

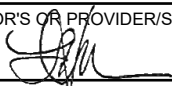
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

POC Accepted on 11/7/2023
By Team

PRINTED: 10/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/05/2023
NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 ROSCOE BLVD CANOGA PARK, CA 91304		
(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 The following reflects the findings of the Department of Public Health during the Recertification Survey conducted on 10/5/2023. Representing the Department of Public Health: Surveyor ID No. 34659, Health Facilities Evaluator Nurse Surveyor ID No. 38469, Health Facilities Evaluator Nurse Surveyor ID No. 38549, Health Facilities Evaluator Nurse Surveyor ID No. 42943, Health Facilities Evaluator Nurse Surveyor ID No. 44244, Health Facilities Evaluator Nurse Facility Census: 98 Resident Sample Size: 27 Highest Severity and Scope: E	F 000	F550 Resident Rights/Exercise of Rights It is the practice of the facility to treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility protects and promotes the rights of the resident. Immediate Corrective Action There are no negative psycho-social effects observed/ reported on Resident 32. The assigned Certified Nursing Assistant 2 (CNA 2) was given 1:1 in service by the Director of Staff Development on October 8, 2023 regarding "Assisting Impaired Residents with Meals" which included being at eye level with the resident while feeding the resident. Residents at Risk	10/30/2023	
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.	F 550	The Team Managers and the Licensed Nurses made rounds and observed meal times ((breakfast, lunch and dinner) on October 3, 2023 to ensure that staff were sitting down while feeding the residents. No other resident was affected with the deficient practice. Corrective Action An inservice was provided by the Director of Staff Development (DSD) to the nursing staff on October 6, 2023 regarding "Assisting Impaired Residents with Meals" which included being at eye level with the resident while feeding the resident.		

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



TITLE

Administrator

(X6) DATE

10/30/2023

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 550	<p>Continued From page 1</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that Certified Nursing Assistant 2 (CNA 2) was seated and at eye level while assisting a resident with feeding for one of one sampled residents (Resident 32) investigated for dignity.</p> <p>This deficient practice had the potential to affect Resident 32's sense of self-worth and self-esteem.</p> <p>Findings:</p>	F 550	<p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Team Managers and Licensed Nurses during walking rounds during meal times at least 3X per week X 4 weeks. Findings of the monitoring will be presented to the Director of Staff Development.</p> <p>The Director of Staff Development will discuss results of the monitoring sessions with the facility Administrator/Designee.</p> <p>Staff identified who would benefit from redirection, additional education or additional training will be addressed at the time the behavior is observed by the Team Manager or Licensed Nurse.</p> <p>The Administrator/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 550	<p>Continued From page 2</p> <p>A review of Resident 32's Admission Record indicated the facility originally admitted the resident on 8/14/2014 and readmitted the resident on 8/4/2016 with diagnoses including personal history of transient ischemic attack (temporary blockage of blood flow to the brain) and cerebral infarction (refers to damage to tissues in the brain due to loss of oxygen to the area), and dysphagia (difficulty swallowing).</p> <p>A review of Resident 32's Minimum Data Set (MDS - a standardized assessment and care screening tool), dated 7/13/2023, indicated the resident had severely impaired cognitive (relating to or involving the process of thinking and reasoning) skills of daily decision making and was totally dependent (the individual needs another person to completely or totally perform the task for the individual) on staff for bed mobility, transfers, locomotion on and off the unit, dressing, eating, toilet use, and personal hygiene.</p> <p>A review of Resident 32's Care Plan for activities of daily living (ADL - activities related to personal care) self-care performance deficit, initiated on 5/15/2017 and last revised on 4/17/2023, indicated the resident is totally dependent on staff with one-person assist for eating.</p> <p>During a concurrent observation and interview on 10/2/2023 at 1:04 p.m., observed Certified Nursing Assistant 2 (CNA 2) feeding Resident 32 while the resident was in bed. Observed CNA 2 standing next to the bed, not at eye level with the resident. Observed a chair inside Resident 32's room behind the door. CNA 2 stated he should be sitting and at eye level while feeding the resident so that the resident does not feel rushed. CNA 2 stated he would also be able to observe the</p>	F 550			

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F 550	<p>Continued From page 3</p> <p>resident better while he was eating.</p> <p>During an interview on 10/4/2023 at 8:34 a.m., with Registered Nurse 2 (RN 2), RN 2 stated that Resident 32 needed assistance with eating. RN 2 stated that the resident should be sitting upright while eating, and the CNA feeding him should be sitting next to him at eye level so that he/she can observe if the resident is choking. RN 2 stated that it's also a form of respect to the resident to be sitting next to him/her at eye level.</p> <p>During an interview on 10/4/2023 at 3:32 p.m., with the Director of Staff Development (DSD), the DSD stated he has given inservices to CNAs regarding how to properly feed totally dependent residents. The DSD stated that, as part of the lesson, he tells the staff that the CNA should be sitting and positioned at eye level with the resident, so the resident can be comfortable, and so that the CNA can observe for swallowing and aspiration (when food, liquid, or other material accidentally enters a person's airway and eventually the lungs). The DSD stated that, if not at eye level, the resident can aspirate or feel like they are being rushed with eating.</p> <p>During an interview on 10/5/2023 at 10:16 a.m., with the Director of Nursing (DON), the DON stated that they do provide inservices to their staff regarding how to assist residents with feeding. The DON stated she teaches her staff to make sure they are at eye level with the resident while feeding them. The DON stated it was important to be at eye level with the resident because it was an issue of dignity; the resident could possibly feel like the staff is looking down at him/her if they are not at eye level. The DON stated there was no policy specifying that staff should be at eye</p>	F 550			

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F 550	Continued From page 4 level with the resident while feeding them. A review of the facility's policy and procedure titled, "Resident Bill of Rights," last reviewed on 1/2023, indicated that residents have the right to be treated with consideration, respect and full recognition of dignity and individuality ...	F 550	F 584: Safe/Clean/Comfortable/Homelike Environment Immediate Corrective Action	10/30/2023	
F 584 SS=E	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584	Resident 354: On October 3rd, 2023, the maintenance assistant adjusted the thermostat for the resident's room and the temperature rose to 73 degrees Farenheit. The resident stated that the room was more comfortable. Resident 59: On October 3rd, 2023, the maintenance assistant adjusted the thermostat for the resident's room to 76 and the temperature rose to 73 degree Farenheit. The resident stated the room was more comfortable. Resident 105: On October 3rd, 2023, the maintenance assstant adjusted the thermostat to the residents room to 76 and the temperature rose to 74 degrees Farenheit. The resident stated the room was more comfortable. Resident 104: On October 3rd, 2023, the maintenance assstant adjusted the thermostat to the residents room to 76 and the temperature rose to 74 degrees Farenheit. The resident stated the room was more comfortable. Residents at Risk On the early evening of October 3rd, 2023, the maintenance department checked each resident room for temperatures within range. This exercise was performed in the early morning of October 4th, 2023. All rooms reflected temperatures within the range of 71 - 81 degrees Farenheit.		

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F 584	<p>Continued From page 5</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain residents' room temperatures at a range between 71 and 81 degrees Fahrenheit (° F, a measurement of temperature) for four of four sampled residents (Resident 354, 59, 105, and 104).</p> <p>This deficient practice resulted in increased levels of discomfort for the residents and had the potential to negatively impact the resident's quality of life.</p> <p>Findings:</p> <p>a. A review of Resident 354's Admission Record indicated the facility admitted the resident on 9/18/2023 with diagnoses that included hemiplegia (inability to move one side of the body) and hemiparesis (mild to severe loss of strength or paralysis on one side of the body) following cerebral infarction (stroke, when blood flow to the brain is blocked or there is sudden bleeding in the brain) affecting the right dominant (strong) side and aphasia (difficulty speaking).</p> <p>A review of Resident 354's Minimum Data Set</p>	F 584	<p>Corrective Action</p> <p>On October 9th, the maintenance department was in-serviced on the required temperature ranges for the facility. The maintenance team will continue to check facility temperatures weekly to assure we are complying with comfortable and safe temperature levels. The compliance of the temperatures will be recorded on the facility temperature log.</p> <p>Monitoring of Corrective Action</p> <p>The Maintenance Director will review the temperature log with the Administrator monthly. The Maintenance Director will also report compliance with room temperatures to QAPI monthly for the next three months.</p>		

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F 584	<p>Continued From page 6</p> <p>(MDS - an assessment and screening tool) dated 9/24/2023, indicated the resident had the ability to understand others and had the ability to make herself understood. The MDS indicated the resident required extensive staff assistance with bed mobility, transfer, walking in the room, dressing, eating, toilet use, and personal hygiene.</p> <p>During a concurrent observation and interview on 10/2/2023 at 9:36 a.m. with Resident 354, observed Resident 354 in her room with a blanket on. Resident 354 stated that she was "too cold".</p> <p>During a concurrent observation and interview on 10/3/2023 at 11:52 a.m. with Maintenance (MT), Resident 354's room was observed. MT stated the temperature of the facility is to be kept between 71 and 78 ° F . Observed MT point a laser thermometer (a device that measures ambient temperatures) at various locations of Resident 354's room. MT stated the laser thermometer indicted the room temperature was 69 ° F . MT stated the room was not within the facility guidelines for temperature. MT then stated he remembered there was a complaint on 10/2/2023 regarding the temperature in Resident 354's room being cold.</p> <p>During an interview on 10/3/2023 at 12:30 p.m. with MT, MT stated on 10/2/2023 he was notified of a temperature concern by Resident 354. MT stated that he adjusted the thermostat (device that can increase or decrease the temperature in an area) in an effort to increase the temperature in Resident 354's room. . MT stated he did not return to ensure the temperature had increased.</p> <p>b. A review of Resident 59's Admission Record</p>	F 584			

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F 584	<p>Continued From page 7</p> <p>indicated the facility admitted the resident on 4/20/2023 with diagnoses that included gastroenteritis (infection and inflammation of the digestive system) and colitis (inflammation in the colon), presence of right artificial (made by humans rather than naturally occurring) knee joint (area of the leg that bends and allows movement), and aftercare following joint replacement surgery.</p> <p>A review of Resident 59's MDS dated 7/24/2023, indicated the resident had the ability to understand others and had the ability to make herself understood. The MDS indicated the resident required extensive staff assistance with bed mobility, transfer, walking, dressing, eating, toilet use, and personal hygiene.</p> <p>During a concurrent observation and interview on 10/2/2023 at 1:20 p.m. with Resident 59, observed Resident 59 sitting in a wheelchair wearing a sweater and covered with a blanket. Resident 59 stated her room is always very cold. Resident 59 stated she had complained to staff but did not remember to whom. Resident 59 stated she moved from the bed near the vent to the bed furthest away from the vent, but it did not help, and she was still cold every day. Resident 59 stated that the facility staff did not fix the problem.</p> <p>During a concurrent observation and interview on 10/3/2023 at 11:40 a.m. with Resident 59, observe Resident 59 sitting in a wheelchair wearing a sweater and covered with a blanket, the room felt cool. Resident 59 stated her room was still cold and she told staff and they did nothing about it.</p>	F 584			

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F 584	<p>Continued From page 8</p> <p>During a concurrent observation and interview on 10/3/2023 at 11:52 a.m. with MT, observed MT point the laser thermometer in various locations of Resident 59's room. MT stated that the laser thermometer indicted Resident 59's room temperature was 68 ° F. MT stated the temperature of the facility is kept between 71 and 78 ° F. MT stated that there was a complaint on 10/2/2023 regarding the temperature in rooms in the same area as Resident 59's room. MT stated he adjusted the thermostat for the area, but he did not return to ensure the temperature had adjusted and that residents were comfortable.</p> <p>c. A review of Resident 105's Admission Record indicated the facility admitted the resident on 9/17/2023 with diagnoses that included polyneuropathy (a condition that causes a decreased ability to move and feel).</p> <p>A review of Resident 105's MDS dated 9/23/2023, indicated the resident had the ability to understand others and had the ability to make herself understood. The MDS indicated the resident required extensive staff assistance with bed mobility, transfer, walking, dressing, eating, toilet use, and personal hygiene.</p> <p>During an interview on 10/03/23 at 09:58 a.m., Resident 105 stated it had been "freezing" in her room. Resident 105 stated she had spoken with MT about her room temperature. Resident 105 stated MT told her they kept the facility cold to prevent bacteria from growing.</p> <p>During a concurrent observation and interview on 10/3/23 at 11:52 a.m. with MT, observed MT pointed the laser thermometer gun in various locations of Resident 105's room and stated it</p>	F 584			

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F 584	<p>Continued From page 9</p> <p>indicated the room temperature was 68 °F. . MT stated the temperature of the facility should be kept between 71 and 78 ° F. MT stated that Resident 105's room was not within the facility guidelines for temperature.</p> <p>During a concurrent observation and interview on 10/3/2023 at 3:15 p.m. with Resident 105, observed Resident 105 sitting in her room in a wheelchair wearing a sweater. Resident 105 stated she has complained about the cold temperature inside her room to maintenance staff, nurse aids, and nurses, but Resident 105 was unable to recall the names of the staff she informed. Resident 105 stated staff never fixed the cold temperature of her room. Resident 105 stated she must bundle up in extra clothing when she starts shivering due to the cold temperature in her room.</p> <p>d. A review of Resident 104's Admission Record indicated the facility admitted the resident on 9/14/2023 with diagnoses that included urinary tract infection (UTI, an infection in the urinary system).</p> <p>A review of Resident 104's MDS dated 9/20/2023, indicated the resident had the ability to understand others and had the ability to make herself understood. The MDS indicated the resident required extensive staff assistance with bed mobility, transfer, walking, dressing, eating, toilet use, and personal hygiene.</p> <p>During an interview on 10/03/23 at 10:11 a.m., Resident 104 stated her room has been cold for several nights. Resident 104 stated that she has been given extra blankets, but staff has not adjusted the temperature of her room.</p>	F 584			

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F 584	Continued From page 10 During a concurrent observation and interview on 10/3/23 at 11:52 a.m. with MT, observed MT point the laser thermometer in various locations of Resident 104's room and stated it indicted the room temperature was 68 °F. MT stated the temperature of the facility should be kept between 71 and 78 ° F. MT stated that Resident 104's room was not within the facility guidelines for temperature. During an interview on 10/3/2023 at 5:10 p.m. with MT, MT stated it was his job to listen to residents and ensure the temperature of the facility was comfortable for the residents. MT stated the facility policy indicates that the temperature of the facility should actually be maintained between 71 to 81 ° F. During an interview on 10/4/2023 at 1:10 p.m. with the Director of Nursing (DON), the DON stated the facility room temperatures should be between 71 to 81 ° F. The DON stated the importance of maintaining this temperature range is so that the residents are comfortable. A review of the facility policy and procedure titled, "Weather Fluctuation Policy", last reviewed 1/26/2023, indicated the purpose of the policy was to ensure the facility maintains a comfortable environment for residents, visitors, and staff. The policy further states that the facility will maintain a temperature between 71 to 81 degrees Fahrenheit.	F 584			
F 623 SS=E	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer.	F 623			

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F 623	<p>Continued From page 11</p> <p>Before a facility transfers or discharges a resident, the facility must-</p> <p>(i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.</p> <p>(ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and</p> <p>(iii) Include in the notice the items described in paragraph (c)(5) of this section.</p> <p>§483.15(c)(4) Timing of the notice.</p> <p>(i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.</p> <p>(ii) Notice must be made as soon as practicable before transfer or discharge when-</p> <p>(A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;</p> <p>(B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;</p> <p>(C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;</p> <p>(D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or</p> <p>(E) A resident has not resided in the facility for 30 days.</p>	F 623	<p>F 623: Notice Requirements Before Transfer/Discharge</p> <p>Immediate Corrective Action</p> <p>On October 4, 2023, the Medical Records Director (MRD) attempted to contact the Ombudsman's office three times to obtain verbal confirmation the notice was already received since the original fax confirmation was misplaced. The MRD attempted twice again on October 5th. The MRD was not able to reach anyone so the transfers and discharges for August 2023 were re-faxed to the Ombudsman's office on October 6, 2023.</p> <p>Residents at Risk</p> <p>No residents were affected by the deficiency.</p> <p>Corrective Action</p> <p>On October 6th, 2023, the Medical Records Department was in-serviced by the Administrator on the requirements for timely notification of both planned and unplanned transfers and discharges.</p> <p>Monitoring of Corrective Action</p> <p>The Medical Records Director (MRD) will review the notifications of transfers and discharges with the Administrator on a monthly basis for the next three months. The MRD will also present the notification of transfers to QAPI for the next three months for review and recommendations if necessary.</p>	10/30/2023	

