

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>345155</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/22/2021</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPINE HEALTH AND REHABILITATION OF ASHEBORO</b> |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>230 EAST PRESNELL STREET</b><br><b>ASHEBORO, NC 27203</b>           |   |
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| E 000   | Initial Comments   | E 000   |   |   |
| F 000   | <p>An unannounced recertification survey was conducted 4/19/21 through 4/22/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# GOPI11.</p> <p>INITIAL COMMENTS</p> <p>A recertification and complaint investigation survey was conducted from 04/19/21 through 04/22/21. Event ID# GOPI11. 7 of the 23 complaint allegations were substantiated resulting in deficiencies.</p>  | F 000   |   |   |
| F 561<br>SS=D   | <p>Self-Determination<br/>CFR(s): 483.10(f)(1)-(3)(8)</p> <p>§483.10(f) Self-determination.<br/>The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> | F 561   |   | 5/18/21   |

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

TITLE

(X6) DATE

Electronically Signed

05/07/2021

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 561   | <p>Continued From page 1</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, observations, and interviews with resident and staff, the facility failed to honor a resident's choice related to showers. This was for 1 of 3 residents reviewed for choices (Resident #16).</p> <p>The findings included:</p> <p>Resident #16 was originally admitted to the facility on 8/9/19 with a recent readmission date of 3/20/21. His diagnoses included chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and type 2 diabetes.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/5/21 indicated Resident #16 was cognitively intact and had no rejection of care. He required extensive assistance for dressing, toileting and personal hygiene and was dependent on staff for bathing.</p> <p>The review of Resident #16's active care plan, last reviewed on 1/27/21, revealed a focus area for Activities of Daily Living (ADL) self-care performance deficit related to right and left below the knee amputations, diagnosis of anemia, COPD, diabetes and a history of a stroke. The interventions included the resident can participate in part to total assist by 1 staff in bathing.</p> | F 561   | <p>Preparation and/or execution of this Plan of Correction does not constitute admission by the provider of the truth of facts alleged or the conclusions set forth in the statement of deficiencies. This Plan of Correction is prepared because it is required by the provision of the Federal &amp; State Law.</p> <p>F561 Self-Determination CFR(s):<br/>483.10(f)(1)-(3)(8):</p> <p>Resident #16 met with the facility Unit Manager to discuss his preferred shower day and time. The nurse updated the shower schedule to comply with the resident's preference. This was completed on 5/3/21.</p> <p>The facility unit managers met with all other residents to ensure their scheduled shower times were in accordance with their preferences. Any preference changes will be noted on the audit and corrected on the shower schedule at the time of the audit. This was completed on 5/5/21.</p> <p>All licensed nurses and certified nursing assistants were inserviced on the new shower schedule. All licensed nurses and</p> |                      |   |

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| F 561   | <p>Continued From page 2</p> <p>A review of Resident #16's medical record revealed he was hospitalized from 3/15/21 through 3/20/21. Scheduled showers were on Monday and Thursday on the 3:00 PM to 11:00 PM sift (2nd shift).</p> <p>A review of the nursing progress notes from 11/1/2020 through 4/21/21 revealed Resident #16 refused a shower on 3/24/21 and 3/31/21 and was provided a bed bath.</p> <p>A review of Resident #16's Nursing Assistant (NA) bathing/shower documentation from 3/24/21 through 4/21/21 indicated Resident #16 had received bed baths in place of showers on his scheduled shower days of Monday and Thursday.</p> <p>An interview was completed with Resident #16 on 4/21/21 at 9:10 AM, who stated he would like to have a shower and shampoo on his scheduled shower days. Resident #16 explained he had been receiving bed baths and shampoos with a cap which left his hair greasy and his scalp flaky and itchy on his scheduled shower days and was told there wasn't enough staff when he inquired about a shower.</p> <p>On 4/21/21 at 1:40 PM, an interview occurred with Nurse Aide (NA) #3 who worked the 7:00 AM to 3:00 PM shift. She explained all residents were scheduled for showers 2 times a week with nail care, shaving and shampoos also rendered. She went onto say if a resident refused their scheduled shower the nurse would be notified so it could be documented in the medical record. NA #3 further stated there was enough staff to provide the necessary care to the residents.</p> <p>The Director of Nursing (DON) was interviewed</p> | F 561   | <p>certified nursing assistants were also inserviced on what to do if a resident refuses a shower. The inservice was conducted by the Staff Development Coordinator (SDC) and Unit Managers. This will be completed by 5/12/21. All newly hired nurses and certified nursing assistants will be inserviced as a part of orientation before they work their first shift by the Staff Development Coordinator(SDC).</p> <p>An audit tool was created to audit resident shower completion. This audit tool will be used to audit 10 random resident showers daily, 5 X a week for 4 weeks, then 10 random residents weekly X 4 weeks. The audit tool will be completed by the Unit Manager, Staff Development Nurse, and/or Director of Nursing. Audits will begin on 5/12/21.</p> <p>All audits will be presented to the Quality Assurance Performance Improvement (QAPI)committee to determine the effectiveness and duration of the plan of corrections and audits. The Director of Nursing will present this information to the Quality Assurance Performance Improvement (QAPI) committee.</p> |                      |   |

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| F 561   | Continued From page 3<br>on 4/21/21 at 3:26 PM and stated it was her expectation for showers to be provided on the scheduled days per the resident's choice. She further stated if a bed bath was provided rather than a shower the NA's documentation should indicate which was provided and the nurse should be made aware so documentation would occur in the electronic medical record as to the reason why.<br><br>A phone interview occurred with NA #4 on 4/22/21 at 8:45 AM, who was familiar with Resident #16 and worked the 3:00 PM to 11:00 PM shift. She couldn't recall Resident #16 refusing a bath when offered. Resident #16's shower/bath documentation was reviewed and indicated NA #4 was assigned to the resident on 4/1/21, a scheduled shower day. She further stated Resident #16 had been receiving a bed bath on his scheduled shower days because he had been sick.<br><br>On 4/22/21 at 9:05 AM, an interview occurred with NA #5, who was familiar with Resident #16 and stated she worked 7:00 AM to 7:00 PM most days. NA #5 explained Resident #16 enjoyed his showers and she could not recall him refusing a shower when offered. Resident #16's shower/bath documentation was reviewed and indicated NA #5 was assigned to the resident on 4/8/21, 4/12/21 and 4/15/21, scheduled shower days. NA #5 stated Resident #16 had been in the hospital recently and when things got busy, she would just make sure he had a complete bed bath instead of his scheduled shower. | F 561   |   |                      |   |
| F 641<br>SS=D   | Accuracy of Assessments<br>CFR(s): 483.20(g)  | F 641   |   | 5/18/21              |   |

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| F 641   | <p>Continued From page 4</p> <p>§483.20(g) Accuracy of Assessments.<br/>The assessment must accurately reflect the resident's status.<br/>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to code the Minimum Data Set (MDS) assessments accurately in the areas of prognosis (Resident #85), tobacco use (Resident #1), medications (Resident #83), cognition (Resident #25), and oxygen therapy (Resident #59) for 5 of 26 sampled residents.</p> <p>The findings included:</p> <p>1. Resident #85 was most recently readmitted to the facility on 3/1/19 with diagnoses that included cerebral infarction, diabetes mellitus type 2, and adult failure to thrive.</p> <p>The annual Minimum Data Set (MDS) assessment dated 3/11/21 indicated Resident #85's cognition was moderately impaired. He was on hospice services. The MDS assessment indicated Resident #85 had no condition or chronic disease that could result in a life expectancy of less than 6 months.</p> <p>An interview was conducted with MDS Nurse #1 on 4/22/21 at 8:35 AM. She confirmed that she completed the section of Resident #85's 3/11/21 MDS assessment in the area of prognosis. She additionally confirmed that Resident #85 was on hospice services at the time of that MDS assessment. MDS Nurse #1 reported that she was not aware that if a resident was on hospice that they also needed to be coded as having a life expectancy of less than 6 months. She indicated the 3/11/21 MDS assessment for Resident #85</p> | F 641   | <p>F641 Accuracy of Assessments CFR(s): 483.20(g):</p> <p>Resident's Minimum Data Set (MDS) for residents #85, #1, #83, #25, and #59 were modified, corrected, and submitted on 5/3/21 by the Minimum Data Set (MDS) coordinator and nurse consultant.</p> <p>An audit was conducted on the last submitted MDS assessment to ensure accurate coding in areas of prognosis, tobacco use, medications, cognition, and oxygen therapy for all residents on 5/10/21. This will be completed by the Nurse Consultant and MDS coordinators.</p> <p>The MDS nurses will be inserviced on MDS coding accuracy on 5/5/21 by the Nurse Consultant.</p> <p>An audit tool has been created to audit accuracy of MDS assessments in areas of prognosis, tobacco use, medications, cognition, and oxygen therapy. All assessments that are completed will be audited for the next 4 weeks. The audit will be conducted by the nurse consultant prior to submission of the assessment to ensure accuracy in those MDS areas. The audit will begin on 5/11/21.</p> <p>All audits will be presented to the Quality Assurance Performance Improvement</p> |                      |   |

