarterly minimum data set with an assessment reference date of 06/16/23 assigned the resident a brief interview for mental status score of 15 out of 15 in Section C, cognitive patterns. This surveyor interviewed Resident #1 on 02/20/24 at 11:45 a.m. The resident reported it had been 5 days since she received her eye drops. Later the same day, Resident #1 clarified the eye drop she had not been receiving was the one administered in the mornings. Resident #1's clinical record was reviewed on 02/20/24. The February 2024 medication administration record (MAR) and provider orders list included a 10/06/23 order for Timolol Maleate Solution 0.25% Instill 1 drop in both eyes one time a day for Glaucoma; The eye drops were	F 842	F842 1. An audit was completed on 2/20/24 of current patients to ensure Timolol was available for administration. 2.DON/Unit Manager/designee will complete an audit of current patients to ensure that Timolol eye drops are available for administration by 3/13/2024. 3. SDC/DON/Designee will provide education for current staff regarding documentation procedure when a medication is unavailable by 3/13/2024. 4. DON/Unit Manager/Designee will audit Timolol drop administration records to ensure that if the medication isn□t available for administration that the EMAR reflects not available for administration and a supervisor will be made aware 2-3 weekly for 1 month. 5. Date of completion 3/13/2024	

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F 842	Continued From page 6	F 842		

scheduled daily at 9:00 a.m. There was no end date. For the month of February, the Timolol eye drops had a check mark documented each day which indicated the medication was administered.

The registered nurse (RN#1) assigned to Resident #1 on 02/20/24 was interviewed in person about the resident's morning eye drops. RN#1 reported the morning eye drops were not in the medication cart and acknowledged it had been approximately four (4) days since she had administered Resident #1 the Timolol eye drops. The nurse and surveyor observed the RN's medication cart. No Timolol eye drops were found in the drawer where RN#1 reported they should be stored. When asked why the nurse had documented the medication as administered when the medication was not available, RN#1 stated that was her fault. The nurse stated she should have charted a progress note explaining the medication was not administered and had been reordered.

On 02/20/24 after the interview with RN#1, the surveyor informed the director of nursing (DON) about the concern regarding Resident #1's Timolol eye drops. The DON was informed RN#1 had not administered Resident #1's morning eye drops. The eye drops were unavailable however, the nurse had documented the medication had been administered. The DON planned to investigate the issue.

The surveyor contacted the facility's pharmacy initially on 02/20/24 at 12:41 p.m. At 4:24 p.m. the same day, the pharmacy's quality assurance employee reported Resident #1's Timolol eye drops had last been sent from the pharmacy on 01/21/24 with an expected renewal/resend date

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F 842	Continued From page 7 of 03/05/24. The pharmacy employee acknowledged their software indicated the medication was electronically reordered by facility staff on 02/13/24. The facility staff needed to call the pharmacy for an override for the medication to be sent sooner than expected. On 02/22/24 at 12:40 p.m., the regional director of clinical services (consultant) reported her expectation of nursing staff was to document that unavailable medications were not administered. The consultant denied having a policy that directed staff how to document unavailable medications. The administrator, regional director of clinical services, DON, and administrator in training were informed of the unavailable medication and documentation concern during an end of day meeting on 02/21/24 at 5:00 p.m. No further information was provided prior to the exit conference.	F 842		