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F 623	<p>Continued From page 12</p> <p>§483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:</p> <ul style="list-style-type: none"> (i) The reason for transfer or discharge; (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. <p>§483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility</p>	F 623			

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F 623	<p>Continued From page 13</p> <p>must update the recipients of the notice as soon as practicable once the updated information becomes available.</p> <p>§483.15(c)(8) Notice in advance of facility closure In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify the State Long-Term Care (LTC) Ombudsman (advocates for residents of nursing homes, board and care homes, and assisted living facilities) of the transfers and discharges from the facility for 12 of 12 sampled residents (Resident 102, 304, 306, 307, 308, 309, 310, 311, 312, 313, 76, and 91) investigated addressing the care area of discharge.</p> <p>These deficient practices had the potential to deny residents protection from being inappropriately discharged.</p> <p>Findings:</p> <p>a. A review of Resident 102's Admission Record indicated the facility admitted the resident on 8/10/2023 with diagnoses including aftercare following joint replacement surgery (surgical procedure in which part of the damaged joint are removed and replaced with a metal, plastic or ceramic device), anemia (blood has a lower than</p>	F 623			

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F 623	<p>Continued From page 14</p> <p>normal number of red blood cells), and hypertension (high blood pressure).</p> <p>A review of Resident 102's Minimum Data Set (MDS-standardized assessment and screening tool) dated 8/16/2023, indicated the resident had intact cognition (ability to think and make decisions).</p> <p>A review of Resident 102's Physician's Orders dated 8/25/2023, indicated the resident had an order to be discharged home on 8/29/2023 with home health (HH-skilled services provided at home) follow-up for physical therapy (PT), occupational therapy (OT), bath aid and nursing services.</p> <p>A review of Resident 102's Notice of Transfer and Discharge form dated 8/28/2023, indicated the resident was discharged due to the resident's health being improved sufficiently so that she no longer required services provided by the facility.</p> <p>b. A review of Resident 304's Admission record indicated the facility admitted the resident on 3/20/2023 with diagnoses including hemiplegia (muscle weakness or paralysis on onside of the body), chronic respiratory failure (condition in which not enough oxygen passes from your lungs into your blood), and dysphagia (difficulty swallowing).</p> <p>A review of Resident 304's MDS dated 8/30/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 304's Physician's Order dated 8/30/2023, indicated the resident had an order for discharge home on 8/30/2023 as per the resident and family's request.</p>	F 623			

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F 623	<p>Continued From page 15</p> <p>A review of Resident 304's Notice of Transfer and Discharge form dated 8/29/2023, indicated the resident was discharged due to the discharge being appropriate because the resident's health had improved sufficiently so that she no longer required services provided by the facility.</p> <p>c. A review of Resident 306's Admission Record indicated the facility originally admitted the resident on 4/9/2018 and readmitted on 8/8/2023 with diagnoses including urinary tract infection (UTI- an infection in any part of the urinary system), heart failure (heart does not pump blood as well as it should), and type 2 diabetes mellitus (a chronic condition that affects the way the body processes sugar in the blood).</p> <p>A review of Resident 306's MDS dated 8/14/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 306's Physician's Order dated 8/25/2023, indicated the resident had an order for discharge home on 8/26/2023 with HH follow, PT, OT and nursing services.</p> <p>A review of Resident 306's Notice of Transfer and Discharge form dated 8/24/2023 with an effective date of 8/26/2023, indicated the resident was discharged due to the discharge being appropriate because the resident's health had improved sufficiently so that she no longer required services provided by the facility.</p> <p>d. A review of Resident 307's Admission Record indicated the facility admitted the resident on 8/7/2023, with diagnoses including left lower leg cellulitis (infection of the skin), type 2 diabetes mellitus, and UTI.</p>	F 623			

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F 623	<p>Continued From page 16</p> <p>A review of Resident 307's MDS dated 8/13/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 307's Physician's Order dated 8/25/2023, indicated the resident had an order for discharge home on 8/25/2023 with HH follow, PT, OT, bath aid and nursing services.</p> <p>A review of Resident 307's Notice of Transfer and Discharge form dated 8/23/2023 with an effective date of 8/25/2023, indicated resident was discharged due their last cover date issued on 8/24/2023.</p> <p>During a concurrent interview and record review on 10/5/2023 at 8:47 a.m. with Case Manager (CM 1), reviewed Resident 307's Notice of Transfer and Discharge form dated 8/23/2023. CM 1 stated Resident 307 was discharged because the discharge was appropriate because her health had improved sufficiently so that she no longer required services provided by the facility.</p> <p>e. A review of Resident 308's Admission Record indicated the facility admitted the resident on 8/4/2023, with diagnoses including heart failure, UTI and dysphagia.</p> <p>A review of Resident 308's MDS dated 8/10/2023, indicated the resident had moderately impaired cognition.</p> <p>A review of Resident 308's Physician's Orders dated 8/22/2023, indicated the resident had an order for discharge home on 8/23/2023 with HH follow, PT, OT, bath aid and nursing services.</p>	F 623			

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F 623	<p>Continued From page 17</p> <p>A review of Resident 308's Notice of Transfer and Discharge form dated 8/22/2023 with an effective date of 8/23/2023, indicated the resident was discharged due to the discharge being appropriate because the resident's health had improved sufficiently so that she no longer required services provided by the facility.</p> <p>f. A review of Resident 309's Admission Record indicated the facility admitted the resident on 8/4/2023, with diagnoses including aftercare following joint replacement surgery, morbid obesity (weight is more 80 to 100 pounds above ideal body weight) and anxiety disorder (intense, excessive, and persistent worrying and fear about everyday situations).</p> <p>A review of Resident 309's MDS dated 8/10/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 309's Physician's Order dated 8/18/2023, indicated the resident had an order for discharge home on 8/22/2023 with HH follow, PT, OT, bath aid and nursing services.</p> <p>A review of Resident 309's Notice of Transfer and Discharge form dated 8/21/2023 with an effective date of 8/21/2023, indicated the resident was discharged due to the discharge being appropriate because the resident's health had improved sufficiently so that she no longer required services provided by the facility.</p> <p>g. A review of Resident 310's Admission Record indicated the facility admitted the resident on 8/11/2023, with diagnoses including fracture (broken bone) of the spine, type 2 diabetes mellitus, and low back pain.</p>	F 623			

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F 623	<p>Continued From page 18</p> <p>A review of Resident 310's MDS dated 8/20/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 310's Physician's Orders dated 8/18/2023, indicated the resident had an order for discharge home on 8/20/2023 with HH follow, PT, OT, bath aid and nursing services.</p> <p>A review of Resident 310's Notice of Transfer and Discharge form dated 8/18/2023 with effective date of 8/20/2023, indicated the resident was discharged due to resident and family request.</p> <p>h. A review of Resident 311's Admission Record indicated the facility admitted the resident on 8/4/2023, with diagnoses including pneumonia (infection of the lungs), sepsis (the body's overwhelming and life-threatening response to infection that can lead to tissue damage, organ failure, and death), and type 2 diabetes mellitus.</p> <p>A review of Resident 311's MDS dated 8/10/2023, indicated the resident had moderately impaired cognition.</p> <p>A review of Resident 311's Physician's Order dated 8/18/2023, indicated the resident had an order for discharge home on 8/19/2023 per family's request with HH follow, PT, OT, bath aid and nursing services.</p> <p>A review of Resident 311's Notice of Transfer and Discharge form dated 8/18/2023 with an effective date of 8/19/2023, indicated the resident was discharged due to resident and family request.</p> <p>i. A review of Resident 312's Admission Record indicated the facility admitted the resident on 6/19/2023, with diagnoses including chronic</p>	F 623			

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F 623	<p>Continued From page 19</p> <p>respiratory failure, dysphagia, and diabetes.</p> <p>A review of Resident 312's MDS dated 6/25/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 312's Physician's Order dated 8/11/2023, indicated the resident had an order for discharge home on 8/15/2023 with HH follow, PT, OT, bath aid and nursing services.</p> <p>A review of Resident 312's Notice of Transfer and Discharge form dated 8/14/2023 with an effective date of 8/14/2023, indicated the resident was discharged due to the discharge being appropriate because the resident's health had improved sufficiently so that she no longer required services provided by the facility.</p> <p>j. A review of Resident 313's Admission Record indicated the facility admitted the resident on 6/30/2022, with diagnoses including hemiplegia, diabetes, and dysphagia.</p> <p>A review of Resident 313's MDS dated 7/4/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 313's Physician's Orders dated 7/31/2023, indicated the resident had an order for discharge home on 8/1/2023 with family and HH follow, PT, OT, bath aid and nursing services.</p> <p>A review of Resident 313's Notice of Transfer and Discharge form dated 7/31/2023 with an effective date of 8/1/2023, indicated the resident was discharged due to the discharge being appropriate because the resident's health had improved sufficiently so that she no longer required services provided by the facility.</p>	F 623			

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F 623	<p>Continued From page 20</p> <p>During an interview on 10/4/2023 at 8:35 a.m., with the Social Services Director (SSD), the SSD stated that the Medical Record Director (MRD) was assigned to notify the Ombudsman of all the discharges and transfers to the hospital by faxing the list of the resident discharges and transfers at the end of the month to the Ombudsman.</p> <p>During a concurrent interview and record review on 10/4/2023 at 9:40 a.m., with the MRD, reviewed the list of residents who were transferred to the hospital and discharged from the facility for the month of 8/2023. The MRD stated that she faxes the list of resident transfers and discharges from the facility at the end of the month to the Ombudsman. The MRD was unable to provide documented evidence that the Ombudsman was notified of Resident 102, 304, 306, 307, 308, 309, 310, 311, 312, and 313's discharges from the facility. The MRD was unable to provide the fax confirmation to the Ombudsman of the resident discharges and transfers for the month of 8/2023. The MRD stated that it meant that the Ombudsman was not notified of all the discharges and transfers from the facility for the month of 8/2023.</p> <p>During an interview on 10/4/2023 at 9:33 a.m., with the Ombudsman, the Ombudsman stated that it is important for the facility to notify the Ombudsman about the transfers and discharges as soon as possible so they can check and follow-up with the residents who are being discharged and make sure that they are not being discharged inappropriately. The Ombudsman stated that the notice of transfer and discharge form should be faxed to them as soon as the resident or resident representative (RP) signed</p>	F 623			

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F 623	<p>Continued From page 21 the form.</p> <p>During an interview on 10/5/2023 at 8:32 a.m., with the SSD, the SSD stated that the Notice of Transfer and Discharge forms should be faxed as soon as the resident signed the form and for emergency transfers as soon as practicable to the Ombudsman. The SSD stated that the purpose of faxing a copy of the Notice of Transfer and Discharge form to the Ombudsman was to notify the Ombudsman that the residents are being discharged and transferred and to make sure that they are not being discharged inappropriately.</p> <p>A review of the facility's policy and procedure titled, "Discharge and Transfer of Resident," reviewed date 1/26/2023, indicated that it is the policy of the facility to effectuate an orderly transfer or discharge ...Notices of discharge will be accordance with state and federal regulations ...Notify appropriate departments.</p> <p>k. A review of Resident 76's Admission Record indicated the facility originally admitted the resident on 11/23/2022, with diagnoses including heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and dysphagia (swallowing difficulties).</p> <p>A review of Resident 76's MDS dated 8/22/2023, indicated the resident had the ability to sometimes make self-understood and ability to sometimes understand others. The MDS indicated that the resident was totally dependent on staff for bed mobility, dressing, eating, personal hygiene, toilet use and bathing.</p>	F 623			

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F 623	<p>Continued From page 22</p> <p>A review of Resident 76's Change of Condition (COC- a sudden clinically important deviation from a patient's baseline in physical, cognitive, behavioral, or functional domains) dated 8/21/2023, indicated Resident 76's hemoglobin (Hb- protein contained in red blood cells that is responsible for delivery of oxygen to the tissues) was 6.9 grams per deciliter (g/dl- a unit of measurement) and blood urea nitrogen (BUN- waste product made when your liver breaks down protein) was 90 milligram/dl (mg/dl- a unit of measurement).</p> <p>A review of Resident 76's Physician's Order dated 8/22/2023, indicated an order to transfer to acute hospital for abnormal Hb and BUN.</p> <p>I. A review of Resident 91's Admission Record indicated that the facility originally admitted the resident on 7/26/2023 and readmitted the resident on 8/26/2023, with diagnoses including dysphagia, anemia (a condition that develops when your blood produces a lower-than-normal amount of healthy red blood cells), and end-stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids).</p> <p>A review of Resident 91's MDS dated 8/23/2023, indicated the resident's cognitive skills (cognition refers to conscious mental activities, and include thinking, reasoning, understanding, learning, and remembering) for daily decision making was severely impaired. The MDS indicated that the resident was totally dependent on staff for bed mobility, dressing, eating, personal hygiene toilet use and bathing.</p>	F 623			

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F 623	<p>Continued From page 23</p> <p>A review of Resident 91's COC dated 8/28/2023, indicated that the resident was noted to have swelling behind the left ear down to his neck.</p> <p>A review of Resident 91's Physician's Order dated 8/28/2023 indicated to transfer the resident via 911(an emergency that requires immediate assistance from the police, fire department or ambulance) related to bradycardia (a condition where your heart beats more slowly than expected, under 60 beats per minute).</p> <p>During a concurrent interview and record review on 10/4/2023 at 9:40 a.m., with the Medical Record Director (MRD), reviewed the list of residents who were transferred to the hospital and discharged from the facility for the month of 8/2023. The MRD stated that she faxes the list of resident transfers and discharges from the facility at the end of the month to the Ombudsman. The MRD was unable to provide documented evidence that the Ombudsman was notified of Resident 76 and 91's transfer from the facility. The MRD was unable to provide the fax confirmation to the Ombudsman of the resident discharges and transfers for the month of 8/2023. The MRD stated that it meant that the Ombudsman was not notified of all the discharges and transfers from the facility for the month of 8/2023.</p> <p>A review of the facility's policy and procedure titled, "Discharge and Transfer of Resident," reviewed date 1/26/2023, indicated that it is the policy of the facility to effectuate an orderly transfer or discharge ...Notices of discharge will be accordance with state and federal regulations ...Notify appropriate departments.</p>	F 623			

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F 658 F 658 SS=E	<p>Continued From page 24</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to meet professional standards of quality for two of two sampled residents (Resident 81 and 32) by:</p> <p>1. Failing to ensure nurses rotated injection sites when administering Lovenox (enoxaparin - medication that decreases the ability of blood to clot) for Resident 81.</p> <p>2. Failing to ensure nurses rotated injection sites when administering insulin (hormone that lowers the level of glucose [sugar] in the blood) NPH Isophane (intermediate-acting insulin) and Regular suspension (short-acting insulin) 70-30 (combination of 70% NPH insulin and 30% regular insulin) for Resident 32.</p> <p>These deficient practices had the potential to result in Residents 81 and 32 experiencing lipohypertrophy (a lump of fatty tissue under the skin caused by repeated injections in the same place) and ineffective management of diabetes mellitus (DM- a chronic condition that affects the way the body processes blood sugar) for Resident 32.</p> <p>Findings:</p>	F 658 F 658	<p>F 658: Services Provided Meet Professional Standards</p> <p>It is the practice of the facility to ensure that services provided or arranged by the facility, as outlined in the comprehensive care plan, meet the professional standards of quality.</p> <p>Immediate Corrective Action</p> <p>Resident 81 was assessed by (2) Registered Nurses on October 9, 2023 with no signs of bruising, or any skin discoloration and no lump formation in the abdominal area (site of the Lovenox injection). There are no signs of blood clot formation on Resident 81.</p> <p>Resident 32 was assessed by (2) Registered Nurses on October 9, 2023 with no signs of bruising, or any skin discoloration and no lump formation in the abdominal area (one of the sites insulin injection).</p> <p>Residents At Risk</p> <p>A random medication audit was completed by the Medical Records Department on October 11, 2023 on (5) residents receiving routine injections. Based on this audit findings, no other resident was identified with the deficient practice.</p> <p>Corrective Action</p> <p>An inservice was provided by the Director of Nursing (DON) to the Licensed Nurses regarding Medication Administration on</p>		10/30/2023