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| F 641   | <p>Continued From page 5</p> <p>was coded inaccurately for prognosis.</p> <p>During an interview with the Director of Nursing on 4/22/21 at 11:20 AM she indicated that she expected the MDS to be coded accurately.</p> <p>2. Resident #83 was most recently readmitted to the facility on 12/30/20 with diagnoses that included diabetes mellitus type 2.</p> <p>A physician ' s order for Resident #83 dated 12/13/20 indicated Trulicity Solution Pen-injector (a medication designed to help the body release insulin) 0.75 milligrams/0.5 milliliter injected subcutaneously every Monday for diabetes mellitus.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 3/16/21 indicated Resident #83 ' s cognition was severely impaired. He was coded with 1 injection and 1 insulin injection during the 7 day MDS look back period.</p> <p>A review of Resident #83 ' s Medication Administration Record (MAR) for the 7 day review of period of the 3/16/21 MDS (3/10/21 through 3/16/21) revealed no insulin injections were administered to Resident #83. Resident #83 had received 1 Trulicity injection during this 7 day review period.</p> <p>An interview was conducted with MDS Nurse #1 on 4/22/21 at 8:35 AM. She confirmed that she completed the section of Resident #83 ' s 3/16/21 MDS assessment in the area of medications. The MAR that showed Resident #83 had not received any insulin injections during the 7 day review period (3/10/21 through 3/16/21) of the 3/16/21 MDS assessment was reviewed with</p> | F 641   | (QAPI) committee by the MDS Coordinator to determine the effectiveness and duration of the plan of corrections and audits. |                      |   |

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| F 641   | <p>Continued From page 6</p> <p>MDS Nurse #1. MDS Nurse #1 revealed she coded Resident #83 ' s Trulicity injection as an insulin injection in error. She indicated the 3/16/21 MDS assessment for Resident #83 was coded inaccurately and should have indicated he received no insulin injections.</p> <p>During an interview with the Director of Nursing on 4/22/21 at 11:20 AM she indicated that she expected the MDS to be coded accurately.</p> <p>3. Resident # 1 was admitted to the facility on 5/16/16 with multiple diagnoses including Diabetes Mellitus.</p> <p>The significant change in status Minimum Data Set (MDS) assessment dated 12/26/20 indicated that Resident #1 did not use tobacco during the assessment period.</p> <p>Resident #1 had a smoking assessment dated 7/24/20 and revealed that she was a safe smoker.</p> <p>Resident #1's care plan dated 11/2/20 revealed that she was a "smoker."</p> <p>Resident #1 was interviewed on 4/19/21 at 2:00 PM and she reported that she had been smoking since she was admitted to the facility.</p> <p>Nurse #1 was interviewed on 4/21/21 at 10:40 AM. Nurse #1 stated that Resident #1 was a smoker and she completed a smoking assessment when the resident was readmitted on 3/29/21.</p> <p>MDS Nurse #2 was interviewed on 4/22/21 at 8::35 AM. MDS Nurse #2 verified that Resident #1 was a smoker and she acknowledged that she</p> | F 641   |   |                      |   |

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| F 641   | <p>Continued From page 7</p> <p>coded the significant change in status MDS assessment dated 12/26/20 incorrectly. She added that she would complete a modification assessment to reflect that Resident #1 have used tobacco during the assessment period.</p> <p>The Director of Nursing (DON) was interviewed on 4/22/21 at 11:29 AM. The DON stated that she expected the MDS assessment to be coded accurately.</p> <p>4) Resident #59 was originally admitted to the facility on 9/5/13 and had diagnoses that included epilepsy and hypertension.</p> <p>A physician's order dated 12/1/18 indicated oxygen at 2 liters via nasal cannula continuously for shortness of breath.</p> <p>The annual Minimum Data Set (MDS) assessment dated 2/10/21 revealed Resident #59 was cognitively intact and oxygen use in the facility was not coded.</p> <p>A review of Resident #59's active care plan, last reviewed on 2/24/21 revealed a focus area of oxygen therapy continuously for shortness of breath.</p> <p>During an interview with the MDS Nurse #2 on 4/21/21 at 3:44 PM, she confirmed she was aware Resident #59 received oxygen therapy continuously and oxygen was not marked on the MDS assessment dated 2/10/21. She stated it was an oversight.</p> <p>An interview was conducted with the Director of Nursing on 4/22/21 at 11:22 AM, and stated it was her expectation for the MDS to be coded</p> | F 641   |   |                      |   |



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| F 641   | <p>Continued From page 8 accurately.</p> <p>5) Resident #25 was admitted to the facility on 7/11/2017 with diagnoses that included anoxic brain injury and persistent vegetative state.</p> <p>The resident's most recent quarterly Minimum Data Set (MDS), dated 1/15/2021, and recent discharge MDS dated, 1/24/2021, coded the resident as not being in a persistent vegetative state under section B. All MDS assessments prior to 1/15/2021 had Resident #25 coded as persistent vegetative state.</p> <p>The resident's most recent comprehensive care plan, dated 4/7/2021, indicated Resident #25 has an activity of daily living (ADL) self-care deficit related to anoxic brain injury, trauma, and persistent vegetative state.</p> <p>On 4/19/2021 at 10:37am Resident #25 was observed to be awake but unable to respond to verbal stimuli or interact with his environment in a meaningful way.</p> <p>On 4/21/2021 at 3:02pm an interview was conducted with MDS #1 and MDS nurse #2. Both MDS nurses reviewed the quarterly MDS dated 1/15/2021 and the discharge MDS dated 1/24/2021. MDS #1 stated there was no change in the resident's cognition, the coding was done in error. MDS#2 stated she coded both the 1/15/2021 and the 1/24/2021 assessments and the resident should have been coded as persistent vegetative state in Section B. She further stated, it was an error.</p> <p>In an interview with the Director of Nursing (DON) on 4/22/21at 11:20am, she stated it was her expectation that MDS be coded correctly.</p> | F 641   |   |                      |   |

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| F 677<br>SS=D   | <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene;<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on observations, staff and resident interviews and record review, the facility failed to assist activities of daily living (ADLs) dependent residents with nail care (Resident # 214, Resident #102 and Resident #80) and facial hair (Resident #214). This was for 3 of 8 residents reviewed for ADLs. Findings included:</p> <p>1. Resident #214 was admitted on 4/8/21 with a diagnosis of Diabetes.</p> <p>His admission Minimum Data Set (MDS) dated 4/21/21 was in progress and indicated he was cognitively intact and exhibited no behaviors.</p> <p>Resident #214's baseline care plan dated 4/8/21 read he required physical staff assistance with his personal hygiene.</p> <p>Interview and observation was conducted with Resident #214 on 4/19/21 at 10:20 AM. He appeared disheveled. He stated he was receiving wound care to his right elbow due to an infection. His fingernails appeared long, dirty and jagged. His facial hair was unkept at his side burns and grown out approximately 2 inches sticking straight out. He stated he needed his fingernails cleaned and trimmed and stated nobody had offered to assist with his nail care. He stated he normally wore his beard growth just around his mouth and chin (circle style) and keep his side burns shaven.</p> | F 677   | <p>F677 ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>Residents #214, #102, #80 were provided nail care and shaving of facial hair by the certified nursing assistant assigned to the residents on 5/5/21.</p> <p>All other residents in the facility were audited to see if they required nail care and/or shaving of facial hair. This will be completed by the Unit Manager and Director of Nursing on 5/6/21. Any resident identified requiring nail care or shaving will be offered nail care and/or shaving of facial hair as a result of the audit. This was completed on 5/6/21.</p> <p>All nurse□s and certified nursing assistants were inserviced on Activities of Daily Living (ADL) assistance regarding nail care and facial shaving. This will be completed by the Unit Managers and Staff Development Nurse by 5/12/21. Any newly hired nurse or Certified Nursing Assistant will receive this educational inservice in orientation.</p> <p>An audit tool has been developed to audit Activities of Daily Living (ADL) assistance regarding nail care and facial shaving.</p> | 5/18/21              |   |

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| F 677   | <p>Continued From page 10</p> <p>He stated nobody at the facility had mentioned his beard but he would really like to have a shave to wear his beard in the way he was accustomed.</p> <p>A second observation was conducted on 4/19/21 at 3:14 PM. His fingernails were still dirty, long and jagged. His beard was still unkept. Resident #214 stated nobody had asked him about cutting his fingernails or beard. He stated he mentioned it earlier today but was unsure who he talked too.</p> <p>Review of a nursing note dated 4/21/21 at 8:13 AM read Resident #214's nail care was completed.</p> <p>Review of a nursing note dated 4/20/21 at 3:15 PM read Resident #214 allowed staff to trim his beard to his preferred length.</p> <p>Interview was conducted with Unit Manager (UM) #1 on 4/21/21 at 8:45 AM. She stated it was the responsibly of the floor nurses to cut and clean the fingernails of diabetic residents. She stated she was not aware of any ADL refusals by Resident #214. She stated on occasion he would tell the staff to come back later then comply. She stated nail care should be done weekly and usually completed after a shower.</p> <p>Interview was conducted with Nurse #1 on 4/21/21 at 9:10 AM. She stated she was not aware of any refusals and that Resident #214 was cooperative. Nurse #1 stated the floor nurses were responsible for trimming the fingernails of all diabetic residents.</p> <p>Observation on 4/21/21 at 9:45 AM revealed a therapist in his room having a discussion. His beard was noted to be trimmed in the circle style.</p> | F 677   | <p>The audit will be conducted by the Unit Manager 5 X a week for 4 weeks, then weekly X 4 weeks on 10 random residents per unit, total of 3 units. This will begin on 5/12/21.</p> <p>All audits will be presented to the QAPI committee by the Director of Nursing to determine effectiveness and duration of the plan of corrections and audits.</p> |                      |   |