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F 658	<p>Continued From page 25</p> <p>1.a. A review of Resident 81's Admission Record indicated the facility originally admitted the resident on 8/24/2022 and readmitted the resident on 10/3/2022 with diagnoses including hemiplegia (one-sided muscle paralysis or weakness) and hemiparesis (one-sided muscle weakness) and cirrhosis of the liver (permanent scarring that damages the liver and interferes with its functioning).</p> <p>A review of Resident 81's Minimum Data Set (MDS - a comprehensive assessment and care screening tool), dated 7/13/2023, indicated the resident had severely impaired cognitive (cognition refers to conscious mental activities, and include thinking, reasoning, understanding, learning, and remembering) skills for daily decision making and was totally dependent on staff for bed mobility, transfers, locomotion on and off the unit, dressing, eating, toilet use, and personal hygiene. The MDS also indicated the resident received an anticoagulant (medications that decrease the ability of blood to clot).</p> <p>A review of Resident 81's Physician's Orders, dated 4/30/2023, indicated an order for Lovenox (enoxaparin- generic name) 40 milligram (mg- a unit of measurement)/milliliter (ml- a unit of measurement), inject 40 mg subcutaneously (SQ - administering medication where a short needle is used to inject a medication into the tissue layer between the skin and the muscle) one time a day for deep vein thrombosis (DVT - when a blood clot forms in one or more of the deep veins in the body) prevention, rotate injection sites.</p> <p>A review of Resident 81's Care Plan (a document that helps organize and communicate patient care) for anticoagulant therapy, initiated on</p>	F 658	<p>October 10 and October 13, 2023. The inservice included the rationale for rotating the injection sites as a best practice.</p> <p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Medical Record Department/Designee using the audit tool in PCC "Order Listing Report" at least 3X per week X 4 weeks with findings reported to the DON/Designee.</p> <p>The Director of Nursing/Designee will review audit findings for trends and/or specific licensed nurses who may benefit from additional education and training.</p> <p>The DON/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 658	<p>Continued From page 26</p> <p>9/1/2022, indicated to administer anticoagulant medications (Lovenox/enoxaparin) as ordered by the physician.</p> <p>During a concurrent interview and record review on 10/5/2023 at 8:01 a.m., with Licensed Vocational Nurse 4 (LVN 4), reviewed Resident 81's Medication Administration Record (MAR - includes key information about a patient's medication including, the medication name, dose taken, special instructions and date and time) dated 7/2023, 8/2023, and 9/2023. LVN 4 verified by stating the following:</p> <p>On 7/7/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection Resident 81's left upper quadrant (LUQ) abdomen.</p> <p>On 7/8/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen.</p> <p>On 7/19/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's left lower quadrant (LLQ) abdomen.</p> <p>On 7/20/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LLQ abdomen.</p> <p>On 7/23/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen.</p> <p>On 7/24/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen.</p> <p>On 7/27/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen.</p> <p>On 7/28/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen.</p> <p>On 8/4/2023 at 9 a.m., the licensed nurse</p>	F 658			

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F 658	Continued From page 27 administered the enoxaparin injection to Resident 81's LLQ abdomen. On 8/5/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LLQ abdomen. On 8/9/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen. On 8/10/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen. On 8/17/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's right lower quadrant (RLQ) abdomen. On 8/18/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's RLQ abdomen. On 8/30/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's right upper quadrant (RUQ) abdomen. On 8/31/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's RUQ abdomen. On 9/7/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to the resident's LUQ abdomen. On 9/8/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen. On 9/14/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen. On 9/15/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LUQ abdomen. On 9/20/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LLQ abdomen. On 9/21/2023 at 9 a.m., the licensed nurse	F 658			

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F 658	<p>Continued From page 28</p> <p>administered the enoxaparin injection to Resident 81's LLQ abdomen.</p> <p>On 9/22/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LLQ abdomen.</p> <p>On 9/23/2023 at 9 a.m., the licensed nurse administered the enoxaparin injection to Resident 81's LLQ abdomen.</p> <p>During an interview on 10/5/2023 at 10:16 a.m., with the Director of Nursing (DON), the DON stated that licensed nurses should be rotating subcutaneous injection sites because, if they don't, it can cause bruising to the resident and hardening of the tissue, which can affect proper absorption of the medication. The DON stated the facility did not have a specific policy indicating that subcutaneous injection sites should be rotated. The DON stated it is a standard of practice.</p> <p>A review of the facility's policy and procedure titled, "Subcutaneous Medication Administration," last reviewed on 1/26/2023, indicated to administer a parenteral (any medication administration other than oral) medication into the subcutaneous tissue in a safe, accurate, and effective manner in order to promote slow medication absorption and prolong medication action.</p> <p>b. A review of Resident 32's Admission Record indicated the facility originally admitted the resident on 8/14/2014 and readmitted the resident on 8/4/2016 with diagnoses including personal history of transient ischemic attack (temporary blockage of blood flow to the brain) and cerebral infarction (refers to damage to tissues in the brain due to loss of oxygen to the</p>	F 658			

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F 658	<p>Continued From page 29 area), and dysphagia (difficulty swallowing).</p> <p>A review of Resident 32's MDS, dated 7/13/2023, indicated the resident had severely impaired cognitive skills of daily decision making and was totally dependent on staff for bed mobility, transfers, locomotion on and off the unit, dressing, eating, toilet use, and personal hygiene.</p> <p>A review of Resident 32's Physician's Order, dated 4/25/2017, indicated to administer insulin NPH Isophane (intermediate-acting insulin) and Regular suspension (short-acting insulin) 70-30 (combination of 70% NPH insulin and 30% regular insulin) 100 units (U- a unit of measurement)/ml, inject seven (7) units subcutaneously three times a day.</p> <p>During a concurrent interview and record review on 10/4/2023 at 8:34 a.m., with Registered Nurse 2 (RN 2), reviewed Resident 32's MAR dated 9/2023. RN 2 verified by stating the following:</p> <p>On 9/7/2023 at 6 a.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's RUQ abdomen.</p> <p>On 9/7/2023 at 2 p.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's RUQ abdomen.</p> <p>On 9/8/2023 at 6 a.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's RLQ abdomen.</p> <p>On 9/8/2023 at 2 p.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's RLQ abdomen.</p>			F 658			

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F 658	<p>Continued From page 30</p> <p>On 9/9/2023 at 6 a.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's RLQ abdomen.</p> <p>On 9/9/2023 at 2 p.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to the Resident 32's RLQ abdomen.</p> <p>On 9/9/2023 at 10 p.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's RLQ abdomen.</p> <p>On 9/22/2023 at 6 a.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's LUQ abdomen.</p> <p>On 9/22/2023 at 2 p.m., the licensed nurse administered insulin NPH Isophane and Regular suspension injection to Resident 32's LUQ abdomen.</p> <p>RN 2 stated that nurses should rotate injection sites to ensure proper absorption of the medication. RN 2 stated it could cause injury to the resident's tissue if nurses continued to use the same sites.</p> <p>During an interview on 10/5/2023 at 10:16 a.m., with the DON, the DON stated that licensed nurses should be rotating subcutaneous injection sites because, if they don't, it can cause bruising to the resident and hardening of the tissue, which can affect proper absorption of the medication. The DON stated the facility did not have a specific policy indicating that subcutaneous injection sites should be rotated. The DON stated it is a standard of practice.</p> <p>A review of the facility's policy and procedure titled, "Subcutaneous Medication Administration,"</p>	F 658			

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F 658	Continued From page 31 last reviewed on 1/26/2023, indicated to administer a parenteral medication into the subcutaneous tissue in a safe, accurate, and effective manner in order to promote slow medication absorption and prolong medication action.	F 658	F 686: Treatment/Svcs to Prevent/Heal Pressure Ulcer It is the practice of the facility to ensure that the resident receives care, consistent with the professional standard of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable.	10/30/2023	
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the low air loss mattress (LALM, a pressure-relieving mattress used to prevent and treat pressure ulcers [a wound that occurs as a result of prolonged pressure on a specific area of the body]) was set according to the resident's weight and comfort for one of two sampled residents (Resident 94). This deficient practice placed the resident at risk of discomfort and development of new pressure ulcers.	F 686	Immediate Corrective Action Resident 94 low air loss mattress (LALM) was adjusted by the Director of Nursing (DON) on October 3, 2023 according to the resident's weight and comfort. Resident 94 had no pressure ulcer at time of observation on October 3, 2023. Resident At Risk The Clinical Nurse Managers and the Treatment Nurses made rounds on October 3, 2023 to residents on low air loss mattresses to ensure that the mattress is set according to the resident's weight or comfort. All residents' low air loss mattresses were found to be set correctly. Corrective Action An inservice was provided by the Director of Nursing (DON) on October 10 and October 13, 2023 to the Licensed Nurses regarding the "Use of Low Air Loss Mattresses- For Pain/Comfort and/or Wound Management" which included information regarding setting the mattress according to the resident's weight and/or comfort.		

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F 686	<p>Continued From page 32</p> <p>Findings:</p> <p>A review of Resident 94's Admission Record indicated the facility admitted the resident on 05/08/2023, with diagnoses including end stage renal disease (a condition in which the kidneys lose the ability to remove waste and balance fluids), type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), and morbid obesity (is when you weigh 100 pounds over your recommended weight).</p> <p>A review of Resident 94's Minimum Data Set (MDS-a standardized assessment and care screening tool) dated 08/12/2023, indicated the resident had the ability to make self-understood and had the ability to understand others. The MDS indicated the resident required extensive assistance from staff for bed mobility, dressing, eating, personal hygiene, and total dependence on staff for toilet use and bathing.</p> <p>During a concurrent observation, interview, and record review on 10/03/2023 at 7:26 a.m., with the Director of Nursing (DON), reviewed Resident 94's weight and the DON stated Resident 94's current weight on 10/3/2023 was 260 pounds (lbs.- a unit of weight). Observed with the DON, Resident 94's LALM set between 200-230 lbs. The DON stated the setting (200 lbs.-230 lbs.) of the LALM was not appropriate for Resident 94's weight of 260 lbs. When interviewed, Resident 94 stated that he is not comfortable with his bed as it sometimes moves, and the side of the bed is sometimes lower when he moves. The DON stated LALM are used for wound management if a resident has pressure ulcers and some for comfort. The DON stated that the setting of the</p>	F 686	<p>This will be monitored for compliance by Team Managers and Licensed Nurses during daily rounds five times per week for four weeks utilizing the Rounds Audit Tool with findings reported to the Director of Nursing (DON)/Designee. The Director of Nursing/Designee will report results of the monitoring to the Administrator/Designee to determine if any additional training or action planning is needed.</p> <p>The Administrator/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months then quarterly thereafter and follow QAPI's recommendations for continued compliance.</p>		

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F 686	Continued From page 33 LALM would correspond to the resident's weight and the treatment nurses must ensure it is the correct setting since they provide wound care every day. The DON stated that if not correctly set, it may affect and delay wound healing and could delay the time to resolve the wound. A review of the facility-provided manufacture's guidelines titled, LALM "Weight and Comfort Level Reference," undated, indicated a setting of six (6) light bars corresponded to a weight of 230 lbs. to 265 lbs.	F 686	F 759: Free Medication Error Rts 5 Prcnt or More It is the practice of the facility to ensure that the Medication Error Rate is not greater than 5%. Immediate Corrective Action Resident 11 did not manifest any signs and symptoms of stomach upset. Resident 35 has not had any adverse effects from the missed dose. Resident 46 did not have any adverse effects to the dose given early.		10/30/2023
F 759 SS=E	Free of Medication Error Rts 5 Prcnt or More CFR(s): 483.45(f)(1) §483.45(f) Medication Errors. The facility must ensure that its- §483.45(f)(1) Medication error rates are not 5 percent or greater; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that its medication error rate was less than five percent (%-unit of measure). Five (5) medication errors out of 36 opportunities contributed to an overall medication error rate of 13.8% affecting three of 10 sampled residents (Resident 11,35, and 46) observed for medication administration. The deficient practice of failing to administer medications in accordance with the attending physician's orders increased the risk that Residents 11, 35, and 46 may have experienced health complications related to incorrect medication administration which could have negatively impacted their health and well-being.	F 759	LVN 5 was counseled and provided with 1:1 training by the Director of Nursing (DON) on October 4, 2023 regarding Medication Administration . LVN 1 was provided with a 1:1 inservice by the Director of Nursing on October 3, 2023 regarding Medication Administration. Residents At Risk A Medication Review was performed by the Director of Nursing (DON)/Designee on October 4, 2023 to ensure that there are no omissions in the eMAR on the assignments of LVN 5 and LVN 1. No other residents were found to be affected. Furthermore, a Medication Pass Observation was performed by the Nurse Pharmacy Consultant and by an outside consulting group (AV Resources Corp Clinical Resource) on (5) Licensed Nurses on October 17, 2023 and October 19, 2023 respectively with no deficient practice identified.		

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F 759	<p>Continued From page 34</p> <p>Findings:</p> <p>a. A review of the Resident 11's Admission Record indicated that the resident was originally admitted to the facility on 04/08/2008 and readmitted on 11/18/2014, with diagnoses that included Type 2 Diabetes Mellitus (DM-a serious condition where your blood glucose [sugar] level is too high) and dysphagia (difficulty swallowing).</p> <p>A review of Resident 11's Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 08/10/2023, indicated that Resident 11's cognitive skills (cognition refers to conscious mental activities, and include thinking, reasoning, understanding, learning, and remembering) for daily decision-making was moderately impaired. The MDS also indicated that Resident 11 required extensive assistance from staff for bed mobility, dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A review of Resident 11's physician's orders dated 5/05/2010 included the following orders:</p> <ol style="list-style-type: none"> 1. Metformin Hydrochloride (Metformin HCL- medication to help lower sugar levels in the blood) one (1) tablet 1000 milligrams (mg-unit of measure) by mouth two times a day for Type 2 DM with meals, order dated 5/5/2010. 2. Calcium Acetate one (1) capsule 667 mg by mouth three times a day for hyperphosphatemia (a condition in which you have too much phosphate [an essential mineral] in your blood) with meals, order dated 6/29/2022. 3. Magnesium Chloride- Calcium Tablet (a magnesium [an essential mineral] supplement) Delayed Release (released over a period of time once consumed) 64-106 mg, give two tablets by mouth two times a day for low magnesium, order 	F 759	<p>Corrective Action</p> <p>An inservice was provided by the Director of Nursing (DON) to the Licensed Nurses regarding Medication Administration on October 10 and October 13, 2023. The inservice included the review and discussion of the (5) Rights of Medication Administration: the right medication given to the right resident, at the right time, via the right route, and the right dose. A Medication Pass Post Test was provided to the Licensed Nurses with a 100% pass rate.</p> <p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Nurse Pharmacy Consultant and the outside consulting group (AV Resources Corp Clinical Resource) by performing Medication Pass Observation twice weekly for the next two months then monthly thereafter with findings reported to the DON/Designee. The DON/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 759	<p>Continued From page 35 dated 11/10/2021.</p> <p>On 10/04/23 at 04:20 PM, during a medication pass observation with Licensed Vocational Nurse 5 (LVN5), observed LVN 5 administered one (1) tablet of Metformin 1000 mg and one (1) capsule of Calcium Acetate 667 mg without Resident 11's meal as per the physician order. LVN 5 stated that Resident 11 would be served dinner sometime between 5:00 p.m. to 5:30 p.m. LVN 5 stated he should have followed the physician order for Resident 11's metformin and Calcium acetate and provided both medications when the resident had his dinner available as the efficiency of the medication could potentially be affected if given without meals. LVN 5 was then observed not providing Resident 11 with the resident's due medication of Magnesium Chloride-Calcium tablet 64-106 mg. LVN 5 stated that Resident 11's dose of Magnesium Chloride-Calcium table 64-106 mg was not available. LVN 5 stated the only available dose for Resident 11 was Slow Magnesium 71 mg Calcium, however Resident 11's medication packet of Slow Magnesium 71mg Calcium was already empty.</p> <p>On 10/05/23 at 07:45 a.m. during an interview with Registered Nurse 5 (RN5), RN5 stated that Metformin should be given to a resident with food for better absorption. RN 5 stated that if Metformin was to be given without food, the medication may lower the resident's blood sugar levels leading to hypoglycemia (a potentially dangerous medical condition that occurs when your blood glucose (sugar) levels are too low).</p> <p>On 10/05/23 at 08:17 a.m., during a follow up interview with RN5, RN5 called the pharmacy and placed the call on speaker phone wherein RN5</p>	F 759			

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F 759	<p>Continued From page 36</p> <p>obtained clarification that the order for Resident 11's Magnesium Chloride-Calcium table 64-106 mg. The pharmacy informed RN 5 that the equivalent medication for Resident 11 is the resident's Slow Magnesium 71 mg Calcium. RN 5 stated that if LVN 5 was confused about the available Slow Magnesium 71mg Calcium medication for Resident 11, LVN 5 should have then clarified the medication with the pharmacy. RN 5 stated that Resident 11's Slow Magnesium 71mg Calcium medication pack was already empty. RN5 stated that the nurses are just giving the medications to residents without knowing what they are giving.</p> <p>A review of the facility's policy and procedure titled "Medication Administration-General Guidelines," last reviewed on 1/26/2023, indicated that "medications are administered in accordance with written orders of the attending physician ...medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes ...</p> <p>b. A review of the Resident 35's Admission Record indicated that the resident was originally admitted to the facility on 07/03/2019 and readmitted on 07/11/2019, with diagnoses that included heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), and hyperlipidemia (condition in which there are high levels of fat particles [lipids] in the blood).</p> <p>A review of Resident 35's MDS dated 09/12/2023 indicated that Resident 35's cognitive skills for</p>	F 759			

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F 759	<p>Continued From page 37</p> <p>daily decision-making was intact. The MDS also indicated Resident 35 required extensive assistance from staff for bed mobility, dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A review of Resident 35's physician's orders indicated an order for Vascepa (medication that lowers the amount of fat in the blood) Capsule 0.5 grams (gm-unit of measure) give one (1) capsule by mouth two times a day for Hypertriglyceridemia (A high level of fat [triglycerides] in the blood) dated 06/03/2022.</p> <p>On 10/04/23 at 04:20 PM, during a medication pass observation with Licensed Vocational Nurse 5 (LVN5), observed LVN 5 prepared the 5:00 p.m. doses for Resident 35 and confirmed that the resident's Vascepa 0.5 gram capsule 1 tablet by mouth daily was not available. LVN5 stated that he would call the pharmacy to request for a refill of Resident 35's Vascepa. LVN 5 stated that he would not be able to administer Resident 35's Vascepa as ordered by the physician because it was not made available.</p> <p>A review of the facility's policy and procedure titled "Medication Administration-General Guidelines," last reviewed on 1/26/2023, indicated that "medications are administered in accordance with written orders of the attending physician ...medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes ...</p> <p>c. A review of Resident 46's Admission Record indicated the facility admitted the resident on 6/24/2023 with diagnoses that included glaucoma (high pressure in the eyes that damages nerves).</p>	F 759			

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F 759	<p>Continued From page 38</p> <p>A review of Resident 46' s MDS dated 7/16/2023, indicated Resident 46 had severely impaired in cognition with skills required for daily decision making. The MDS indicated Resident 46 required one-person extensive assistance (resident involved in activity, staff provide weight-bearing support) with bed mobility, dressing, eating and personal hygiene.</p> <p>A review of Resident 46's Physician's Orders indicated an order for Brimonidine Tartrate Ophthalmic solution (eye drops used to lower pressure in the eyes in residents who have glaucoma) 0.2 percent (%-unit of measure)-instill one drop in both eyes three times a day for glaucoma, dated 7/11/2023.</p> <p>During a medication pass observation started on 10/03/2023 at 12:05 p.m., observed Licensed Vocational Nurse 1 (LVN 1) preparing and administering Resident 46's due medications which included Brimonidine eye drops.</p> <p>During a concurrent interview and record review with LVN 1, on 10/03/2023 at 2:38 p.m., reviewed Resident 46 Medication Administration Record (MAR-a record that logs the medications given to a resident on a daily basis) audit report (a report that shows the exact time an entry is documented) dated 10/3/2023. LVN 1 stated medications can be given an hour before or hour after the physicians prescribed ordered time. The Medication Audit for Resident 46's Brimonidine Tartrate Ophthalmic solution indicated that LVN 1 administered the medication to Resident 46 at 12:24 p.m. LVN 1 stated that Resident 46's Brimonidine Tartrate Ophthalmic solution was given at the wrong time as the medication was not due to be administered until 2:00 p.m. LVN 1</p>	F 759			

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F 759	<p>Continued From page 39</p> <p>stated that he should have waited until at least 1:00 p.m. to administer Resident 46's Brimonidine Tartrate Ophthalmic solution. LVN 1 stated that Resident 46 had the potential to receive a higher than prescribed concentration of the Brimonidine Tartrate Ophthalmic solution as the medication was given too close to the time as the previous dose. LVN 1 stated that by providing Resident 46's Brimonidine Tartrate Ophthalmic solution earlier than prescribed, he placed Resident 46 at increased risk for red or irritated eyes.</p> <p>During an interview with the Director of Nurses (DON) on at 10/05/2023 at 2:50 p.m., the DON stated Resident 46's Brimonidine Tartrate Ophthalmic solution medication was to be given three times a day and the afternoon dose was due to be given at 2 p.m. The DON stated medications are permitted to be given one hour before the scheduled administration time or one hour after. The DON stated, since 12:24 p.m. was over one hour before the scheduled dose of 2:00 p.m., it would be considered as being administered early to Resident 46. The DON stated Resident 46 was at risk for having too high of a concentration of the medication at one time.</p> <p>A review of the facility policy and procedure titled, "Medication Administration - General Guidelines," last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.</p>	F 759	<p>F 760: Residents are Free of Significant Med Errors</p> <p>It is the practice of the facility to ensure that the residents are free of any significant medication errors.</p> <p>Immediate Corrective Action</p> <p>Resident 54 has no adverse effects from the medication (Amlodipine). The medication (Amlodipine) was discontinued by the physician on October 4, 2023.</p> <p>Resident 36 has no adverse effects from the medication. The holding parameters for the following medications: Norvasc and Coreg were discontinued on October 24, 2023 .</p> <p>Resident 52 has no adverse effects from the medication. The holding parameter for the medication: Metoprolol was discontinued on October 24, 2023.</p> <p>Resident 49 has no adverse effects from the medications. The holding parameter for the medication (Isosorbide) was discontinued on October 25, 2023. Resident 49's Amiodarone was adjusted on October 25, 2023.</p> <p>Resident 47 has no adverse effects from the medication.</p> <p>Resident 2 has no adverse reaction from the medication.</p> <p>Residents At Risk</p> <p>The DON/Designee made a random record review on October 24, 2023 of (7) sampled residents on medications with parameters. No other resident was affected by this deficiency.</p>	10/30/2023	
F 760 SS=E	<p>Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)</p> <p>The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors.</p>	F 760			

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F 760	<p>Continued From page 40</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that six of six sampled residents (Resident 54, 36, 52, 49, 47, and 2) were free from significant medication errors by:</p> <p>a) Failing to ensure that Amlodipine besylate (medication to treat high blood pressure [the force of the blood pushing on the blood vessel walls is too high]) was administered in accordance with the physician's order with a parameter to hold (do not give) the medication if Resident 54's systolic blood pressure (SBP, measures the pressure in your arteries [pathway that carries blood away from the heart] when your heart beats) was less than 110 millimeters of mercury (mmHg-a unit of measure).</p> <p>b) Failing to ensure that Carvedilol (medication to treat high blood pressure) was administered in accordance with the physician's order with a parameter to hold if Resident 36's SBP was less than 120 mmHg.</p> <p>c) Failing to ensure that Metoprolol Tartrate (medication used to treat high blood pressure) was administered in accordance with the physician's order with a parameter to hold if Resident 52's SBP was less than 100 mmHg, the diastolic blood pressure (DBP, measures the pressure in your arteries when your heart rests between beats) and their heart rate (a normal resting heart rate should be between 60 to 100 beats per minute[BMP]) less than 60 bpm.</p> <p>d) Failing to ensure that Amiodarone (a medication which relaxes the blood vessels to increase the supply of blood to the heart) was administered to Resident 49 in accordance with the physician's order to hold for heart rate less</p>	F 760	<p>Corrective Action</p> <p>An inservice was provided by the Director of Nursing (DON) to the Licensed Nurses regarding Medication Administration on October 10 and October 13, 2023. The inservice included a review of the Medications Administration to include being aware of medication parameters as part of the physician order.</p> <p>The inservice included a review of medication administration including administering medications to the resident in accordance with the written orders of the attending physician. A Medication Pass Post Test was provided to the Licensed Nurses with a 100% pass rate.</p> <p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Medical Record Department/Designee using the audit tool in PointClickcare "Order Listing Report" at least three times per week for 4 weeks then weekly thereafter with findings reported to the DON/Designee. Additionally, this will be monitored for compliance by the Consultant Pharmacist during the monthly Medication Review Regimen with findings reported to the DON/Designee. The DON/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 760	<p>Continued From page 41</p> <p>than 60 BPM.</p> <p>e) Failing to ensure that Isosorbide mononitrate (a medication which relaxes the blood vessels to increase the supply of blood to the heart) was administered to Resident 49 in accordance with the physician's order with a parameter to hold for SBP less than 110 mm Hg, and heart rate (HR) less than 55 BPM.</p> <p>f) Failing to ensure that Admelog (a fast-acting [works immediately] mealtime insulin that works to control blood sugar when you eat) was administered to Resident 2 in accordance with the physician's order to hold the medication if the residents blood sugar (BS) is below 100 milligrams per deciliter (mg/dl- unit of measure).</p> <p>These deficient practices placed Resident 54, 36, 52, 49 at risk for hypotension (low blood pressure) which could lead to dizziness, headache, fainting, blurred vision, shallow breathing, and injury from falls, and placed Resident 2 at risk for experiencing hypoglycemia (a condition in which your blood sugar [glucose] level is lower than the standard range).</p> <p>Findings:</p> <p>a. A review of Resident 54's Admission Record indicated the facility admitted the resident on 11/2/2018 and readmitted the resident on 8/2/2023 with diagnoses that included hypertension (HTN, high blood pressure) and dysphagia (difficulty swallowing).</p> <p>A review of Resident 54's Minimum Data Set (MDS - an assessment and screening tool) dated 8/31/2023, indicated the resident was usually able to understand others and rarely to never able to make herself understood. The MDS further</p>	F 760			

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F 760	<p>Continued From page 42</p> <p>indicated that Resident 54 required extensive assistance with bed mobility, transfer, dressing, eating, toilet use, and personal hygiene.</p> <p>A review of Resident 54's Physician Orders indicated an order for amlodipine besylate 2.5 milligrams (mg- a unit of measurement) tablet, give one tablet via Gastrostomy Tube (G-tube a tube placed directly into the stomach to give direct access for supplemental feeding, hydration or medicine) one time a day for HTN, hold for SBP less than 110 mmHg, dated 8/2/2023.</p> <p>During a concurrent interview and record review on 10/3/2023 at 3:52 p.m. with Licensed Vocational Nurse 4 (LVN 4), Resident 54's Medication Administration Record (MAR- a record of all medications taken by a resident on a day-to-day basis) for 9/2023 was reviewed. LVN 4 noted the following:</p> <p>a) On 9/2/2023 at 9 a.m., Resident 54's SBP was noted at 108 mmHg, the MAR indicated amlodipine was administered to Resident 54.</p> <p>b) On 9/20/2023 at 9 a.m., Resident 54's SBP was noted at 102 mmHg, the MAR indicated amlodipine was administered to Resident 54.</p> <p>LVN 4 stated that prior to administering blood pressure medications to a resident, the licensed nurse is to obtain the resident's blood pressure and heart rate to ensure it is safe for the resident to take the prescribe blood pressure medication. LVN 4 stated that if blood pressure medications are administered to a resident when their blood pressure is low, a resident may become hypotensive (low blood pressure) resulting in headaches, dizziness, or a change in the level of consciousness. LVN 4 stated that the licensed nurses should not have administered amlodipine</p>	F 760			

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F 760	<p>Continued From page 43</p> <p>on the days where Resident 54's SBP was less than 110 mmHg. LVN 4 stated Resident 54 was at risk for falls as a possible outcome when amlodipine was given out of parameters.</p> <p>During an interview on 10/4/2023 at 1:10 p.m. with the Director of Nursing (DON), the DON stated that medications are to be administered in accordance with physician's orders. The DON stated the physician's blood pressure medication orders include hold parameters. The DON stated if blood pressure medication is given outside the hold parameters, it may lower a resident's blood pressure. The DON stated that Resident 54 has a history of falls and hypotension could result in dizziness. The DON stated that the licensed nurses did not follow the facility's medication policy because Resident 54 was administered Amlodipine despite the resident's SBP being less than 110 mmHg .</p> <p>A review of the facility policy and procedure titled, "Medication Administration - General Guidelines," last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.</p> <p>b. A review of Resident 36's Admission Record indicated the facility admitted the resident on 6/10/2016 and readmitted the resident on 1/14/2022 with diagnoses that included chronic respiratory failure (serious condition that makes it difficult to breathe on your own), hypertensive heart and chronic kidney disease (high blood pressure over an extended amount of time and damage to the kidneys that results in ineffective filtering of the blood) with heart failure (a condition that develops when your heart doesn't pump enough blood for the body's needs),</p>	F 760			

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F 760	<p>Continued From page 44 dysphagia, and gastrostomy tube.</p> <p>A review of Resident 36's MDS dated 8/10/2023, indicated the resident was rarely to never able to understand others and rarely to never able to make himself understood. The MDS further indicated that Resident 36 was totally dependent on staff for bed mobility, transfer, dressing, eating, toilet use, and personal hygiene.</p> <p>A review of Resident 36's Physician Orders indicated an order for Carvedilol 3.125 mg tablet, give 3.125 mg via G-tube two times a day for HTN, hold for SBP less than 120 mmHg or HR less than 60 bmp, dated 8/2/2023.</p> <p>During a concurrent interview and record review on 10/3/2023 at 3:52 p.m. with LVN 4, Resident 36's Medication Administration Record (MAR- a record of all medications taken by a resident on a day-to-day basis) for 9/2023 was reviewed. LVN 4 noted the following:</p> <p>a) On 9/7/2023 at 9 a.m., Resident 36's SBP was noted at 114 mmHg, the MAR indicated carvedilol was administered to Resident 36.</p> <p>b) On 9/12/2023 at 9 a.m., Resident 36's SBP was noted at 118 mmHg, the MAR indicated carvedilol was administered to Resident 36. LVN 4 stated that prior to administering blood pressure medications to a resident, the licensed nurse is to obtain the resident's blood pressure and heart rate to ensure it is safe for the resident to take the prescribe blood pressure medication. LVN 4 stated that if blood pressure medications are administered to a resident when their blood pressure is low, a resident may become hypotensive resulting in headaches, dizziness, or a change in the level of consciousness. LVN 4 stated that licensed nurses should not have</p>	F 760			

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F 760	<p>Continued From page 45</p> <p>administered carvedilol on the days where Resident's 36 SBP was less than 120 mmHg. LVN 4 stated Resident 36 was at risk hypotension when carvedilol was given out of parameters.</p> <p>During an interview on 10/4/2023 at 1:10 p.m. with the DON, the DON stated that medications are to be administered in accordance with physician's orders. The DON stated the physician's blood pressure medication orders include hold parameters. The DON stated if blood pressure medication is given outside the hold parameters, it may lower a resident's blood pressure. The DON stated for Resident 36 the importance of holding carvedilol when the blood pressure was below the parameters was to prevent inadequate tissue perfusion (the lack of oxygenated blood flow to areas of the body. The DON stated if the resident did not have adequate tissue perfusion it could result in cardiac and renal (kidney) problems.</p> <p>A review of the facility policy and procedure titled, "Medication Administration - General Guidelines," last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.</p> <p>c. A review of Resident 52's Admission Record indicated that the resident was originally admitted to the facility on 06/19/2018 and readmitted on 02/04/2020, with diagnoses that included heart failure, dysphagia, and gastroesophageal reflux disease (occurs when stomach acid repeatedly flows back into the tube connecting your mouth and stomach).</p> <p>A review of Resident 52's MDS dated 07/11/2023, indicated that Resident 52's cognitive skills (cognition refers to conscious mental activities,</p>	F 760			