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| F 677   | <p>Continued From page 11</p> <p>Interview on was conducted on 4/21/21 at 1:55 PM with Nursing Assistant (NA) #2. She stated Resident #214 required assistance with his ADLs and she was not aware of any refusals. She stated the floor nurses were responsible for trimming fingernails for diabetic residents.</p> <p>During a wound care observation on 4/21/21 at 2:00 PM, Unit Manager (UM) #1 asked Resident #214 if his beard trimmed yesterday. Resident #214 stated "yes, it was getting shabby. I'm happy it was trimmed." He also stated someone did his fingernails earlier today and he was also happy about that too.</p> <p>Interview was conducted on 4/21/21 at 4:00 PM, NA #1 stated Resident #214 does not refuse any care and he was very cooperative.</p> <p>Review of the facility policy titled Care of Fingernails revised on February 2018 read licensed nurses will trim the fingernails of diabetic residents.</p> <p>Review of Resident #214's nursing notes included one refusal of a shower on 4/21/21 in preference for a bed bath that was completed on 4/12/21.</p> <p>Review of Resident #214's NA documentation from 4/9/21 to 4/21/21 for ADLs and behaviors, did not include any rejection of care behaviors and he required extensive to total assistance with his personal hygiene.</p> <p>Interview with the Director of Nursing (DON) was conducted on 4/22/21 at 11:30 AM. She stated it was her expectation that ADL dependent residents be assisted with personal hygiene to</p> | F 677   |   |                      |   |

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| F 677   | <p>Continued From page 12</p> <p>include nail care and shaving facial hair. The DON stated it was her expectation that diabetic residents nail care be completed by licensed nurses.</p> <p>2. Resident #102 was admitted on 11/11/19 with a diagnosis of Diabetes.</p> <p>Review of Resident #102's quarterly Minimum Data Set dated 3/30/21 indicated she was cognitively intact and exhibited no behaviors. She was coded for extensive assistance with her personal hygiene and impairment on one side of her upper extremities.</p> <p>Review of Resident #102's care plan revised on 3/9/21 indicated she had an activities of daily living self-care deficient.</p> <p>Interview and observation was conducted on 4/19/21 at 2:45 PM with Resident #102. She was sitting up in a wheelchair in her room. She appeared clean and groomed. Her fingernails appeared long and dirty. She stated her fingernails had not been trimmed in a long time and she needed them cut and cleaned.</p> <p>In a second observation on 4/19/21 at 4:40 PM, Resident # 102 was observed sitting in bed. She fingernails were still long and dirty. She stated nobody had asked her about trimming her fingernails in weeks. Resident #102 stated she did not like going to the shower room and preferred bed baths.</p> <p>Interview on 4/21/21 at 8:45 AM was conducted with Unit Manager (UM) #1. She stated it was the responsibly of the floor nurses to cut and clean the fingernails of diabetic residents. UM #1 stated</p> | F 677   |   |                      |   |

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| F 677   | <p>Continued From page 13</p> <p>Resident #102 was known to frequently refuse showers and preferred bed baths. She stated she was not aware of any ADLs refusals except showers. She stated nail care should be done weekly and usually completed after a shower.</p> <p>Interview was conducted with Nurse #1 on 4/21/21 at 9:10 AM. She stated she was not aware of any refusals of nail care but was aware that Resident #102 preferred bed baths and refused showers. Nurse #1 stated the floor nurses were responsible for trimming the fingernails of all diabetic residents.</p> <p>In an observation and interview on 4/21/21 at 10:10 AM, Resident #102 was sitting up in bed with a warm washcloth on her hands. She stated someone was getting ready to cut her fingernails and put the washcloth over her hands to soften her fingernails. She stated she took a shower on 4/20/21 but her fingernails had still not been trimmed. Nurse #2 entered the room and stated she was preparing to cut Resident #102's fingernails and confirmed that the floor nurses were responsible for cutting the fingernails of all diabetic residents.</p> <p>Observation and interview was conducted with Resident #102 on 4/22/21 at 9:20 AM. She presented her hands. Her fingernails were trimmed and clean. She stated her hands felt and looked a lot better.</p> <p>Interview was conducted on 4/21/21 at 1:55 PM with Nursing Assistant (NA) #2. She stated Resident #102 refused a bed bath today because she took a shower yesterday. NA #2 stated she was not aware of ant refusals of nail care but added the nurses were supposed to cut</p> | F 677   |   |                      |   |

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| F 677   | <p>Continued From page 14</p> <p>fingernails of all diabetic residents.</p> <p>Review of the facility policy titled Care of Fingernails revised on February 2018 read licensed nurses will trim the fingernails of diabetic residents.</p> <p>Review of Resident #102's nursing notes from 4/1/21 to 4/21/21 did not include any behavior nursing notes.</p> <p>Review of Resident #102's NA documentation from 3/1/21/21 to 4/21/21 for ADLs and behaviors, did not include any rejection of care behaviors and she required extensive to total assistance with her personal hygiene.</p> <p>Interview with the Director of Nursing (DON) was conducted on 4/22/21 at 11:30 AM. She stated it was her expectation that ADL dependent residents be assisted with personal hygiene to include nail care. The DON stated it was her expectation that diabetic residents nail care be completed by licensed nurses.</p> <p>3) Resident #80 was admitted to the facility on 2/3/21 with diagnoses that included vascular dementia and muscle weakness.</p> <p>The admission Minimum Data Set (MDS) assessment dated 2/10/21 indicated Resident #80 had severe cognitive impairment. He required extensive assistance with dressing and was dependent on staff for toileting, personal hygiene, and bathing.</p> <p>A review of the active care plan, last reviewed on 3/23/21, revealed a focus area for Resident #80</p> | F 677   |   |                      |   |

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| F 677   | <p>Continued From page 15</p> <p>being at risk for activities of daily living self-care performance related to mental status, history of a stroke, vascular dementia and moderate to severe protein calorie malnutrition with a new feeding tube placement. The interventions included to provide total assistance of 1 to 2 staff members with personal hygiene.</p> <p>A review of the nursing progress notes from 2/3/21 to 4/19/21 revealed no refusals for nail care documented.</p> <p>During observations on 4/19/21, and 4/21/21, Resident #80 was observed to have medium length nails and a dark substance under fingernails to both hands.</p> <p>On 4/21/21 at 9:26 AM, an interview occurred with Unit Manager #3 who explained nurse aides (NA's) completed nail care on scheduled shower days and during personal care tasks. They were to visualize the fingernails and clean/trim/file as needed. If the resident was a diabetic the nurse was to cut their nails.</p> <p>An interview was completed with NA #3 on 4/21/21 at 1:40 PM, who stated both the NA's and nurses completed nail care as needed. The NA explained during showers and personal care, aides were to observe nails and provide assistance to clean/trim nails or alert a nurse if the resident was a diabetic.</p> <p>The Director of Nursing (DON) was interviewed on 4/21/21 at 3:26 PM and indicated NA's could clean under all resident's nails and cut fingernails for all residents except those with diabetes. Diabetic residents had their fingernails cut by the nurse or treatment nurse. She stated it was her</p> | F 677   |   |                      |   |



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| F 677   | Continued From page 16<br>expectation for the aides to monitor, clean and trim nails during personal care, retrieving a nurse for any diabetic nail care that was needed.<br><br>On 4/21/21 at 3:40 PM, an interview occurred with NA #5 who stated both the NA's and nurses completed nail care as needed. NA #5 further stated during scheduled showers and personal care, aides were to observe fingernails and provide assistance to clean/trim nails or alert the nurse if the resident was a diabetic.  | F 677   |   |                      |   |
| F 689<br>SS=D   | Free of Accident Hazards/Supervision/Devices<br>CFR(s): 483.25(d)(1)(2)<br><br>§483.25(d) Accidents.<br>The facility must ensure that -<br>§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and<br><br>§483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observations, interviews, record reviews, and staff interviews, the facility failed to implement planned fall interventions for 1 of 7 sampled residents (Resident #87) reviewed for accidents.<br><br>Resident #87 was admitted to the facility on 2/25/2020 with diagnoses that included vascular dementia with behavioral disturbances and cerebral vascular accident (stroke).<br><br>The resident's most recent quarterly Minimum Data Set (MDS) dated 3/12/2021 indicated the resident was severely cognitively impaired, | F 689   | F689 Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)<br><br>Resident #87's bed was audited and found to be in a low position to ensure his intervention for accidents and incidents are in place. This was completed by the Unit Manager on 5/3/21.<br><br>An audit will be conducted on all resident interventions for incidents and/or accidents to ensure they are in place. This audit will be conducted by the Unit | 5/18/21              |   |

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| F 689   | <p>Continued From page 17</p> <p>required extensive assistance for all activities of daily living (ADLs) and personal hygiene. The resident was coded as not having any falls during the assessment period.</p> <p>The resident's most recent comprehensive care plan dated 3/30/2021 revealed a focused area for falls. Interventions included keeping the bed in low position.</p> <p>On 4/19/2021 at 10:04am Resident #87 was observed sitting in a wheelchair on the 400 hall. The resident was observed to have a black, blue, and yellow bruise under his left eye. When asked how he bruised his eye, the resident gave multiple accounts of how he got the bruise.</p> <p>Record review of revealed Resident #87 had an unwitnessed accident in his room on 3/13/2020 in which he was found on the floor to the left side of his bed with a red area on his forehead, redness and bruising to left thigh, and red and swollen left shoulder. Resident was transported to local hospital for care. Interventions added to care plan included fall mats while resident was in bed and staff ensuring bed was kept in low position.</p> <p>Record review of incident/accident report dated 8/27/2020 revealed Resident #87 had an unwitnessed accident around 11:30pm in which he was found on floor bedside his bed with redness to right occipital area and guarding his left arm. Care plan interventions included keeping bed in low position. Resident was transported to local hospital for care.</p> <p>An incident report dated 4/13/2021 indicated Resident #87 was found in his bed with the left side of his head resting on a bedside dresser.</p> | F 689   | <p>Managers, Staff Development Coordinator, and Director of Nursing on 5/7/21. For any interventions not in place at the time of the audit, the necessary changes will be made and documented on the audit.</p> <p>An inservice will be given to all Nurses and Certified Nursing Assistants about the necessary use of interventions for incidents and accidents and ensuring they are in place for the resident. This inservice will be given by the Staff Development Coordinator, Unit Managers, and/or Director of Nursing. It will be completed by 5/12/21. For all newly hired nurses and certified nursing assistants, this inservice will be given during orientation upon hire.</p> <p>An audit tool has been created to audit interventions being in place for resident incidents and accidents. The audit tool will be used on 10 random residents, 5 X a week for 4 weeks, then weekly X 4 weeks and will begin on 5/12/21. The audit tool will be completed by the Unit Managers, Staff Development Coordinator, and Director of Nursing.</p> <p>All audits will be reviewed by the Quality Assurance Performance Improvement (QAPI) committee to determine the effectiveness and duration of the plan of correction and audits. The Director of Nursing will present the audits to the QAPI committee.</p> |                      |   |