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F 760	<p>Continued From page 46</p> <p>and include thinking, reasoning, understanding, learning, and remembering) for daily decision-making was severely impaired. The MDS also indicated that Resident 52 is totally dependent on staff for dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A review of Resident 52's physician's order dated 4/23/2021, indicated an order for Metoprolol Tartrate 75 mg, give one (1) tablet via a G-tube two times a day for hypertension and hold for SBP less than 100 mmHg and HR less than 60 bpm.</p> <p>During a concurrent interview and record review on 10/3/2023 at 3:52 p.m. with LVN 4, Resident 52's MAR for 9/2023 was reviewed. LVN 4 noted the following:</p> <p>a) On 9/10/2023 at 5:00 p.m., Resident 52's SBP was noted at 99 mmHg with a HR of 69 bpm. The MAR indicated that metoprolol tartrate was administered to Resident 52.</p> <p>b) On 9/16/2023 at 9:00 a.m., Resident 52's SBP was 93 mmHg with heart rate of 79 bpm. The MAR indicated that metoprolol tartrate was administered to Resident 52.</p> <p>LVN 4 stated that the medication metoprolol tartrate 75 mg should have been withheld from Resident 52 on 9/10/2023 for the 5:00 p.m. dose; and on 9/16/2023 for the 9:00 a.m. dose. LVN 4 stated that withholding the medication based on the physician's parameter to hold will prevent complications such as hypotension for Resident 52 which could lead to dizziness, lightheadedness and may increase the risk of fall and injury.</p> <p>A review of the facility policy and procedure titled, "Medication Administration - General Guidelines,"</p>	F 760			

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F 760	<p>Continued From page 47</p> <p>last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.</p> <p>d. A review of Resident 49's Admission Record indicated the facility originally admitted the resident on 7/15/2022 and re-admitted on 2/11/2023 with diagnoses that included hypertension, angina pectoris (chest pain), and atherosclerotic heart disease (hardening on the heart arteries which can cause chest pain).</p> <p>A review of Resident 49's MDS, dated 7/18/2023, indicated Resident 49 had intact cognition with skills required for daily decision making. The MDS indicated Resident 49 required one-person extensive assistance (resident involved in activity, staff provide weight-bearing support) with eating and personal hygiene.</p> <p>A review of Resident 49's Physician's Orders indicated the following:</p> <ol style="list-style-type: none"> 1. Amiodarone tablet, 200 mg, give one tablet by mouth one time a day for coronary artery disease (CAD, hardening of the heart arteries which can cause chest pain), hold if HR is less than 60 bmp dated 2/11/2023. 2. Isosorbide Mononitrate extended release (released in the body over 24 hours) oral tablet 60 mg, give one tablet by mouth in the morning to prevent chest pain, hold for SBP less than 110 mmHg and HR less than 55 BPM, dated 3/09/2023. <p>A review of Resident 49's MAR from 8/2023 and 9/2023 indicated there were three instances when Amiodarone was given even when the heart rate was below 60 BPM. These dates were as follows:</p> <ol style="list-style-type: none"> 1. 8/24/2023 at 9:00 a.m. heart rate = 59 2. 9/05/2023 at 9:00 a.m. heart rate = 51 	F 760			

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F 760	<p>Continued From page 48</p> <p>3. 9/19/2023 at 9:00 a.m. heart rate = 56</p> <p>During a concurrent record review and interview with Licensed Vocational Nurse 3 (LVN 3) on 10/04/2023 at 3:10 p.m., reviewed Resident 49's 9/2023 MAR. LVN 3 stated he documented the amiodarone as being given to Resident 49 on 9/05/2023 and 9/19/2023. When asked if LVN 3 remembered giving amiodarone to Resident 49 on 9/05/2023 and 9/19/2023, LVN 3 stated he could not remember. LVN 3 stated that he assumed he administered amiodarone to Resident 49 on 9/05/2023 and 9/19/2023 because he documented that he administered the medication in Resident 49's MAR. LVN 3 stated that by not follow the physician's ordered hold parameters, Resident 49 could have been at risk for symptoms of bradycardia.</p> <p>A review of the facility policy and procedure titled, "Medication Administration - General Guidelines," last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.</p> <p>e. A review of Resident 49's MAR from 3/2023 until 9/2023 indicated there were 42 instances when isosorbide mononitrate was held when Resident 49's HR was either lower than 55 bpm or within the physician ordered parameters, but the SBP was not below 110 mm Hg. These dates were as follows:</p> <ol style="list-style-type: none"> 3/12/2023 at 9:00 a.m. SBP = 131 heart rate = 51 3/17/2023 at 9:00 a.m. SBP = 139 heart rate = 54 3/22/2023 at 9:00 a.m. SBP = 137 heart rate = 51 3/24/2023 at 9:00 a.m. SBP = 120 heart rate = 54 	F 760			

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F 760	Continued From page 49 5. 4/07/2023 at 9:00 a.m. SBP = 155 heart rate = 46 6. 4/08/2023 at 9:00 a.m. SBP = 160 heart rate = 55 7. 4/15/2023 at 9:00 a.m. SBP = 150 heart rate = 52 8. 4/20/2023 at 9:00 a.m. SBP = 140 heart rate = 52 9. 4/22/2023 at 9:00 a.m. SBP = 136 heart rate = 53 10. 4/30/2023 at 9:00 a.m. SBP = 156 heart rate = 52 11. 5/03/2023 at 9:00 a.m. SBP = 154 heart rate = 52 12. 5/07/2023 at 9:00 a.m. SBP = 152 heart rate = 54 13. 5/08/2023 at 9:00 a.m. SBP = 144 heart rate = 51 14. 5/12/2023 at 9:00 a.m. SBP = 159 heart rate = 48 15. 5/16/2023 at 9:00 a.m. SBP = 136 heart rate = 50 16. 5/17/2023 at 9:00 a.m. SBP = 152 heart rate = 54 17. 5/18/2023 at 9:00 a.m. SBP = 147 heart rate = 53 18. 5/26/2023 at 9:00 a.m. SBP = 162 heart rate = 50 19. 6/04/2023 at 9:00 a.m. SBP = 153 heart rate = 53 20. 6/07/2023 at 9:00 a.m. SBP = 154 heart rate = 54 21. 6/09/2023 at 9:00 a.m. SBP = 145 heart rate = 52 22. 6/10/2023 at 9:00 a.m. SBP = 159 heart rate = 54 23. 6/24/2023 at 9:00 a.m. SBP = 143 heart rate = 51 24. 6/26/2023 at 9:00 a.m. SBP = 157	F 760			

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F 760	<p>Continued From page 50</p> <p>heart rate = 52</p> <p>25. 7/01/2023 at 9:00 a.m. SBP = 151</p> <p>heart rate = 54</p> <p>26. 7/03/2023 at 9:00 a.m. SBP = 134</p> <p>heart rate = 54</p> <p>27. 7/17/2023 at 9:00 a.m. SBP = 152</p> <p>heart rate = 50</p> <p>28. 7/19/2023 at 9:00 a.m. SBP = 156</p> <p>heart rate = 50</p> <p>29. 7/21/2023 at 9:00 a.m. SBP = 146</p> <p>heart rate = 54</p> <p>30. 7/24/2023 at 9:00 a.m. SBP = 146</p> <p>heart rate = 54</p> <p>31. 7/27/2023 at 9:00 a.m. SBP = 122</p> <p>heart rate = 58</p> <p>32. 7/28/2023 at 9:00 a.m. SBP = 132</p> <p>heart rate = 49</p> <p>33. 7/29/2023 at 9:00 a.m. SBP = 160</p> <p>heart rate = 52</p> <p>34. 9/02/2023 at 9:00 a.m. SBP = 146</p> <p>heart rate = 53</p> <p>35. 8/04/2023 at 9:00 a.m. SBP = 152</p> <p>heart rate = 54</p> <p>36. 8/06/2023 at 9:00 a.m. SBP = 145</p> <p>heart rate = 52</p> <p>37. 8/07/2023 at 9:00 a.m. SBP = 122</p> <p>heart rate = 50</p> <p>38. 8/09/2023 at 9:00 a.m. SBP = 128</p> <p>heart rate = 52</p> <p>39. 8/13/2023 at 9:00 a.m. SBP = 137</p> <p>heart rate = 53</p> <p>40. 8/14/2023 at 9:00 a.m. SBP = 115</p> <p>heart rate = 54</p> <p>41. 8/26/2023 at 9:00 a.m. SBP = 153</p> <p>heart rate = 57</p> <p>42. 9/01/2023 at 9:00 a.m. SBP = 130</p> <p>heart rate = 54</p> <p>During an interview with the Director of Nurses</p>			F 760			

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F 760	<p>Continued From page 51</p> <p>(DON) on 10/05/2023 at 2:50 p.m., DON stated that Resident 49's isosorbide mononitrate is to be held only if both the resident's HR was less than 55 bmp and SBP was less than 110 mmHg. The DON stated licensed nursing staff did not follow the physician's order each time Resident 49's isosorbide mononitrate was held when the resident's SBP was greater than 110 mmHg, but the resident's HR was 55 bmp or less. The DON stated Resident 49 could have had negative health side effect by licensed nursing staff not following the physician's order for isosorbide mononitrate.</p> <p>During an interview with Resident 49's physician Medical Doctor 1 (MD 1) on 10/05/2023 at 3:52 p.m., MD 1 stated that for Resident 49's isosorbide mononitrate order, both hold parameters should be outside of MD 1's specified parameters of SBP and heart rate are to be met before holding the medication.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration," reviewed 1/26/2023, indicated licensed nursing staff are to give medications in accordance with written orders of the attending physician.</p> <p>f. A review of Resident 47's Admission record indicated the resident was originally admitted on 9/21/2020, with diagnoses including chronic respiratory failure, tracheostomy (opening surgically created through the neck into the trachea [windpipe] to allow air to fill the lungs), and atrial fibrillation (irregular heart rate)</p> <p>A review of Resident 47's MDS dated 9/16/2023, indicated Resident 47 had severely impaired cognition.</p>	F 760			

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F 760	<p>Continued From page 52</p> <p>A review of Resident 47's physician order dated 8/20/2022, indicated Resident 47 had an order for Amiodarone Hydrochloride (HCL), give 100 mg via G-tube one time a day for atrial fibrillation and to hold if heart rate below 60 bmp.</p> <p>A review of Resident 47's MAR for 9/2023 indicated that on 9/17/2023 at 9:00 a.m., Resident 47's HR was noted at 58 bmp. The MAR indicated that Amiodarone HCL tablet, give 100 mg was administered to Resident 47.</p> <p>During a concurrent interview and record review on 10/4/2023 at 10:47 a.m. with Infection Preventionist Nurse (IPN) Resident 47's MAR for month for 9/2023 was reviewed. IPN stated that Resident 47's heart rate was 58 bpm on 9/17/2023 at 9:00 a.m., and the resident's prescribed Amiodarone was still administered. IPN stated that there was a hold parameter to hold the medication if the heart rate was less than 60 bpm. IPN stated that the licensed nurse should have held the dose of Amiodarone and documented in the MAR that the medication was not given. IPN stated that if the amiodarone was administered to a resident with the heart rate less than 60 bpm, it can place resident at risk for bradycardia (low heart rate).</p> <p>A review of the facility policy and procedure titled, "Medication Administration - General Guidelines," last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.</p> <p>g. A review of Resident 2's Admission Record indicated the facility admitted the resident on 7/11/2006 with diagnoses including type 2 diabetes mellitus (a disease that occurs when</p>	F 760			

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F 760	<p>Continued From page 53</p> <p>your blood glucose, also called blood sugar, is too high).</p> <p>A review of Resident 2's MDS, dated 7/3/2023, indicated the resident had moderately impaired cognition and required extensive assistance from staff for bed mobility, transfers, locomotion on and off the unit, dressing, eating, toilet use, and personal hygiene.</p> <p>A review of Resident 2's physician orders indicated an order for Admelog, six (6) units (U-unit of measure) subcutaneously (SQ - situated or applied under the skin) before meals, hold if BS is below 100 mg/dl dated 6/4/2019.</p> <p>On 10/4/2023 at 8:06 a.m., during a concurrent interview and record review with Registered Nurse 2 (RN 2), Resident 2's MAR for 9/2023 was reviewed. RN 2 noted the following:</p> <p>a) On 9/7/2023 at 7:30 a.m., Resident 2's BS was 84 mg/dl. The licensed nurse documented that insulin was administered.</p> <p>b) On 9/7/2023 at 12 p.m., Resident 2's BS was 84 mg/dl. The licensed nurse documented that insulin was administered.</p> <p>c) On 9/15/2023 at 7:30 a.m., Resident 2's BS was 91 mg/dl. The licensed nurse documented that insulin was administered.</p> <p>d) On 9/17/2023 at 7:30 a.m., Resident 2's BS was 97 mg/dl. The licensed nurse documented that insulin was administered.</p> <p>e) On 9/22/2023 at 7:30 a.m., Resident 2's BS was 72 mg/dl. The licensed nurse documented that insulin was administered.</p> <p>f) On 9/29/2023 at 7:30 a.m., Resident 2's BS was 72 mg/dl. The licensed nurse documented</p>	F 760			

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F 760	Continued From page 54 that insulin was administered. RN 2 stated that Admelog should not have been administered to Resident 2 since the resident's BS was outside of the prescribed parameters. RN 2 stated that because Admelog can further drop Resident 2's BS, it can lead to unresponsiveness. On 10/5/2023 at 10:16 a.m., during an interview, the DON stated that medications are to be administered in accordance with physician's orders. The DON stated that if insulin is given when Resident 2's blood sugar is below the physician's prescribed parameters, then there is a risk for Resident 2's blood sugar to decrease even more, which can cause the resident to go into a coma. A review of the facility policy and procedure titled, "Medication Administration - General Guidelines," last reviewed 1/26/2023, indicated medications are administered in accordance with written orders of the attending physician.	F 760	F 761: Label/Store Drugs and Biologicals It is the practice of the facility to ensure that drugs and biologicals used in the facility must be labeled in accordance with the currently accepted professional principles, and include the appropriate accessory and cautionary instructions and expiration date when applicable. Immediate Corrective Action A 1:1 inservice was provided to the Licensed Nurse by the Director of Nursing (DON) on October 5, 2023 regarding the Storage of Medications: Security of the Cart Resident 314's medications were labeled accordingly on October 2, 2023 by the Licensed Nurse. Resident 71's medication was labeled accordingly on October 2, 2023 by the Licensed Nurse. Resident 25's medication was labeled accordingly on October 5, 2023 by the Licensed Nurse. Resident 8's medication was labeled accordingly on October 5, 2023 by the Licensed Nurse. Resident 20's medication was labeled accordingly on October 5, 2023 by the Licensed Nurse Residents At Risk A Medication Cart Audit was conducted by the Quality Assurance Nurse (QA) on October 6, 2023 on (6) Medication Carts on both Subacute and Skilled Units. Medications were	10/30/2023	
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	F 761			