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

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FORM APPROVED  
OMB NO. 0938-0391

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| F 689   | <p>Continued From page 18</p> <p>The resident was noted to have a small bruise under his left eye at the time of the incident report. The incident report indicated the bed was not in low position at the time the resident was found.</p> <p>On 4/21/2021 at 9:40am an interview was conducted with Nurse #3. She stated she was assigned to Resident #87 on 4/14/2020. Nurse #3 stated shortly after she reported to her shift, nurse assistant (NA) #10 reported Resident #87 was asleep on his bedside table and had a small red area under his left eye. She stated the nurse practitioner (NP) was in the facility and assessed the resident at that time. She further stated she completed a risk assessment per the facility policy and notified the resident's family. Nurse #3 stated she was not certain who left the resident's bed raised or why it had been left in the raised position. When asked if the resident could have raised the bed, she stated the resident's bed control is kept at the foot of the bed so he would not have been able to reach it.</p> <p>An interview was conducted with NA#10 on 4/21/2021 at 9:49am. She stated on 4/14/2021 she started her rounds at 6:45am and noticed an odor at the top of the 400 hall near the nurse's station. She asked NA #6, to check residents at the top of the 400 hall. NA #10 stated she then completed her rounds in another area. When she conducted her rounds again at 9:00am she noticed Resident #87 was in his bed asleep with his head resting on the bedside dresser and the bed was not in low position. She further stated the resident had a small red bruise under his left eye at that time. Later in the day the bruise became larger. She stated she did not leave the resident's bed raised and she was not certain who did.</p> | F 689   |   |                      |   |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALPINE HEALTH AND REHABILITATION OF ASHEBORO</b> |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>230 EAST PRESNELL STREET</b><br><b>ASHEBORO, NC 27203</b>           |                      |   |
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| F 689   | Continued From page 19<br>When asked if the resident could have raised the bed, she stated she did not think the resident could reach the bed control that was at the foot of the bed.  | F 689   |   |                      |   |
| F 693<br>SS=D   | <p>An interview was conducted with the Director of Nursing (DON) on 4/22/2021 at 11:20am. She stated she expected all interventions for falls/accidents to be implemented.</p> <p>Tube Feeding Mgmt/Restore Eating Skills<br/>CFR(s): 483.25(g)(4)(5)</p> <p>§483.25(g)(4)-(5) Enteral Nutrition (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(4) A resident who has been able to eat enough alone or with assistance is not fed by enteral methods unless the resident's clinical condition demonstrates that enteral feeding was clinically indicated and consented to by the resident; and</p> <p>§483.25(g)(5) A resident who is fed by enteral means receives the appropriate treatment and services to restore, if possible, oral eating skills and to prevent complications of enteral feeding including but not limited to aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers. This REQUIREMENT is not met as evidenced by:<br/>Based on record reviews, observations and staff interviews, the facility failed to administer water</p> | F 693   | F693 Tube Feeding Mgmt/Restore Eating Skills CFR(s): 483.25(g)(4)(5)  | 5/18/21              |   |

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| F 693   | <p>Continued From page 20</p> <p>flushes via a feeding tube at the physician ordered flow rate for 1 of 4 sampled residents who received tube feedings (Resident #80).</p> <p>The findings included:</p> <p>Resident #80 was admitted to the facility on 2/3/21 with diagnoses that included dysphagia (difficulty swallowing), history of a stroke and severe protein-calorie malnutrition.</p> <p>A review of Resident #80's physician orders revealed an active order dated 2/3/21 for Jevity 1.5 (a tube feed formula) at a continuous rate of 65 milliliters (ml) per hour and water flush of 120 ml every 4 hours via the feeding tube.</p> <p>The admission Minimum Data Set (MDS) assessment dated 2/10/21 indicated Resident #80 had severe cognitive impairment and received 51% or more of his total calories through tube feedings and an average fluid intake of 501 cubic centimeters (cc) per day or more by tube feeding.</p> <p>Review of Resident #80's active care plan, last reviewed on 3/23/21, revealed a focus area for tube feeding as ordered due to dysphagia, nothing by mouth (NPO) and moderate to severe protein-calorie malnutrition. The interventions included to follow physician orders for tube feeding and water flushes.</p> <p>A nutritional note dated 4/8/21 read Resident #80 was NPO with 100% nutrition and hydration received via a feeding tube. His enteral feeding (feeding tube formula) was at 65 ml per hour and water flush of 120 ml every 4 hours.</p> | F 693   | <p>The Unit Manager on 5/3/21 ensured that Resident #80's water flush was set to what was prescribed by the physician.</p> <p>All residents that receive assistance in feeding via Peg Tube will be audited to ensure tube feeding and water flushes were at the correct settings based on the physician's order. This will be audited on 5/6/21 by the Unit Managers. Any settings that are not compliant with the physician's order will be corrected at the time of the audit.</p> <p>All nurses will be inserviced on ensuring feeding pumps are correctly set based on the physician's order for tube feeding formula and water flushes. This will be inserviced by the Staff Development Coordinator and Unit Managers. This will be completed by 5/12/21. Any newly hired nurses will be inserviced on this as a part of orientation by the Staff Development Coordinator.</p> <p>An audit tool was created to ensure feeding pumps are correctly set based on physician's orders for flow rate of tube feeding formula and water flushes. The Unit Managers will audit 5 X a week for 4 weeks, then weekly for 4 weeks to ensure the feeding pump settings follow the physician's order on all residents that receive tube feedings. This will begin on 5/12/21.</p> <p>All audits will be presented by the Director of Nursing to the Quality Assurance and</p> |                      |   |

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| F 693   | <p>Continued From page 21</p> <p>An observation of Resident #80 on 4/19/21 at 9:59 AM, revealed his feeding tube was connected to a continuous bag of formula running at 65 ml per hour with a standby bag of water running at 30 ml every hour on the pump.</p> <p>On 4/21/21 at 9:15 AM, an observation of Resident #80 occurred. He was connected to a continuous bag of tube feed formula running at 65 ml per hour with a standby bag of water running at 30 ml every hour on a pump.</p> <p>An interview occurred with Unit Manager #3 on 4/21/21 at 1:56 PM. She reviewed the current order for Resident #80's tube feeding formula to run at 65 ml per hour with a water flush of 120 ml every 4 hours.</p> <p>An observation was made with the Unit Manager #3 on 4/21/21 at 2:05 PM of Resident #80's water flush setting for the tube feeding. Unit Manager #3 acknowledged the rate was at 30 ml per hour and should have been set as 120 ml every 4 hours. She was unable to state why the rate was different than the physician's order. During the interview, Unit Manager #3 re-set the feeding pump for water flush at 120 ml every 4 hours.</p> <p>On 4/21/21 at 3:26 PM, an interview was conducted with the Director of Nursing who stated she was unsure why the water flush rate was different from the physician's order rate, but she expected the water flushes to be at the prescribed rate.</p> | F 693   | Performance Improvement (QAPI) committee to determine effectiveness and duration of the plan of correction and audits. |                      |   |
| F 695<br>SS=D   | <p>Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>§ 483.25(i) Respiratory care, including</p>   | F 695   |  | 5/18/21              |   |

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| F 695   | <p>Continued From page 22</p> <p>tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, observations, resident and staff interviews, the facility failed to administer oxygen at the prescribed rate (Residents #16, #59 and #67) and failed to clarify an oxygen order (Resident #67). This was for 3 of 4 residents reviewed for respiratory.</p> <p>The findings included:</p> <p>1) Resident #16 was originally admitted to the facility on 8/9/19 with a recent readmission date of 3/20/21. His diagnoses included chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF).</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/5/21 indicated Resident #16 was cognitively intact. He required extensive to total assistance from staff for Activities of Daily Living (ADL's) and used oxygen.</p> <p>A review of Resident #16's active care plan, last reviewed on 1/27/21 revealed a focus area for oxygen use related to COPD. The interventions included oxygen settings at 3 liters via nasal cannula as ordered.</p> <p>Review of the active physician orders revealed an order dated 3/20/21 for oxygen at 3 liters via</p> | F 695   | <p>F695 Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i)</p> <p>Residents #16 and #59 has had oxygen orders clarified and settings confirmed on their oxygen concentrator to match the physician's order. Resident #67 discharged the facility on 4/30/21. This was completed by the unit managers on 5/5/21.</p> <p>All residents that require the use of oxygen have been audited to ensure physician's orders are correct and that flow rates on the oxygen concentrator have been set according to the physician's order. During the audit, any resident's concentrator settings identified out of compliance were corrected at the time of the audit. This was completed by the Unit Managers and Director of Nursing on 5/6/21.</p> <p>All nurse's will be inserviced on how to properly read and set the oxygen level gauge on the oxygen concentrator. This inservice will be conducted by the Staff Development Coordinator and Unit Managers. This inservice will be</p> |                      |   |