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F 761	<p>Continued From page 55</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure one of six medication carts (Med Cart 5) was locked and secure and was under direct observation of authorized staff in an area where residents could access it. 2. Ensure one of five sampled residents' (Resident 314) fluticasone-salmeterol (medications to help relieve shortness of breath) and budesonide-formoterol fumarate dihydrate (medication that helps with breathing by decreasing the inflammation in the lungs) inhalers were labeled with an open date according to manufacture guidelines. 3. Ensure two of five sampled residents' (Resident 71 and 25) levetiracetam (medication to control seizures [burst of uncontrolled electrical activity between brain cells that causes temporary abnormalities in muscle tone or movements]) oral (by mouth) solution was labeled with an open date according to manufacture guidelines. 	F 761	<p>properly labeled with the appropriate "date open". No other residents were affected with the deficient practice.</p> <p>Corrective Action</p> <p>An inservice was provided by the Director of Nursing (DON) to the Licensed Nurses regarding Medication Storage and Labeling on October 10 and October 13, 2023. The inservice included a review of the policy on "Storage of Medications".</p> <p>Monitoring of Corrective Action</p> <p>The security of the Medication Carts will be monitored for compliance by the Clinical Nurse Managers and Team Managers during walking rounds daily at least 5X per week with findings reported to the Director of Nursing (DON)/Designee. Additionally, the medication storage and labeling will be monitored for compliance by the Licensed Nurses using the audit tool entitled "Medication Cart Audit" at least 2x weekly with findings reported to the Quality Assurance (QA) Nurse. The Quality Assurance Nurse will make the Director of Nursing/Designee aware of any audit findings which require additional training, education or action planning.</p> <p>The Director of Nursing (DON)/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 761	<p>Continued From page 56</p> <p>4. Ensure two of five sampled residents' (Resident 8 and 20) opened bottle of potassium chloride 10% liquid was labeled with an open date.</p> <p>These deficient practices had the potential to compromise the therapeutic effectiveness of the stored medications given to the residents and had the potential for residents or unauthorized personnel at risk of accessing the medications.</p> <p>Findings:</p> <p>1. During an observation on 10/2/2023 at 9:38 a.m., Med Cart 5 was observed unlocked. There were no licensed nurses observed in the area.</p> <p>During a concurrent observation and interview on 10/2/2023 at 9:40 a.m. with Licensed Vocational Nurse 1 (LVN 1), observed Med Cart 5 unlocked. LVN 1 was then observed locking Med Cart 5. LVN 1 stated that all medication carts should be locked if not in use and unsupervised.</p> <p>During an interview on 10/3/2023 at 9:52 a.m. with the Infection Preventionist Nurse (IPN), the IPN stated that all medication carts should be locked when unsupervised. The IPN stated if medication carts are left unlocked and unsupervised, the residents can access the medications.</p> <p>A review of facility's policy and procedure titled, "Storage of medications," reviewed on 1/26/2023, indicated that medications and biological are stored safely, securely and properly. It also indicated that the medication supply is accessible only to licensed nursing personnel, pharmacy</p>	F 761			

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F 761	<p>Continued From page 57</p> <p>personnel or staff members lawfully authorized to administered medications.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration-General Guidelines," reviewed on 1/26/2023, indicated that during administration of medications, the medication cart is kept closed and locked when out of sight of the medication nurse.</p> <p>2. A review of Resident 314's Admission Record indicated the facility originally admitted the resident on 5/16/2017 and readmitted on 9/13/2023 with diagnoses including pneumonitis (inflammation of the lungs), chronic respiratory failure (condition in which not enough oxygen passes from your lungs into your blood) and interstitial lung disease (lung disease that causes progressive scarring of the lung tissue that affects the ability to breath).</p> <p>A review of Resident 314's Minimum Data Set (MDS-standardized assessment and screening tool) dated 9/19/2023, indicated the resident had intact cognition (ability to think and make decisions).</p> <p>A review of Resident 314's Physician's Orders indicated an order for the following medications: Fluticasone-salmeterol 250-50 microgram/dose (mcg/dose- a unit of measurement) one puff inhale orally every 12 hours for interstitial pulmonary (refers to the lungs) disease, ordered 9/28/2023.</p> <p>Budonsonide-formoterol fumarate dihydrate inhalation aerosol 160-4.5 mcg/act, two puff inhale orally two times a day for interstitial lung disease, ordered 9/22/2023.</p>	F 761			

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F 761	<p>Continued From page 58</p> <p>During a concurrent observation and interview on 10/2/2023 at 10:25 a.m. with Registered Nurse 2 (RN 2), observed Medication Cart 2 (Med cart 2). RN 2 opened Med Cart 2 which had Resident 314's opened fluticasone-salmeterol and budesonide-formoterol fumarate dihydrate inhalers not labeled with an open date. RN 2 stated that it should be labeled with an open date once the medication is opened.</p> <p>A review of the fluticasone-salmeterol manufacturer's guidelines, indicated to throw away the medication in the trash one month after the foil pouch was opened.</p> <p>A review of the budesonide-formoterol fumarate dihydrate manufacturer's guidelines, indicated to throw away the inhaler three months after taking it out from the foil pouch.</p> <p>3a. A review of Resident 71's Admission Record indicated the facility originally admitted the resident on 3/20/2021 and readmitted on 5/14/2021, with diagnoses including hemorrhage of cerebrum (blood vessel that burst in the brain causing bleeding), dysphagia (difficulty swallowing), and hemiparesis (weakness of one side of the body) following stroke.</p> <p>A review of the Resident 71's MDS dated 8/31/2023, indicated the resident had a moderately impaired cognition.</p> <p>A review of the Resident 71's Physician's Order dated 9/21/2023, indicated an order for levetiracetam solution 100 milligram/milliliters (mg/ml- a unit of measurement), give 750 mg by mouth every 12 hours for seizure.</p>	F 761			

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F 761	<p>Continued From page 59</p> <p>During a concurrent observation and interview on 10/2/2023 at 10:30 a.m. with RN 2, observed Med Cart 2. RN 2 opened Med Cart 2 which had Resident 71's opened bottle of levetiracetam oral solution not labeled with an open date. RN 2 stated that the bottle should have been labeled with an open date.</p> <p>A review of the levetiracetam's manufacturer's guidelines indicated that after opening the bottle, the oral solution must be used within seven months.</p> <p>3b. A review of Resident 25's Admission Record indicated the facility admitted the resident on 6/10/2013 and re-admitted on 8/15/2023 with diagnoses that included epilepsy (brain disorder that causes recurring, unprovoked seizures).</p> <p>A review of Resident 25's MDS, dated 7/15/2023, indicated Resident 25 had severely impaired cognition with skills required for daily decision making. The MDS indicated Resident 25 required two-person total dependence with bed mobility, transfer, and toilet use.</p> <p>A review of Resident 25's Physician's Orders indicated an order for levetiracetam 100 mg/ml give 5 ml via gastrostomy tube (G-Tube, a tube inserted through the belly that brings nutrition and medications directly to the stomach) two times a day for seizures, ordered 9/3/2023.</p> <p>A review of Resident 25's Care Plan for altered neurological (relating to the nervous system [brain, spinal cord, and a complex network of nerves]) status initiated 4/4/2022, indicated a goal that the resident will be free of seizure activity through the review date. The care plan indicated to give seizure medication as ordered by the</p>	F 761			

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F 761	<p>Continued From page 60</p> <p>doctor.</p> <p>During a medication cart observation on 10/05/2023 at 8:05 a.m. with Licensed Vocational Nurse 5 (LVN 5), observed the contents of Medication Cart 1. Observed Resident 25's levetiracetam 100 mg/ml solution bottle not labeled with an open date. LVN 5 stated these bottles should have open dates documented on them. LVN 5 stated this was important so residents will not receive medications that have lost their effectiveness.</p> <p>A review of the levetiracetam's manufacturer's guidelines indicated that after opening the bottle, the oral solution must be used within seven months.</p> <p>4a. A review of Resident 8's Admission Record indicated the facility admitted the resident on 1/18/2008 and re-admitted on 8/22/2020 with diagnoses that included chronic kidney disease (a disease when the kidneys do not filter waste and excess fluid from the blood properly).</p> <p>A review of Resident 8's MDS, dated 7/15/2023, indicated Resident 8 was moderately impaired in cognition with skills required for daily decision making. The MDS indicated Resident 8 required one-person extensive assistance (resident involved in activity, staff provide weight-bearing support) with dressing, eating and personal hygiene.</p> <p>A review of Resident 8's Physician's Orders indicated an order for potassium chloride liquid 20 milliequivalents per 15 milliliters (mEq/ml, a unit of measure for liquids) - give 10 mEq by mouth one time a day for hypokalemia (low potassium</p>	F 761			

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F 761	<p>Continued From page 61</p> <p>levels which can result in muscle cramps and abnormal heart rate), dated 12/30/2022.</p> <p>A review of Resident 8's Care Plan for cardiovascular status (related to the heart), initiated 8/22/2020, indicated a goal that the resident will be free from cardiac problems through the review date. The care plan indicated an intervention to administer medications (which includes potassium).</p> <p>During a medication cart observation on 10/05/2023 at 8:05 a.m. with Licensed Vocational Nurse 5 (LVN 5), observed the contents of Medication Cart 1. Observed Resident 8's potassium chloride 10% liquid bottle not labeled with an open date. LVN 5 stated the bottle should have an open date documented on it. LVN 5 stated labeling was important so residents will not receive medications that have lost their effectiveness.</p> <p>4b. A review of Resident 20's Admission Record indicated the facility admitted the resident on 2/17/2015 and re-admitted on 3/18/2016 with diagnoses that included hypertension (high blood pressure).</p> <p>A review of Resident 20's MDS, dated 9/10/2023, indicated Resident 20 was severely impaired in cognition with skills required for daily decision making. The MDS indicated Resident 20 required two-person extensive assistance with dressing and personal hygiene.</p> <p>A review of Resident 20's Physician's Orders indicated an order for potassium chloride liquid 20 mEq/15 ml - give 10 mEq by mouth one time a day for Lasix (medication that helps reduce the</p>	F 761			

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F 761	<p>Continued From page 62</p> <p>amount of excess fluid in the body; one side effect is hypokalemia), dated 5/22/2022.</p> <p>A review of Resident 20's Care Plan for potential fluid and electrolyte (minerals in the blood that carry an electric charge and is important for fluid balances; potassium is an electrolyte) imbalance, initiated 2/22/2020 and last revised on 6/13/2023, indicated a goal that the resident's electrolytes will be within normal limits. The care plan indicated an order to administer potassium chloride per physician's orders.</p> <p>During a medication cart observation on 10/05/2023 at 8:05 a.m. with Licensed Vocational Nurse 5 (LVN 5), observed the contents of Medication Cart 1. Observed Resident 20's potassium chloride 10% liquid bottle not labeled with an open date. LVN 5 stated the bottle should have an open date documented on it. LVN 5 stated labeling was important so residents will not receive medications that have lost their effectiveness.</p> <p>During an interview on 10/05/2023 at 2:50 p.m., with the Director of Nurses (DON), the DON stated licensed nursing staff should write the opened date on the medication bottle. The DON stated this was important because licensed nurses would know when to discard the medication since the medication would lose its potency over time and would not be effective in the medication's intended purpose.</p> <p>A review of the facility's policy and procedure titled, "Medication Storage in the facility," reviewed on 1/26/2023, indicated, medications and biologicals are stored safely, securely and properly following manufacture's recommendation</p>	F 761			

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F 761	Continued From page 63 or those of the supplier.	F 761	F 842: Resident Records - Identifiable Information	10/30/2023	
F 842 SS=D	<p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§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.</p> <p>§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</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- (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</p>	F 842	<p>It is a policy of the facility to administer only ordered medications, supplements, and treatments to facility residents.</p> <p>Immediate Corrective Action</p> <p>Resident 11 did not have any adverse effects from the missed dose. Resident 35 has not had any adverse effects from the missed dose.</p> <p>A 1:1 in service was provided to the Licensed Nurse by the Director of Nursing (DON) on October 5, 2023 regarding Medication Administration - Documentation.</p> <p>Residents At Risk</p> <p>A Medication Cart Audit was conducted by the Quality Assurance Nurse (QA) on October 6, 2023 on (6) Medication Carts in both Sub-acute and Skilled Units with no missing prescribed medications. No other residents were affected with the deficient practice.</p> <p>Corrective Action</p> <p>An inservice was provided by the Director of Nursing (DON) to the Licensed Nurses regarding Medication Administration on October 10 and October 13, 2023. The inservice included a review of the policy on Medication Administration: General Guidelines" regarding medication administration and documentation of medications administered or not (for any</p>		

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F 842	<p>Continued From page 64</p> <p>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</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure only medications that were administered were documented in the Medication Administration Record (MAR-report that serves as a legal record of the drugs administered to a patient at a facility by a health care professional) for two of ten sampled residents (Residents 11 and 35) observed for medication administration.</p>	F 842	<p>reason).</p> <p>A Medication Pass Post Test was provided to the Licensed Nurses with a 100% pass rate.</p> <p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Medical Record Department/Designee utilizing our audit tool " Medication Administration Audit Report" daily at least 5X per week X 4 weeks then weekly thereafter with findings reported to the Director of Nursing (DON)/Designee. The DON/Designee will report the findings to the monthly Quality Assurance Performance Improvement (QAPI) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 842	<p>Continued From page 65</p> <p>This deficient practice resulted in residents' medical records that were not accurate and not in accordance with professional standards of practice.</p> <p>Findings:</p> <p>a. A review of Resident 11's Admission Record indicated the facility originally admitted the resident to the facility on 4/8/2008 and readmitted on 11/18/2014, with diagnoses that included type 2 diabetes mellitus (a chronic condition that affects the way the body processes blood sugar), other disorders of phosphorous (type of mineral) metabolism, and dysphagia (difficulty swallowing).</p> <p>A review of Resident 11's Minimum Data Set (MDS - a comprehensive assessment and care screening tool) dated 8/10/2023, indicated Resident 11's cognitive skills (cognition refers to conscious mental activities, and include thinking, reasoning, understanding, learning, and remembering) for daily decision-making was moderately impaired. The MDS also indicated the resident required extensive assistance from staff for bed mobility, dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A review of Resident 11's Physician's Orders indicated magnesium (type of mineral) chloride-calcium (types of minerals) (MgCl2- Ca) delayed release 64-106 milligram (mg- a unit of measurement) two tablets by mouth two times a day for low magnesium, dated 11/10/2021.</p> <p>b. A review of the Resident 35's Admission Record indicated the facility originally admitted the resident to the facility on 7/3/2019 and</p>			F 842			

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F 842	<p>Continued From page 66</p> <p>readmitted on 7/11/2019, with diagnoses that included heart failure (heart is not pumping as well as it should be), chronic obstructive pulmonary disease (a group of lung diseases that block airflow and make it difficult to breathe), and hyperlipidemia (condition in which there are high levels of lipids [fat particles] in the blood).</p> <p>A review of Resident 35's MDS dated 9/12/2023, indicated Resident 35's cognitive skills for daily decision-making was intact. The MDS also indicated the resident required extensive assistance from staff for bed mobility, dressing, eating, toilet use, personal hygiene, and bathing.</p> <p>A review of Resident 35's Physician's Orders dated 6/3/2022 included Vascepa (medication used to lower the risk of certain cardiovascular [relating to the heart and blood vessels] problems in adults with high triglyceride [type of fat] levels) capsule 0.5 gram (gm- a unit of measurement) give one capsule by mouth two times a day for hypertriglyceridemia (a high level of a certain type of triglycerides in the blood).</p> <p>During a concurrent medication pass observation and interview on 10/4/2023 at 04:20 PM, with Licensed Vocational Nurse 5 (LVN 5), LVN 5 held Resident 11's MgCl2-Ca delayed release 64-106 mg two tablets by mouth two times a day for low magnesium. LVN 5 stated that MgCl2- Ca is not available. During the continued medication observation, LVN5 prepared the 5:00 p.m. doses for Resident 35 and stated that the Vascepa 0.5 gm capsule one tablet by mouth daily bubble pack (a package that contains multiple sealed compartments with medication/s) is empty. LVN 5 stated that he would call the pharmacy to request for a refill of the Vascepa and MgCl2-Cal, which</p>	F 842			

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F 842	Continued From page 67 were not administered due to the medications not being available. During a concurrent interview and record review on 10/5/2023 at 9:12 a.m., with LVN 5, reviewed the MAR for Residents 11 and 35. The MAR indicated the following: - For Resident 11, MgCl2-Ca was documented in the MAR as administered on 10/4/2023 at 5:00 p.m. - For Resident 35, Vascepa was documented in the MAR as administered on 10/4/2023 at 5:00 p.m. LVN 5 stated that he did not give the MgCl2-Ca and Vascepa for Resident 11 and Resident 35 respectively. LVN 5 stated that it was a mistake that he charted the medications as given, although he stated he knew that it was not given. A review of the facility's policy and procedure titled, "Medication Administration- General Guidelines," last reviewed on 1/26/2023, indicated that "medications are administered in accordance with written orders of the attending physician ...medications are administered within 60 minutes of scheduled time, except before or after meal orders, which are administered based on mealtimes ...if a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than scheduled time, the space provided on the front of the MAR for that dosage administration is initialed and circled ..."	F 842			
F 880 SS=E	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	F 880			

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F 880	<p>Continued From page 68</p> <p>designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§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:</p> <p>§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;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the</p>	F 880	<p>F 880: Infection Prevention and Control</p> <p>It is the practice of the facility to establish and maintain an infection prevention and control program designed to promote a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>Immediate Corrective Action</p> <p>A 1:1 in service was provided by the Infection Preventionist (IP) to the Licensed Nurse on October 2, 2023 regarding "Hand Hygiene" after administering pain medication to resident 44. There is no reported infection on Resident 44.</p> <p>A 1:1 in service was provided by the Infection Preventionist (IP) to the Licensed Nurse on October 2, 2023 regarding "Hand Hygiene" after connecting Resident 34's gastrostomy tube. There is no reported infection on Resident 34.</p> <p>A 1:1 in service was provided by the Infection Preventionist (IP) to the Licensed Nurse on October 3, 2023 regarding "Hand Hygiene" after turning off the gastrostomy feeding pump of Resident 17.</p> <p>There is no reported infection on Resident 17. Health teaching was provided by the Infection Preventionist (IP) to the family member on October 4, 2023 regarding the importance of wearing the appropriate personal protective equipment (PPE) during visitation.</p>	10/30/2023	

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F 880	<p>Continued From page 69</p> <p>least restrictive possible for the resident under the circumstances.</p> <p>(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</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain infection control practices by failing to:</p> <ol style="list-style-type: none"> 1. Ensure hand hygiene (cleaning one's hands that substantially reduces potential pathogens [harmful microorganisms] on the hands) was done for two of two sampled residents (Resident 44 and 34). Hand hygiene was not performed after giving pain medication to Resident 44 and before preparing Resident 34's gastrostomy (GT-tube inserted through the belly that brings nutrition directly to the stomach) feeding. 2. Ensure hand hygiene was done for two of two 	F 880	<p>Residents At Risk</p> <p>A random " Hand Hygiene" observation was conducted by the Infection Preventionist (IP) on October 3, 2023 on different staff. There were no other observations found to have similar findings.</p> <p>On October 4, 2023, the IP performed rounds on resident isolation rooms and did not identify any visitors that were non-compliant with the donning of PPE.</p> <p>Corrective Action</p> <p>An outside Infection Control Consultant provided education and in service to the Infection Preventionist (IP), Director of Staff Development (DSD), Director of Nursing (DON) and facility staff on infection control guidelines specific to hand hygiene on October 12, 2023.</p> <p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Infection Preventionist/Director of Staff Development and/or Designee daily at least 5X per week during random rounds (spot checks) throughout the facility to ensure staff is exercising appropriate infection control procedures especially hand hygiene. Negative findings will be corrected immediately by the observer.</p> <p>Re -education will be provided to staff who are not correctly observing infection prevention/control practices.</p> <p>Furthermore, this will be monitored for</p>		

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F 880	<p>Continued From page 70</p> <p>sampled residents (Resident 17 and 40). Hand hygiene was not performed after turning off Resident 17's GT feeding pump and before preparing Resident 40's medications.</p> <p>3. Ensure Family Member (FM 1) was wearing a disposable gown and gloves before entering the room for one of one sampled residents (Resident 6), who was on contact isolation (used when a resident has an infectious disease that may be spread by touching either the resident or other resident care equipment).</p> <p>These deficient practices had the potential to result in the spread of diseases and infection.</p> <p>Findings:</p> <p>1. A review of Resident 34's Admission Record indicated the facility originally admitted the resident on 1/7/2015 and readmitted on 10/16/2020 with diagnoses including atrial fibrillation (irregular heart rate), gastrostomy, and type 2 diabetes mellitus (chronic condition that affects the way the body processes blood glucose [sugar]).</p> <p>A review of Resident 34's Minimum Data Set (MDS-standardized assessment and screening tool) dated 9/6/2023, indicated the resident had severely impaired cognition (ability to think and make decisions). The MDS also indicated that Resident 34 needed extensive assistance with staff for eating.</p> <p>A review of Resident 34's Physician's Orders dated 1/13/2023, indicated the resident had an order for gastrostomy tube feeding at 65 milliliter (unit of measurement) per hour (ml/hr) for 20</p>	F 880	<p>compliance by the facility staff during rounds of residents in isolation to ensure that visitors are wearing the appropriate personal protective equipment (PPE). Findings will be reported to the Infection Preventionist/Designee.</p> <p>The Infection Preventionist (IP) will report findings to the monthly QAPI (Quality Assurance Performance Improvement) for the next three months and follow QAPI's recommendations for continued compliance.</p>		

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F 880	<p>Continued From page 71</p> <p>hours to provide 1300 ml and 1560 calorie per day via GT.</p> <p>A review of Resident 44's Admission Record indicated the facility admitted the resident on 7/20/2023 with diagnoses including fracture (broken bone) of the right lower leg, multiple sclerosis (a disease in which the immune system eats away at the protective covering of nerves causing nerve damages that disrupts communication between brain and the body) and history of falling.</p> <p>A review of Resident 44's MDS dated 7/24/2023, indicated the resident had intact cognition.</p> <p>A review of Resident 44's Physician's Order dated 7/28/2023, indicated the resident had an order for Norco (used to relieve moderate to severe pain) oral tablet 10-325 milligrams (mg- a unit of measurement) give one tablet by mouth every six hours as needed for pain.</p> <p>During an observation on 10/2/2023 at 12:57 p.m., observed Licensed Vocational Nurse 2 (LVN 2) administering Resident 44's Norco inside the room. Observed LVN 2 leave Resident 44's room without performing hand hygiene and went in front of the Resident 34's room where the medication cart was.</p> <p>During a concurrent observation and interview on 10/2/2023 at 1:00 p.m., observed LVN 2 in front of Resident 34's room with the medication cart. LVN 2 stated that she was preparing Resident 34's GT feeding. LVN 2 was observed putting on a new pair of gloves and started priming (filling the tubing of the feed bag with the liquid nutrition that is going to be fed) the GT feeding inside</p>	F 880			

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F 880	<p>Continued From page 72</p> <p>Resident 34's room. LVN 2 connected the tube feeding to Resident 34. When asked if she needed to do hand hygiene before leaving Resident 44's room and before preparing the GT feeding for Resident 34, LVN 2 stated that she had to but forgot to do hand hygiene. LVN 2 stated that it is important to do hand hygiene after leaving a resident's room and before preparing the GT feeding.</p> <p>2. A review of Resident 17's Admission Record indicated the facility originally admitted the resident on 1/7/2011 and readmitted on 7/25/2017 with diagnoses including chronic respiratory failure (condition in which not enough oxygen passes from your lungs into your blood), tracheostomy (surgically created hole in your windpipe that provides an alternative airway for breathing), and gastrostomy.</p> <p>A review of Resident 17's MDS dated 7/11/2023, indicated resident had severely impaired cognition.</p> <p>A review of Resident 40's Admission Record indicated the facility originally admitted the resident on 5/20/2016 and readmitted on 11/14/2017 with diagnoses including chronic respiratory failure, tracheostomy, and gastrostomy.</p> <p>A review of Resident 40's MDS dated 7/25/2023, indicated the resident had intact cognition.</p> <p>During an observation on 10/3/2023 at 9:10 a.m., observed Licensed Vocational Nurse 1 (LVN 1) entering Resident 17's room and turn off the GT feeding pump. LVN 1 was observed leaving Resident 17's room without performing hand</p>	F 880			

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F 880	<p>Continued From page 73</p> <p>hygiene and went in front of Resident 40's room where the medication was. LVN 1 unlocked Medication Cart 5 and started preparing medications.</p> <p>During an interview on 10/3/2023 at 9:13 a.m., with LVN 1, LVN 1 stated that he was preparing the medication for Resident 40 and turned off the tube feeding for Resident 17. When asked if he did hand hygiene after leaving Resident 17's room and before preparing Resident 40's medication, LVN 1 stated that he did not use any hand sanitizer or wash his hands prior to preparing Resident 40's medication. LVN 1 stated that he was supposed to do hand hygiene after leaving Resident 17's room and before preparing Resident 40's medications.</p> <p>A review of the facility's policy and procedure titled, "Medication Administration," reviewed on 1/26/2023, indicated that the person administering medication adheres to good hand hygiene, which includes washing hands thoroughly before beginning a medication pass, prior to handling any medications, after coming into direct contact with a resident, and before and after administration given via enteral tubes (tubes used for GT feeding).</p> <p>A review of the facility's policy and procedure titled, "Hand Hygiene," reviewed on 1/26/2023, indicated it is the policy to promote an environment that minimizes the risk of transmission of bacteria between residents, staff and visitors. It also indicated that the facility uses alcohol-based sanitizing gels for hand sanitization in addition to hand washing with soap and water. It also indicates to decontaminate hands by washing with soap and water, and rinsing under running</p>	F 880			

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F 880	<p>Continued From page 74</p> <p>water: before having direct contact with patients, before donning gloves, after removing gloves, and before moving from a contaminated body site to a clean body site during patient care.</p> <p>3. A review of Resident 60's Admission Record indicated the facility originally admitted the resident on 10/13/2022 and was readmitted on 7/8/2023 with diagnoses including chronic respiratory failure, urinary tract infection (UTI- an infection in any part of the urinary system), tracheostomy and pseudomonas aerugosa (bacteria that causes infection and can spread to people).</p> <p>A review of Resident 60's MDS dated 7/16/2023, indicated resident had severely impaired cognition.</p> <p>A review of Resident 60's Physician's Orders dated 8/15/2023, indicated the resident had an order for contact isolation for Carbapenem Resistant Pseudomonas Aerugosa (CRPA-type of bacteria that can cause serious infections in the blood, lungs and other parts of the body that are typically resistant to most antibiotic [medication to treat infection]) of the sputum (thick mucus produced in the lungs).</p> <p>A review of Resident 60's urine culture (laboratory test that check for bacteria or other germs in a urine sample) result dated 7/31/2023, indicated Resident 60 was positive for CRPA organism in sputum.</p> <p>A review of Resident 60's Care Plan dated 8/4/2023, indicated the resident has CRPA in the sputum. One of the interventions was to instruct family/visitors and caregivers to wear disposable</p>	F 880			

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F 880	<p>Continued From page 75</p> <p>gown and gloves during physical contact with resident and discard in appropriate receptable and wash hands before leaving.</p> <p>During an observation on 10/4/2023 at 10:58 a.m., observed Family Member 1 (FM 1) inside Resident 60's contact isolation room. Observed a sign posted at the door for contact isolation.</p> <p>During a concurrent observation and interview on 10/4/2023 at 11:02 a.m. with Registered Nurse 1 (RN 1), observed FM 1 inside Resident 60's room with no disposable gowns and gloves. RN 1 immediately told FM 1 to wear a disposable gown and gloves before entering Resident 60's room. RN 1 stated that all visitors entering a contact isolation room should wear gowns and gloves while inside the resident's room.</p> <p>During an interview on 10/4/2023 at 11:03 a.m., FM 1 stated that he was not aware he needed to wear a disposable gown and gloves before entering Resident 60's room.</p> <p>During an interview on 10/4/2023 at 1:30 p.m., with the Infection Preventionist Nurse (IPN), the IPN stated that all family and visitors entering a contact isolation room should wear gowns and gloves. The IPN stated that the receptionist in the front desk should be educating all the family and visitors regarding the necessary personal protective equipment (PPE-equipment worn to prevent or minimize exposure from infection) needed in contact isolation room. The IPN also stated that the staff should also educate family and visitors regarding the need for PPE use while inside a contact isolation room.</p> <p>A review of the facility's policy and procedure</p>	F 880			

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F 880	Continued From page 76 titled, "Transmission Based Precaution," reviewed on 1/26/20223, indicated that it is the policy of the facility to use transmission-based precautions (TBP- used to help stop the spread of germs from one person to another) when caring for patients/residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. It also indicated that contact precautions shall be implemented for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident care items in the resident's environment.	F 880	F 881: Antibiotic Stewardship Program It is the practice of the facility to establish an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. Immediate Corrective Action Resident 43's Infection Control Surveillance was completed by the Infection Preventionist (IP) on October 6, 2023. Resident 43 completed the antibiotic therapy with no adverse effects. Resident 47's Infection Control Surveillance was completed by the Infection Preventionist (IP) on October 6, 2023. Resident 47 completed the antibiotic therapy with no adverse effects. Resident 76's Infection Control Surveillance was completed by the Infection Preventionist (IP) on October 6, 2023. Resident 76 completed the antibiotic therapy with no adverse effects. Resident 87's Infection Control Surveillance was completed by the Infection Preventionist (IP) on October 6, 2023. Resident 87 completed the antibiotic therapy with no adverse effects. Resident At Risk On October 9, 2023, the Infection Preventionist reviewed the residents on antibiotic therapy for the month of October. Residents on antibiotic therapy have their Infection Control Surveillance filled out and completed. No other resident was found affected with the deficient practice.	10/30/2023	
F 881 SS=E	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §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)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement its antibiotic stewardship (actions designed to use antibiotic [medications that fight bacterial infections] medications effectively while reducing the possibility of being prescribed an unnecessary medication) program by failing to conduct infection surveillance and complete the infection control reporting form once signs and symptoms of infection were identified and antibiotics were initiated for four of five	F 881			

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F 881	<p>Continued From page 77</p> <p>sampled residents (Residents 43, 47, 76, 87).</p> <p>This deficient practice had the potential for Residents 43, 47, 76 and 87 to develop antibiotic resistance (not effective to treat infection) from unnecessary or inappropriate antibiotic use for future infections.</p> <p>Findings:</p> <p>a. A review of Resident 43's Admission Record indicated the facility admitted the resident on 2/3/2017 with diagnoses including chronic respiratory failure (condition in which not enough oxygen passes from your lungs into your blood), tracheostomy (surgically created hole in your windpipe that provides an alternative airway for breathing) and urinary tract infection (UTI- an infection in any part of the urinary system).</p> <p>A review of Resident 43's Minimum Data Set (MDS-standardized assessment and screening tool) dated 7/10/2023, indicated resident had moderately impaired cognition (ability to think and make decisions).</p> <p>A review of Resident 43's Physician's Order dated 9/15/2023, indicated an order for cefepime (antibiotic) hydrochloride (HCL) one gram (gm- a unit of measurement) intravenously (IV-given via the vein) one time a day for UTI.</p> <p>A review of Resident 43's Lab Results Report with a collected date of 9/15/2023 and reported date of 9/19/2023, indicated Resident 43's urine culture (lab test to check for bacteria or other germs in a urine sample) test results indicated the resident had klebsiella pneumonia (bacteria that causes infection) and was resistant to</p>	F 881	<p>Corrective Action</p> <p>An inservice was provided by an outside Infection Control Consultant to the Infection Preventionist (IP) and the nursing staff on October 12, 2023 regarding Antibiotic Stewardship program.</p> <p>Additionally, the Infection Preventionist (IP) provided an inservice to the licensed nurses on the Revised McGeer Criteria for Infection Surveillance Checklist on October 20, 2023.</p> <p>Monitoring of Corrective Action</p> <p>This will be monitored for compliance by the Infection Preventionist (IP) daily at least 3X/week during Clinical Meeting. Furthermore, this will be monitored for compliance by the Medical Record Department/Designee using the audit tool "Order Listing Report" at least 3X per week to ensure that the Infection Surveillance checklist is filled out and completed with each antibiotic therapy with findings reported to the Infection Preventionist (IP).</p> <p>The Infection Preventionist (IP) will report findings, antibiotic statistics and antibiotic stewardship efforts as part of the facility's Infection Control Committee Meeting standing agenda.</p> <p>Additionally, the Infection Preventionist (IP) will summarize antibiotic stewardship efforts and present them to the monthly Quality Assurance Performance Improvement Committee and follows QAPI's recommendation for continued compliance.</p>		