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| F 695   | <p>Continued From page 23<br/>nasal cannula every shift.</p> <p>On 4/19/21 at 12:20 PM, an observation was made of Resident #16 which revealed the oxygen regulator on the concentrator was set at 2.5 liters flow by nasal cannula when viewed horizontally at eye level.</p> <p>On 4/21/21 at 9:10 AM, an observation was made of Resident #16 while he was sitting up in bed. The oxygen regulator on the concentrator was set at 2.5 liters flow by nasal cannula when viewed at horizontal, eye level.</p> <p>An observation was made with Unit Manager #3 of Resident #16's oxygen concentrator on 4/21/21 at 1:56 PM, who stated the oxygen regulator on the concentrator was set at 3 liters when standing over the machine, looking down. Unit Manager #3 stated when she observed the regulator horizontally at eye level, she could see the flow was set at 2.5 liters. Unit Manager #3 adjusted the flow to administer 3 liters of oxygen.</p> <p>During an interview with the Director of Nursing on 4/21/21 at 3:26 PM, she indicated it was her expectation for oxygen to be delivered at the ordered rate.</p> <p>2) Resident #59 was admitted to the facility on 9/5/13 with diagnoses that included epilepsy, chronic pain, and hypertension.</p> <p>Review of the active physician orders revealed an order dated 12/1/18 for oxygen at 2 liters via nasal cannula continuously.</p> <p>The annual Minimum Data Set (MDS)</p> | F 695   | <p>completed by 5/12/21. All nurse□s will be inserviced on the requirement of a discontinuation order being completed upon receiving a new order. The inservice will be done by the Staff Development Coordinator and Unit Managers by 5/12/21. All newly hired nurses will receive this inservice in orientation upon hire.</p> <p>An audit tool was created to audit oxygen concentrator flow rate settings and that there are no conflicting active orders related to oxygen flow rates. The audit will be conducted by the Unit Managers 3 X a week for 4 weeks, then weekly X 4 weeks on all residents that require an oxygen concentrator. This will begin on 5/12/21.</p> <p>All audits will be reviewed by the Quality Assurance and Performance Improvement (QAPI) committee to determine the effectiveness and duration of the plan of correction and audit results. The Director of Nursing will present the audits to the QAPI committee.</p> |                      |   |



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| F 695   | <p>Continued From page 24</p> <p>assessment dated 2/10/21 indicated Resident #59 was cognitively intact, required extensive to total assistance with Activities of Daily Living (ADL's) and used oxygen.</p> <p>A review of Resident #59's active care plan, last reviewed on 2/24/21, revealed a focus area for oxygen therapy continuous for shortness of breath. The interventions included to administer oxygen as ordered.</p> <p>An interview was conducted with Resident #59 on 4/19/21 at 11:58 AM, who stated he wore 2 liters of oxygen at all times. The oxygen regulator on the concentrator was observed at 2.5 liters flow by nasal cannula when viewed at horizontal, eye level.</p> <p>On 4/21/21 at 9:20 AM, an observation was made of Resident #59 as he was sitting up in bed. The oxygen regulator on the concentrator was set at 2.5 liters flow by nasal cannula when viewed horizontally at eye level.</p> <p>An observation was made with Unit Manager #3 of Resident #59's oxygen concentrator on 4/21/21 at 1:56 PM, who stated the oxygen regulator on the concentrator was set at 2 liters when standing over the machine, looking down. Unit Manager #3 stated when she observed the regulator horizontally at eye level, she could see the flow was set at 2.5 liters. Unit Manager #3 adjusted the flow to administer 2 liters of oxygen.</p> <p>During an interview with the Director of Nursing on 4/21/21 at 3:26 PM, she indicated it was her expectation for oxygen to be delivered at the ordered rate.</p> | F 695   |   |                      |   |

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| F 695   | <p>Continued From page 25</p> <p>3a) Resident #67 was originally admitted to the facility on 2/2/21 with a recent readmission date of 3/14/21. His diagnoses included heart failure, chronic obstructive pulmonary disease (COPD) and hypertensive heart disease.</p> <p>The admission Minimum Data Set (MDS) assessment dated 2/25/21 indicated Resident #67 was cognitively intact and used oxygen.</p> <p>A review of Resident #67's active care plan, last reviewed on 3/15/21, revealed a focus area for use of oxygen related to hypoxia, COPD and heart failure. The interventions included oxygen settings at 3 liters via nasal cannula.</p> <p>A review of the active physician orders revealed the following:</p> <ul style="list-style-type: none"> <li>- An order dated 3/14/21 for oxygen at 4 liters via nasal cannula to keep oxygen saturations above 90%.</li> <li>- An order dated 3/17/21 for oxygen at 3 liters via nasal cannula every shift.</li> </ul> <p>On 4/19/21 at 12:07 PM, an interview occurred with Resident #67 who stated he used 3 liters of oxygen at all times.</p> <p>An interview occurred with Unit Manager (UM) #3 on 4/21/21 at 1:44 PM. She reviewed the active orders for Resident #67 revealing an order for oxygen at 3 liters and an order for oxygen at 4 liters to be worn continuously. During the interview UM #3 spoke with the facility Nurse Practitioner and was told Resident #67 should be on 3 liters of oxygen at all times. The UM #3 stated it appeared the order for 4 liters of oxygen was not discontinued when the new order for 3</p> | F 695   |   |                      |   |

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| F 695   | <p>Continued From page 26</p> <p>liters of oxygen was obtained on 3/17/21. UM #3 corrected the physician orders to reflect Resident #67 should be on 3 liters of oxygen via nasal cannula at all times.</p> <p>The Director of Nursing was interviewed on 4/21/21 at 3:26 PM and stated she would expect the nursing staff to ensure an order was discontinued prior to initiating a new order pertaining to the same medical treatment.</p> <p>3b) Resident #67 was originally admitted to the facility on 2/2/21 with a recent readmission date of 3/14/21. His diagnoses included heart failure, chronic obstructive pulmonary disease (COPD) and hypertensive heart disease.</p> <p>The admission Minimum Data Set (MDS) assessment dated 2/25/21 indicated Resident #67 was cognitively intact and used oxygen.</p> <p>A review of Resident #67's active care plan, last reviewed on 3/15/21, revealed a focus area for use of oxygen related to hypoxia, COPD and heart failure. The interventions included oxygen settings at 3 liters via nasal cannula.</p> <p>A review of the active physician orders revealed an order dated 3/17/21 for oxygen at 3 liters via nasal cannula every shift.</p> <p>An interview was conducted with Resident #67 on 4/19/21 at 12:07 PM, who stated he used 3 liters of oxygen at all times. The oxygen regulator on the concentrator was observed at 2.5 liters flow by nasal cannula when viewed at horizontal, eye level.</p> | F 695   |   |                      |   |

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| F 695   | Continued From page 27<br>On 4/21/21 at 11:45 AM, an observation was made of Resident #67. The oxygen regulator on the concentrator was set at 2.5 liters flow by nasal cannula when viewed horizontally at eye level.<br><br>An observation was made with Unit Manager #3 of Resident #67's oxygen concentrator on 4/21/21 at 1:56 PM, who stated the oxygen regulator on the concentrator was set at 3 liters when standing over the machine, looking down. Unit Manager #3 stated when she observed the regulator horizontally at eye level, she could see the flow was set at 2.5 liters. Unit Manager #3 adjusted the flow to administer 3 liters of oxygen.<br><br>During an interview with the Director of Nursing on 4/21/21 at 3:26 PM, she indicated it was her expectation for oxygen to be delivered at the ordered rate. | F 695   |   |                      |   |
| F 744<br>SS=E   | Treatment/Service for Dementia<br>CFR(s): 483.40(b)(3)<br><br>§483.40(b)(3) A resident who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being. This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, Nurse Practitioner interview, and staff interview, the facility failed to develop a person centered and individualized care plan which addressed the needs of a resident with dementia and how staff were to provide their care and treatment for 1 of 3 residents (Resident #73) reviewed for dementia care.   | F 744   | F744 Treatment/Service for Dementia<br>CFR(s): 483.40(b)(3)<br><br>Resident #73 has had updates to their Care Plan in relation to individualized person centered approaches to address her care needs related to her dementia diagnosis. This was completed on 5/5/21 by the Minimum Data Set (MDS) | 5/18/21              |   |