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F 881	<p>Continued From page 78</p> <p>cefepime antibiotic.</p> <p>A review of Resident 43's Physician's Order dated 9/19/2023, indicated an order for ertapenem sodium (antibiotic), one gram intravenously one time a day for seven days.</p> <p>A review of Resident 43's Surveillance Data Collection form (a form to monitor signs and symptoms [s/s] for infections) for UTI for resident without an indwelling catheter (catheter inserted into the bladder to drain urine) dated 9/15/2023, indicated Resident 43 had a temperature of 97.5 Fahrenheit (?), pulse (heart rate- normal 60-100 beats per minute) was 66 beats per minute, and respiration of 18 (normal respirations 12-20 breaths per minute). It also indicated that there was no check mark on any of the criteria for the antibiotic.</p> <p>A review of Resident 43's Surveillance Data Collection form for UTI for resident without an indwelling catheter dated 9/19/2023, indicated Resident 43 had a temperature of 97.8 ?, pulse was 73, and respiration was 18. It also indicated that there was no check mark on any of the criteria for the antibiotic.</p> <p>During a concurrent interview and record review on 10/3/2023 at 10:41 a.m., with the Infection Preventionist Nurse (IPN), reviewed Resident 43's Physician's Orders for the month of 9/2023 and the Surveillance Data Collection form dated 9/15/2023 and 9/19/2023. The IPN stated that the Surveillance Data Collection form was not filled out completely for both of the antibiotics. The IPN stated that the Surveillance Data Collection form should have been filled out for antibiotics ordered. The IPN stated that if the resident was</p>	F 881			

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F 881	<p>Continued From page 79</p> <p>asymptomatic (having no symptoms), the doctor should have been notified and should have been documented in the progress notes.</p> <p>b. A review of Resident 47's Admission Record indicated the facility originally admitted the resident on 9/21/2020, with diagnoses including chronic respiratory failure, tracheostomy, and atrial fibrillation (irregular heart rate).</p> <p>A review of Resident 47's MDS dated 9/16/2023, indicated resident had severely impaired cognition.</p> <p>A review of Resident 47's Physician's Order dated 9/15/2023, indicated the resident had an order for cefepime HCL intravenous solution one gram, intravenously one time a day for UTI for seven days.</p> <p>A review of Resident 47's urinalysis (UA-urine test) collected on 9/14/2023 and reported on 9/15/2023, indicated resident had cloudy urine.</p> <p>A review of Resident 47's urine culture test results, collected on 9/14/2023 and reported on 9/19/2023, indicated resident had escherichia coli (E. Coli- common bacteria that causes UTI) in the urine.</p> <p>A review of Resident 47's Surveillance Data Collection form for a resident without an indwelling catheter dated 9/15/2023, indicated resident had an antibiotic treatment for UTI.</p> <p>During a concurrent interview and record review on 10/3/2023 at 10:41 a.m., with the IPN, reviewed Resident 47's UA, urine culture, antibiotic order, and Surveillance Data Collection</p>	F 881			

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F 881	<p>Continued From page 80</p> <p>form dated 9/15/2023. The IPN stated that on 9/15/2023, the doctor ordered cefepime antibiotic for Resident 47's UTI. The IPN also stated that the Surveillance Data Collection form for UTI, was not filled out by the licensed nurse. The IPN stated that when the licensed nurse received an order for any antibiotic, the Surveillance Data Collection form will need to be filled out and check if the resident meets the criteria for antibiotic. The IPN stated that for UTI, both criteria of the Surveillance Data Collection form must be present. The IPN stated that according to Surveillance Data Collection form, Resident 47 did not have any of the first criteria. The IPN stated that the physician should have been notified that Resident 47 did not meet the criteria for the antibiotic. The IPN stated there was no documentation that the doctor was notified.</p> <p>c. A review of Resident 76's Admission Record indicated the facility admitted the resident on 11/23/2022 and readmitted on 8/30/2023 with diagnoses including chronic respiratory failure, tracheostomy, and resistance to antibiotic.</p> <p>A review of Resident 76's MDS dated 8/22/2023, indicated resident had severely impaired cognition.</p> <p>A review of Resident 76's Physician's Order dated 9/21/2023, indicated an order for macrodantin (antibiotic) capsule 100 milligrams (mg- a unit of measurement), one capsule via gastrostomy tube (GT-tube inserted through the belly that brings nutrition directly to the stomach) give one dose now and then two times a day for UTI.</p> <p>A review of Resident 76's Surveillance Data Collection form for UTI for resident with an</p>	F 881			

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NAME OF PROVIDER OR SUPPLIER TOPANGA TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 22125 ROSCOE BLVD CANOGA PARK, CA 91304		
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F 881	<p>Continued From page 81</p> <p>indwelling catheter dated 9/21/2023, indicated that the resident's urinary catheter specimen culture with at least 10 colony forming unit (cfu- a unit of measurement)/milliliter (mL- a unit of measurement) of any organism criteria was marked with a check.</p> <p>During a concurrent interview and record review on 10/3/2023 at 10:41 a.m., with the IPN, reviewed Resident 76's Physician's Orders for the month of 9/2023 and the Surveillance Data Collection form dated 9/21/2023. The IPN stated that Resident 76 did not meet the criteria because only one of two criteria were met. The IPN stated that Resident 76 did not meet criteria one because the resident did not have at least one of the sign or symptoms of a UTI.</p> <p>During an interview on 10/3/2023 at 10:50 a.m., with the IPN, the IPN stated that according to their antibiotic stewardship, when the resident had an order for any kind of antibiotic, the Surveillance Data Collection form specific for the infection, should be filled out by the licensed nurse as soon as possible. The IPN stated that the resident will need to meet all of the criteria for infection. The IPN also stated that if the criteria was not met, the licensed nurse should call the physician. The IPN stated if the physician still insisted to continue with the antibiotic, then they would have to document in the progress notes. The IPN stated that the risk of not following the antibiotic stewardship program would place residents at risk for unnecessary medications and antibiotic resistance.</p> <p>A review of the facility's policy and procedure titled, "Antibiotic Stewardship," reviewed 1/26/2023, indicated the facility implements an</p>	F 881			

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F 881	<p>Continued From page 82</p> <p>Antibiotic Stewardship Program (ASP) to optimize antimicrobial therapy use by promoting optimal selection, dosage, and duration of antimicrobial treatment that results in the best clinical outcome for the treatment or prevention of infection, with minimal toxicity to the patient and minimal impact on subsequent resistance ... The ASP will monitor compliance with evidence-based guidelines or best practices regarding antimicrobial prescribing.</p> <p>d. A review of Resident 87's Admission Record indicated the facility admitted the resident on 1/16/2023 and re-admitted on 8/17/2023 with diagnoses that included chronic respiratory failure with hypoxia (low levels of oxygen in your body tissues), acute lower respiratory infection (lung infection), and required the use of a ventilator (a machine to help one to breathe who would otherwise not be able to breathe on their own).</p> <p>A review of Resident 87's MDS dated 7/23/2023, indicated Resident 87 was severely impaired in cognition with skills required for daily decision making. The MDS indicated Resident 87 required two-person total dependence (full staff performance every time) with transfer, dressing, toilet use, and personal hygiene.</p> <p>A review of Resident 87's Laboratory (Lab) Results, dated 9/17/2023, indicated Resident 87 was positive for extended spectrum beta-lactamase bacteria (ESBL, found in some strains of bacteria and can't be killed by many of the antibiotics, making it more difficult to treat) in a sputum (a mixture of saliva and mucus coughed up from the respiratory tract) culture taken.</p> <p>A review of Resident 87's Lab Results, dated 9/18/2023, indicated Resident 87's white blood</p>	F 881			

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F 881	<p>Continued From page 83</p> <p>cell (WBC, blood cells that protect the body from infection) count was 7,070 white blood cells per microliter (or 7.07 x 10⁹/L, normal reference range is 4,500 to 11,000 WBCs per microliter (4.5 to 11.0 x 10⁹ /L).</p> <p>A review of Resident 87's Radiology Results (x-ray results), dated 9/25/2023, indicated Resident 87 had bacterial pneumonia (lung infection caused by bacteria in which one sometimes exhibits increased heart rate, low blood pressure, increased respirations, and fever).</p> <p>A review of Resident 87's Physician's Order indicated an order for ertapenem (an antibiotic to treat lung infections) one gram intravenously, one time a day for lung infection for 10 days, dated 9/21/2023.</p> <p>A review of Resident 87's Surveillance Data Collection Form, dated 9/21/2023, indicated Resident 87 had a lung infection due to a presence of ESBL > 100,000 to the sputum. The form indicated Resident 87 was started on ertapenem 1 gram by intravenous route for 10 days on 9/21/2023. The form indicated Resident 87 had a temperature of 97.60 Fahrenheit (o F, a unit of measure for temperature, normal reference range is 97 - 99o F). The form indicated Resident 87 had a heart rate of 76 beats per minute.</p> <p>A review of Resident 87's resolved (completed) Care Plan for Antibiotic Therapy, initiated 9/21/2023, indicated Resident 87 was started on ertapenem one gram intravenously daily for 10 days for lung infection. The care plan indicated Resident 87's condition will show evidence of</p>	F 881			

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F 881	<p>Continued From page 84</p> <p>responding to antibiotic therapy. The care plan indicated an intervention to administer antibiotic medication as ordered by the physician.</p> <p>During a concurrent interview and record review with the Infection Prevention Nurse (IPN) on 10/05/2023 at 1:27 p.m., reviewed a blank Surveillance Data Collection Form for Respiratory Tract Infections. The IPN stated the facility follows the McGeer's criteria (certain s/s of infection that are recommended be present to establish a true infection and prescribe an antibiotic medication; this is to ensure one does not receive an unnecessary medication) as part of their infection surveillance program. The IPN stated that form should be filled out by the licensed nursing staff and reviewed by her when a resident has a respiratory infection. The form indicated to see Table 2 to check for further criteria. When asked where Table 2 is located, the IPN was unable to locate the paper that indicated the contents of Table 2. Reviewed Resident 87's Vital Signs (clinical measurements such as heart rate, temperature, respiration rate, and blood pressure, that indicate the state of a patient's essential body functions) between the dates 9/19/2023 and 9/25/2023. The IPN stated there we no abnormal vital signs such as low blood pressure, high heart rate, high respirations, or abnormal oxygen saturation (how much oxygen is in the blood). The IPN stated she should have completed a Surveillance Data Collection Form for Respiratory Tract Infections for Resident 87 to ensure the McGeer's criteria have been met for the need for receiving an antibiotic. The IPN stated if she had completed the form and it did not meet the criteria for the antibiotic, she could have called Resident 87's physician to see if he still wanted to prescribe the</p>	F 881			

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F 881	Continued From page 85 antibiotic. The IPN stated Resident 87 had the potential to be prescribed an unnecessary medication that could cause antibiotic resistance to future infections. During an interview on 10/05/2023 at 2:50 p.m., with the Director of Nurses (DON), the DON stated the IPN conducts the antibiotic stewardship program. The DON stated the IPN should have completed a Surveillance Data Collection Form for Respiratory Tract Infections which would determine if the McGeer's Criteria is being followed for the antibiotic medication. The DON stated, if a resident does not meet the McGeer's criteria then a resident's doctor would be notified to determine whether he still wanted to prescribe the antibiotic or not. The DON stated the importance of following these steps is so the medication is not prescribed unnecessarily and not be effective in treating future bacterial infections. A review of the facility's policy and procedure titled, "Antibiotic Stewardship," reviewed 1/26/2023, indicated the facility implements an Antibiotic Stewardship Program (ASP) to optimize antimicrobial therapy use by promoting optimal selection, dosage, and duration of antimicrobial treatment that results in the best clinical outcome for the treatment or prevention of infection, with minimal toxicity to the patient and minimal impact on subsequent resistance ... The ASP will monitor compliance with evidence-based guidelines or best practices regarding antimicrobial prescribing.	F 881	F 883: Influenza and Pneumococcal Immunizations It is the practice of the facility to ensure that policies and procedures are developed to ensure that residents' are offered influenza immunization and pneumonia immunization; and that resident's representatives receive education regarding the benefits and potential side effects on the immunization. Immediate Corrective Action Resident 34 received the pneumococcal vaccine on October 4, 2023 with consent from the responsible party. No reported adverse effects. Residents At Risk The Infection Preventionist made a random chart review on (10) residents on October 9, 2023. No other resident was affected by the deficiency. Corrective Action An inservice was provided by an outside Infection Control Consultant to the Infection Preventionist (IP) regarding Immunization on October 12, 2023. This in service included the updated CDC Guidelines on "Pneumococcal Vaccine Timing for Adults". Monitoring of Corrective Action This will be monitored for compliance by the Director of Nursing (DON) /Designee using the audit tool "Immunization Report" twice weekly for the next four weeks then weekly thereafter.	10/30/2023	
F 883 SS=D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal	F 883			

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F 883	<p>Continued From page 86</p> <p>immunizations</p> <p>§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period;</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and</p> <p>(B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.</p> <p>§483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that-</p> <p>(i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;</p> <p>(ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized;</p>	F 883	The DON/Designee will provide a summary of the immunization audit results to the monthly QAPI (Quality Assurance Performance Improvement) for the next three months and follow QAPI's recommendations for continued compliance.		

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F 883	<p>Continued From page 87</p> <p>(iii) The resident or the resident's representative has the opportunity to refuse immunization; and</p> <p>(iv) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and</p> <p>(B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure there was documented evidence that the pneumococcal vaccine (prevents infection from pneumonia [infection that infects one of both lungs]) was offered to one of five sampled residents (Resident 34).</p> <p>This deficient practice placed Resident 34 at a higher risk of acquiring and transmitting pneumonia to other residents in the facility.</p> <p>Findings:</p> <p>A review of Resident 34's Admission Record indicated the facility originally admitted the resident on 1/7/2015 and readmitted on 10/16/2020 with diagnoses including atrial fibrillation (irregular heart rate), gastrostomy (GT-tube inserted through the belly that brings nutrition directly to the stomach) and type 2 diabetes mellitus (chronic condition that affects the way the body processes blood sugar).</p> <p>A review of Resident 34's Minimum Data Set</p>	F 883			

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F 883	<p>Continued From page 88</p> <p>(MDS-standardized assessment and screening tool) dated 9/6/2023, indicated resident had severely impaired cognition (ability to think and make decisions).</p> <p>A review of Resident 34's Immunization Record indicated Resident 34 had the pneumococcal vaccine on 2/11/2015.</p> <p>During a concurrent interview and record review on 10/3/2023 at 10:22 a.m. with the Infection Preventionist Nurse (IPN), reviewed Resident 34's Immunization Record. The IPN stated that Resident 34 had the pneumococcal vaccine on 2/11/2015. The IPN also indicated that Resident 34 was admitted on 10/16/2020. The IPN stated that there was no record of what kind of pneumococcal vaccine Resident 34 had. The IPN stated that the pneumococcal vaccine needs to be verified during admission to make sure that the resident had the vaccination. The IPN also stated that Resident 34 should have been offered another pneumococcal vaccine every five years. The IPN stated that there was no documented evidence Resident 34 or Resident 34's resident representative (RP) was offered the pneumococcal vaccine since admission.</p> <p>A review of the facility's policy and procedure titled, "Influenza and Pneumococcal Vaccine Administration," reviewed on 1/26/2023, indicated it is the policy of the facility to offer and provide influenza and pneumococcal vaccinations to residents in accordance with the Centers for Disease Control and Prevention (CDC) recommendations and physician orders.</p> <p>A review of the CDC guidance for pneumococcal vaccine titled, "Pneumococcal Vaccination:</p>	F 883			

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F 883	Continued From page 89 Summary of Who and When to Vaccinate," last reviewed 12/13/2023, indicated that adults who have never received a pneumococcal conjugate vaccine should receive PCV15 (type of pneumococcal vaccine) or PCV20 (type of pneumococcal vaccine) if they are 65 years and older and are 19 through 64 years old and have certain medical conditions or other risk factors. If PCV15 is used, it should be followed by a dose of PPSV23 (type of pneumococcal vaccine). Adults who received an earlier pneumococcal conjugate vaccine (PCV13 or PCV7 [types of pneumococcal vaccine]) should talk with a vaccine provider to learn about available options to complete their pneumococcal vaccine series. Adults 65 years or older have the option to get PCV20 if they have already received PCV13 (type of pneumococcal vaccine) (but not PCV15 or PCV20) at any age and PPSV23 at or after the age of 65 years old.	F 883			