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| F 744   | <p>Continued From page 28</p> <p>The findings included:</p> <p>Resident #73 was admitted to the facility on 2/26/20 with diagnoses that included dementia and Alzheimer's Disease.</p> <p>The annual Minimum Data Set (MDS) assessment dated 3/3/21 indicated Resident #73 's cognition was severely impaired and her active diagnoses included, in part, dementia with behavioral disturbance. Resident #73 was dependent on 2 or more staff for bed mobility and transfers, and dependent on 1 for eating, dressing, personal hygiene, and toileting. She received antipsychotic medication, antianxiety medication, and antidepressant medication on 7 of 7 days during the MDS review period.</p> <p>The cognitive loss/dementia Care Area Assessment (CAA) for the 3/3/21 MDS indicated Resident #73 's diagnoses included dementia with behavioral disturbances and Alzheimer ' s Disease. The CAA read, "Proceed to Care Plan for cues and reminders as needed".</p> <p>A review of active physician ' s orders for Resident #73 on 4/21/21 revealed she was prescribed Seroquel 50 mg twice daily for delusional disorder and Alzheimer ' s dementia, Ativan 0.25 mg once daily for agitation, and Zoloft 50 mg once daily for anxiety/agitation.</p> <p>Resident #73 ' s active care plan as of 4/21/21 included the following areas related to her dementia diagnosis:</p> <ul style="list-style-type: none"> <li>- Focus area: Impaired cognitive function/dementia or impaired thought processes related to advanced age and memory deficit. This focus area was initiated on 2/27/21, last</li> </ul> | F 744   | <p>coordinator.</p> <p>All residents with a dementia with behavioral disturbance diagnosis will be audited to ensure their care plan is person centered with individualized approaches regarding their care needs. This will be completed by the MDS coordinators and nurse consultant by 5/12/21.</p> <p>An inservice was conducted with the MDS coordinators on care planning on residents with the diagnoses of dementia with behavioral disturbance to be person centered and individualized. This will be completed by the nurse consultant by 5/6/21.</p> <p>An audit tool has been developed to audit residents' care plans with the diagnosis of dementia with behavioral disturbance. This audit will be conducted by the MDS coordinators and nurse consultant on five (5) resident care plans weekly X 4 weeks, then ten (10) resident care plans monthly X 3 months to ensure approaches are person centered and individualized. The audit will begin by 5/12/21.</p> <p>All audits will be reviewed by the Quality Assurance and Performance Improvement (QAPI) committee to determine the effectiveness and duration of the plan of correction and audit results. The MDS coordinator is responsible for presenting to the QAPI committee.</p> |                      |   |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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| F 744   | Continued From page 29<br>revised on 3/16/21, and last reviewed on 3/22/21. The goal indicated Resident #73 would be able to communicate basic needs on a daily basis through the next review date. The interventions read: Ask yes/no questions in order to determine the resident's needs; Communication: Use the resident preferred name. Identify yourself at each interaction. Face the resident when speaking and make eye contact. Reduce any distractions- turn off TV, radio, close door etc. The resident understands consistent, simple, directive sentences. Provide the resident with necessary cues- stop and return if agitated; and Cue, reorient and supervise as needed.<br>- Focus area: Resident #73 received antipsychotic medications related to senile dementia with behavioral disturbance, delusional disorder Alzheimer's dementia. This focus area was initiated on 3/6/20, last revised on 3/16/21, and last reviewed on 3/22/21. The goal was for Resident #73 to remain free of psychotropic drug related complications, including movement disorder, discomfort, hypotension, gait disturbance, constipation/impaction or cognitive/behavioral impairment through the next review date. The interventions read: Administer antipsychotic medications as ordered by physician and observe for side effects and effectiveness every shift; Abnormal Involuntary Movement Scale (AIMS) every 6 months and as needed; Consult with pharmacy and physician to consider dosage reduction when clinically appropriate at least quarterly; Discuss with physician and family the ongoing need for use of medication and review behaviors/interventions and alternate therapies attempted and their effectiveness as per facility policy; and Observe/document/report as needed any adverse reactions of psychotropic medications. | F 744   |   |                      |   |

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| F 744   | <p>Continued From page 30</p> <p>This active care plan for Resident #73 had not addressed person centered and individualized approaches to care for Resident #73 related to her dementia diagnosis.</p> <p>An interview was conducted with Nursing Assistant (NA) #7 on 4/21/21 at 12:45 PM. She reported that Resident #73 had some resistance to care that included yelling out or crying. NA #7 stated that Resident #73 had no behavioral symptoms if she was not disturbed by staff. She indicated that non-pharmacological interventions of hand holding, rubbing her head, reassuring words, and talking to her about her mother helped to manage Resident #73 ' s behaviors.</p> <p>During an interview with NA #6 on 4/21/21 at 12:47 PM she confirmed NA #7 ' s interview related to Resident #73 ' s resistance to care that was exhibited by yelling out and/or crying. She stated some of the interventions staff utilized for Resident #73 was to always explain to the resident what care was going to be provided before beginning the care, approach her from the front, speak slowly, and make eye contact. She indicated that those interventions were normally implemented for all residents with cognitive impairment. NA #6 explained that interventions that were specific to Resident #73 included hand holding, rubbing her head or chest, and talking about her family.</p> <p>An observation was conducted on 4/21/21 at 12:52 PM of NA #6 and NA #7 transferring Resident #73 from her geriatric wheelchair to her bed via a mechanical lift. NA #6 approached Resident #73 from the front and informed her that she and NA #7 were going to transfer her to her</p> | F 744   |   |                      |   |

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| F 744   | <p>Continued From page 31</p> <p>bed. Resident #73 began yelling when first touched by staff. NA #6 and NA #7 utilized tactile stimulation of rubbing Resident #73 ' s chest, holding her hand, and speaking to her with words of encouragement and support throughout this entire interaction. These interventions were successful in reducing Resident #73 ' s observed behaviors and she was able to be transferred to her bed without incident.</p> <p>An interview was conducted with Nurse Practitioner (NP) #1 on 4/21/21 at 10:26 AM. She reported that Resident #73 had dementia with behaviors and that these behaviors such as yelling out, crying, and swatting with her hands when staff provided care. She indicated that Resident #73 was prescribed Seroquel 50 mg twice daily to manage these behaviors in addition to Ativan and Zoloft to manage anxiety and agitation.</p> <p>During an interview with the Social Worker (SW) on 4/21/21 at 2:00 PM Resident #73 ' s care plan was reviewed. She revealed that Resident #73 had dementia with behaviors and that these behaviors and the non-pharmacological interventions used to manage the behaviors and to assist staff with caring for the resident were not addressed in the care plan.</p> <p>An interview was conducted with MDS Nurse #1 and MDS Nurse #2 on 4/22/21 at 8:35 AM. They both indicated that Resident #73 had a diagnosis of dementia with behaviors and that a care plan that included person centered and individualized approaches to address her care needs in relation to the dementia diagnosis should have been developed.</p> | F 744   |   |                      |   |



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| F 744   | Continued From page 32<br>During an interview with the Director of Nursing on 4/22/21 at 11:20 AM she indicated that it was her expectation that residents diagnosed with dementia had care plans developed that were individualized and addressed their care needs in relation to their dementia diagnosis.  | F 744   |   |                      |   |
| F 756<br>SS=E   | Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)<br><br>§483.45(c) Drug Regimen Review.<br>§483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.<br><br>§483.45(c)(2) This review must include a review of the resident's medical chart.<br><br>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.<br>(i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug.<br>(ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.<br>(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. | F 756   |   | 5/18/21              |   |

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| F 756   | <p>Continued From page 33</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with Pharmacy Consultant, Nurse Practitioner, Psychiatric Physician ' s Assistant, and staff, the Pharmacy Consultant failed to identify and address the need for evaluation of psychotropic medications for gradual dose reductions (Resident #13) and the need for the facility to identify and monitor target behavioral symptoms for the use of psychotropic medications (Residents #73, and #102). In addition, the facility failed to act upon recommendations made by the Pharmacy Consultant (Resident #73). This was for 3 of 5 residents reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>1a. Resident #73 was admitted to the facility on 2/26/20 with diagnoses that included dementia and anxiety.</p> <p>A physician ' s order dated 2/28/20 indicated Zoloft (antidepressant medication) 25 milligrams (mg) once daily for anxiety/agitation.</p> <p>A physician ' s order dated 3/1/20 read, "Observation: AntiDepressant Medication (Zoloft) - Observe for behavior (sadness). Observe for side effects:</p> | F 756   | <p>F756 Drug Regimen Review, Report Irregular, Act on CFR(s): 483.45(c)(1)(2)(4)(5)</p> <p>The pharmacy consultant reviewed Resident #13's drug regimen and made appropriate recommendations for gradual dose reduction of psychotropic medications. This occurred on 5/6/21.</p> <p>The drug regimen of Residents #73 and #102 were reviewed by the consultant pharmacist and recommendations were made for appropriate monitoring of behavioral symptoms. This occurred on 5/6/21.</p> <p>The last 3 months of pharmacy recommendations for Resident #73 were reviewed and appropriate follow up was completed by the Director of Nursing and Physician. This will occur on 5/7/21.</p> <p>All residents currently receiving psychotropic medications will be audited to identify potential need for gradual dose reduction. This will be completed by the Pharmacy consultant, Director of Nursing, and Unit Managers by 5/10/21. Recommendations will be made by the</p> |                      |   |

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| F 756   | <p>Continued From page 34</p> <p>[gastrointestinal] upset, insomnia, fatigue, dizziness, dry mouth, headache. Document "Y" if resident is free of side effects. Document "N" if the resident is NOT free from side effects. If "N" document [side effect] in the [progress notes]. every shift". This observation and side effect documentation was to be completed 3 times per day (7:00 AM, 3:00 PM, and 11:00 PM).</p> <p>A physician ' s order dated 3/2/20 indicated Ativan (antianxiety medication) 0.25 mg every 12 hours as needed (PRN) for anxiety or agitation 14 Days (3/16/20 end date).</p> <p>A physician ' s order dated 3/2/20 read, "Observation: Antianxiety Medication (ativan)- Observe for behavior (agitation). Observe for side effects: drowsiness, slurred speech, dizziness, nausea, aggressive/impulsive behavior. Document:'Y' if resident is free of side effects. 'N' if the resident is not free of side effects. If 'N' document [side effects] in the [progress notes]. every shift for 14 Days". This observation and side effect documentation was to be completed 3 times per day (7:00 AM, 3:00 PM, and 11:00 PM).</p> <p>The admission Minimum Data Set (MDS) assessment dated 3/3/20 indicated Resident #73 ' s cognition was severely impaired. She had no psychosis and no behavioral symptoms. Resident #73 was noted with rejection of care and wandering on 1 to 3 days during the MDS review period. She was administered antianxiety medication on 1 of 7 days and antidepressant medication on 3 of 7 days.</p> <p>A physician ' s order dated 3/5/21 indicated Seroquel (antipsychotic medication) 25 mg once daily at night for "sadness".</p> | F 756   | <p>pharmacy consultant as appropriate and follow up completed by the Director of Nursing and Unit Managers. This will be completed by 5/12/21.</p> <p>All residents receiving psychotropic medications will be audited for appropriate monitoring of target behaviors by the Pharmacy Consultant, Director of Nursing and Unit Managers by 5/12/21. Any deficiencies in appropriate target behaviors will be corrected at the time of the audit by the Director of Nursing and Unit Managers by 5/12/21.</p> <p>The last 30 days of pharmacy recommendations will be audited for appropriate follow up by the Director of Nursing and Unit Managers by 5/10/21. Any recommendations identified as not having follow up will be forwarded by the Director of Nursing to the physician for completion of follow up. This will be completed by 5/10/21.</p> <p>An inservice was conducted by the nurse consultant on regulatory requirements for gradual dose reduction and behavior monitoring with the pharmacy consultant. This will occur on 5/6/21. The Director of Nursing will be inserviced on timely follow up regarding pharmacy recommendations by the nurse consultant on 5/6/21.</p> <p>An audit tool was created to audit all residents receiving psychotropic medications for gradual dose reductions and appropriate targeted behavioral symptoms. The audit will be conducted</p> |                      |   |

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| F 756   | Continued From page 35<br><br>A physician ' s order dated 3/5/20 read, "Observation: Antipsychotic Medication (seroquel)- Observe for behavior: (sadness) Observe for side effects: dry mouth, constipation, blurry vision, disorientation/confusion, difficulty urinating, hypotension, dark urine, yellow skin, [nausea and vomiting], lethargy, drooling, [extrapyramidal symptoms] (tremors, gait issues, agitation, restlessness, involuntary movement of mouth/tongue.) Document: Y if resident is free of side effects. N if the resident is not free of side effects. If N document [side effects] in the [progress notes]". This observation and side effect documentation was to be completed 3 times per day (7:00 AM, 3:00 PM, and 11:00 PM).<br><br>A physician ' s order dated 3/16/20 indicated routine Ativan 0.25 mg every evening for agitation for Resident #73. The previous 3/2/20 order for PRN Ativan 0.5 mg stopped on 3/16/20.<br><br>A physician ' s order for Resident #73 dated 3/20/20 indicated an increase in Zoloft from 25 mg to 50 mg once daily for anxiety/agitation.<br><br>A monthly Medication Regimen Review (MRR) for March 2020 completed by the Pharmacy Consultant (review dated of 3/20/20) was addressed to the physician indicating that Resident #73 was receiving the antipsychotic medication Seroquel but lacked a supporting diagnosis. The Pharmacy Consultant provided the physician with a list of appropriate diagnoses/conditions and requested the physician to circle all that applied to Resident #73. On 3/27/20 the physician signed this MRR and circled the following diagnoses/conditions: | F 756   | by the Director of Nursing, Unit Managers, and Nurse consultant. This audit will be conducted 5 X a week for 4 weeks, then weekly for 4 weeks. The audit will begin on 5/12/21.<br><br>An audit tool was created to audit timely follow up on pharmacy recommendations. This audit will be conducted by the nurse consultant monthly X 3 months. The audit will begin with the new, May 2021 pharmacy recommendations.<br><br>All audits will be presented to the QAPI committee by the Director of Nursing to determine effectiveness and duration of the plan of correction and audits. |                      |   |

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| F 756   | <p>Continued From page 36</p> <p>delusional disorder and Alzheimer ' s with behavioral disturbance.</p> <p>A physician ' s order dated 12/7/20 indicated an order by NP #1 to increase Seroquel for Resident #73 from 25 mg once daily to 25 mg twice daily for delusional disorder and Alzheimer ' s dementia.</p> <p>A physician ' s order dated 1/13/21 indicated an order by NP #1 to increase Seroquel from 25 mg twice daily to 50 mg twice daily for delusional disorder and Alzheimer ' s dementia.</p> <p>The annual MDS assessment dated 3/3/21 indicated Resident #73 ' s cognition was severely impaired. She had no mood issues, no psychosis, no behaviors, no rejection of care, and no wandering. Resident #73 received antipsychotic medication, antianxiety medication, and antidepressant medication on 7 of 7 days during the MDS review period.</p> <p>A Psychiatric Physician ' s Assistant (PPA) note dated 3/19/21 indicated that Resident #73 ' s psychotropic medications included Seroquel 50 mg twice daily, Ativan 0.25 mg once daily, and Zoloft 50 mg once daily. Staff were to monitor Resident #73 ' s mood and behaviors.</p> <p>A review of Resident #73 ' s March 2020 through 4/20/21 Medication Administration Records (MAR) indicated she received Seroquel, Ativan, and Zoloft as ordered. The target behavior for Seroquel and Zoloft was listed as "sadness" and the target behavior for Ativan was "agitation". The MAR included side effect monitoring, but no behavior monitoring.</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 37</p> <p>The monthly Medication Regimen Reviews (MRRs) from 3/23/20 through 4/20/21 revealed the Pharmacy Consultant had not identified and addressed the lack of behavior monitoring for the psychotropic medications Seroquel, Ativan, and Zoloft. The Pharmacy Consultant additionally had not identified that "sadness" was noted as a target behavior for Seroquel when the medication was prescribed for delusional disorder and Alzheimer ' s dementia and that "sadness" was also noted as the target behavior for Zoloft when the medication was prescribed for anxiety/agitation.</p> <p>A phone interview was conducted with the Pharmacy Consultant on 4/22/21 at 9:25 AM. She stated that she completed the monthly MRRs at the facility. She was asked if she reviewed the medical records to ensure the facility had appropriately identified target behaviors and monitored these behaviors during her monthly MRRs. The Pharmacy Consultant revealed she had not reviewed target behavior identification or behavior monitoring. She explained that she was not sure where the facility documented target behaviors and behavior monitoring at. The Pharmacy Consultant was unable to explain how she was able to ascertain if the prescribed psychotropic medications were effective for managing target behaviors without behavior monitoring being conducted.</p> <p>An interview was conducted with Resident #73 ' s NP (NP #1) on 4/21/21 at 10:26 AM. She stated it was her expectation that target behaviors were accurately identified and that behavior monitoring was completed for the use of psychotropic medications. The NP acknowledged that Resident #73 was on multiple psychotropic</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 38</p> <p>medications and it was essential to have target behaviors identified and behavior monitoring conducted on those target behaviors in order to determine if the medications were effective.</p> <p>A phone interview was conducted with the PPA on 4/22/21 at 10:10 AM. She reiterated NP #1 ' s interview that indicated target behaviors needed to be accurately identified and that these target behaviors must be routinely monitored in order to ascertain if the prescribed medication was effectively treating the behavior/behaviors that the medication was prescribed for.</p> <p>An interview was conducted with the Director of Nursing (DON) on 4/22/21 at 11:20 AM. She stated it was her expectation that appropriate and accurate target behaviors were identified and that behavior monitoring was completed for the use of psychotropic medications. She further stated she expected the Pharmacy Consultant to identify and address any missing target behaviors as well as the lack of behavior monitoring for any resident on psychotropic medications during the monthly MRR.</p> <p>1b. Resident #73 was admitted to the facility on 2/26/20 with diagnoses that included dementia, Alzheimer's disease, and anxiety.</p> <p>A physician ' s order dated 2/28/20 indicated Zoloft (antidepressant medication) 25 milligrams (mg) once daily.</p> <p>The admission Minimum Data Set (MDS) assessment dated 3/3/20 indicated Resident #73 ' s cognition was severely impaired. She had no psychosis and no behavioral symptoms.</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 39</p> <p>Resident #73 was noted with rejection of care and wandering on 1 to 3 days during the MDS review period. She was administered antidepressant medication on 3 of 7 days.</p> <p>A physician ' s order dated 3/5/21 indicated Seroquel (antipsychotic medication) 25 mg once daily.</p> <p>A physician ' s order dated 3/16/20 indicated routine Ativan (antianxiety medication) 0.25 mg every evening for Resident #73.</p> <p>A physician ' s order for Resident #73 dated 3/20/20 indicated an increase in Zoloft from 25 mg to 50 mg once daily.</p> <p>A psychiatric note dated 9/11/20 completed by the Psychiatric Physician ' s Assistant (PPA) indicated staff reported no mood or behavioral concerns for Resident #73. Her current psychiatric medications were listed as Seroquel 25 mg once daily at night, Zoloft 50 mg once daily, and Ativan 0.25 mg once daily at night. The PPA wrote that Resident #73 was lying in bed and not responding to her questions. She was noted with significant dementia, no obvious signs of depression or anxiety, and no observed behavioral disturbances. Resident #73 ' s depression was stable and Zoloft was to be continued, dementia with behavioral disturbance was fair, and Seroquel and scheduled Ativan were treating anxiety. The PPA indicated that Resident #73 had fallen and that Ativan may need to be discontinued if falls continued.</p> <p>A monthly MRR for September 2020 completed by the Pharmacy Consultant (review dated of 9/22/20) was addressed to the PPA indicating that</p> | F 756   |   |                      |   |



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| F 756   | <p>Continued From page 40</p> <p>Resident #73 was on Seroquel 25 mg once daily at night, Ativan 0.25 mg once daily, and Zoloft 50 mg once daily. The Pharmacy Consultant requested the PPA evaluate the current doses and consider a Gradual Dose Reduction (GDR) to ensure that resident was using the lowest possible effective/optimal dose. There was no indication in the medical record that this recommendation had been responded to and/or acted upon by the PPA or other medical practitioner.</p> <p>A Nurse Practitioner (NP) note for Resident #73 dated 10/8/20 indicated there were no behavioral concerns. Resident #73 was followed by psychiatric services and she was on Zoloft 50 mg once daily, Ativan 0.25 mg once daily at night, and Seroquel 25 mg once daily at night.</p> <p>A physician note dated 10/17/20 indicated staff reported no concerns and there was no change in Resident #73 ' s plan of care and medications.</p> <p>A psychiatric note dated 10/30/20 completed by the PPA indicated staff reported no mood or behavioral concerns for Resident #73. Her current psychiatric medications were listed as Seroquel 25 mg once daily at night, Zoloft 50 mg once daily, and Ativan 0.25 mg once daily at night. The PPA wrote that Resident #73 was lying in bed and not responding to her questions. She was noted with significant dementia, no obvious signs of depression or anxiety, and no observed behavioral disturbances. Resident #73 ' s depression was stable and Zoloft was to be continued, dementia with behavioral disturbance was fair, and Seroquel and scheduled Ativan were treating anxiety. The PPA indicated that Resident #73 had fallen and that she chewed her</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 41</p> <p>finger at times. There was no mention in the note of GDR evaluation and/or of GDRs being clinically contraindicated for any of Resident #73 ' s psychotropic medications.</p> <p>A physician ' s order dated 12/7/20 indicated an order to increase Seroquel for Resident #73 from 25 mg once daily to 25 mg twice daily.</p> <p>A physician ' s order dated 1/13/21 indicated an order to increase Seroquel from 25 mg twice daily to 50 mg twice daily.</p> <p>The annual MDS assessment dated 3/3/21 indicated Resident #73 ' s cognition was severely impaired. She had no mood issues, no psychosis, no behaviors, no rejection of care, and no wandering. Resident #73 received antipsychotic medication, antianxiety medication, and antidepressant medication on 7 of 7 days during the MDS review period. She was noted with no GDRs of her antipsychotic medication and no physician documentation of a GDR being clinically contraindicated.</p> <p>A PPA note dated 3/19/21 indicated that Resident #73 ' s psychotropic medications included Seroquel 50 mg twice daily, Ativan 0.25 mg once daily, and Zoloft 50 mg once daily. The PPA wrote the goal was to "taper next visit".</p> <p>A review of Resident #73 ' s current physician orders on 4/20/21 indicated the 3/20/20 order for Zoloft 50 mg once daily remained active, the 3/16/20 order for Ativan 0.25 mg once daily remained active, and the 1/13/21 order for Seroquel 50 mg twice daily remained active.</p> <p>A phone interview was conducted with the</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 42</p> <p>Pharmacy Consultant on 4/22/21 at 9:25 AM. She stated she expected her recommendations to be responded to by the next MRR the following month. The monthly MRR for September 2020 that requested the psychiatric provider (PPA) evaluate Resident #73 ' s psychotropic medications (Seroquel, Ativan, and Zolofit) for the appropriateness of a GDR was reviewed. When asked if this recommendation was responded to by the PPA she indicated that she saw a PPA or physician note that indicated medications were to be continued. She acknowledged that there was no physician or PPA documentation that stated that a GDR was clinically contraindicated.</p> <p>A phone interview was conducted with the PPA on 4/22/21 at 10:10 AM. She was unable to recall with certainty the September 2020 MRR that recommended a GDR evaluation. She indicated that her plan was to taper at least one of Resident #73 ' s psychotropic medications at her next visit.</p> <p>During an interview with the Director of Transitions on 4/22/21 at 11:18 AM he indicated that the facility had no record of a response from the medical provider (PPA, physician, or NP) for the September 2020 pharmacy recommendation for a GDR evaluation for Resident #73. He explained that there were several changes with management staff over the past several months. He further explained that as a result of the changes the pharmacy recommendation forms from September 2020 were unable to be located. The Director of Transitions acknowledged that there was no indication in the medical record that the September 2020 pharmacy recommendation for Resident #73 was responded to.</p> <p>An interview was conducted with the Director of</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 43</p> <p>Nursing (DON) on 4/22/21 at 11:20 AM. She indicated that she just began working at the facility last week. The DON reported that her expectation was for the treating provider to respond to pharmacy recommendations within a month. She further reported that she expected the Pharmacy Consultant to make repeat recommendations if she had not received a response to a previous recommendation.</p> <p>2. Resident #13 was originally admitted to the facility on 12/17/18 with multiple diagnoses including schizophrenia. The annual Minimum Data Set (MDS) assessments dated 2/8/20 and 1/4/21 indicated that Resident #13 had received an antipsychotic medication, had no behavioral symptoms and no gradual dose reduction (GDR) had been attempted. The quarterly Minimum Data Set (MDS) assessment dated 4/5/21 indicated that Resident #13's cognition was intact, and he had received an antipsychotic medication for 7 days during the assessment period and no GDR had been attempted. The assessment further indicated that the resident did not have any behaviors.</p> <p>Resident #13 had a doctor's order dated 12/17/18 for Risperdal (an antipsychotic medication) 2 milligrams (mgs.) in the morning and 3 mgs. at bedtime for schizophrenia.</p> <p>Resident #13's care plan was reviewed. One of the care plan problems dated 4/5/21 was "resident receives antipsychotic medication related to schizophrenia." The approaches included "consult with pharmacy, doctor to consider dosage reduction when clinically appropriate at least quarterly."</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 44</p> <p>Resident #13's doctor's progress notes and the psychiatric Nurse Practitioner notes from March 2020 to present were reviewed. The notes did not document that a GDR was clinically contraindicated for the resident and the clinical rationale as to why a GDR attempt would likely impair or exacerbate resident's medical or psychiatric condition.</p> <p>Resident #13's monthly drug regimen reviews (DRR) were reviewed. The monthly DRR from 3/23/20 through 3/25/21 revealed that the pharmacy consultant had not recommended a GDR for the Risperdal.</p> <p>The Pharmacy Consultant was interviewed on 4/22/21 at 9:27 AM. She stated that she did not recommend a GDR for Resident #13 's Risperdal since the psychiatric Nurse Practitioner indicated that no GDR was required due to diagnoses of schizophrenia.</p> <p>The Director of Nursing (DON) was interviewed on 4/22/21 at 11:29 AM. The DON stated that she expected that a GDR be attempted for residents on psychotropic medications and the pharmacy consultant was expected to recommend a GDR per the regulations.</p> <p>3. Resident #102 was admitted on 11/11/19 with a diagnosis of Bipolar Disorder. Bipolar Disorder is defined as a mental disorder that can cause unusual shifts in mood, energy, activity levels, concentration and the ability to carry out day-to-day task.</p> <p>Review of Resident #102's quarterly Minimum Data Set dated 3/30/21 indicated she was cognitively intact and exhibited no behaviors. She</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 45</p> <p>was coded for the use of an antipsychotic for 7 of 7 days of the look back period.</p> <p>Review of Resident #102's care plan last revised on 3/9/21 read she received antipsychotic medications related to her Bipolar Disorder. Interventions included documenting behavioral symptoms not usual for Resident #102 and observe for side effects. The care plan read to record behaviors. The care plan did not include any target behaviors for staff to observe.</p> <p>Review of Resident #102's April 2021 Physician orders read as follows:<br/>*Risperdal (antipsychotic) 0.75 milligrams every night at bedtime for mood stabilizer related to Bipolar Disorder<br/>*Observation: Antipsychotic Medication (Risperdal)-Observe for behavior: (increased mood). Observe for side effects: dry mouth, constipation, blurry vision, disorientation/confusion, difficulty urinating, hypotension, dark urine, yellow skin, nausea/vomiting, lethargy, drooling, tremors, gait issues, agitation, restlessness, involuntary movements of mouth and tongue. Document Y (yes) if she was free of side effects and document N (no) if Resident #102 was not free of side effects every shift.</p> <p>Review of Resident #102's Medication Administration Record (MAR) for April 2021 indicated she received her Risperdal as ordered. Also the April 2021 MAR read to document "Y" indicating she was absent of side effects and "N" if she was not free of side effects. for the use of Resident # related to side effects. The April 2021 MAR documentation for the side effects of Resident #102's antipsychotic medication all read</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 46</p> <p>"Y" indicating no adverse side effects observed. The MAR did not include any target behavior monitoring.</p> <p>Review of Resident #102's nursing notes from 4/1/21 to 4/21/21 did not include any behavior nursing notes.</p> <p>Review of the monthly "Consultant Pharmacist Residents Reviewed Reports" read there was no pharmacy recommendations regarding Resident #102 on the following review dates: 10/28/20, 11/25/20, 12/23/20, 1/27/21, 2/26/21 and 3/26/21.</p> <p>Review of Resident #102's psychotherapy initial evaluation completed by the provider social worker dated 3/30/21 read Resident #102 presented the following problems and symptoms: insomnia that it made her sad, occasional worry about her ability to pay for her stay, decreased mood, occasional panic or anxiety, periods of occasional high energy, fatigue and excessive worry. Resident #102's treating diagnosis was moderate Bipolar Disorder with the most recent episode of depression and she would benefit from psychotherapy services.</p> <p>Interview on 4/21/21 at 9:10 AM was conducted with Nurse #1. She stated behaviors were documented on Resident #102's MAR. She stated she was not aware her MAR did not include any target behavior monitoring and Resident #102 was only being monitored for side effects of her antipsychotic medication. She stated any behaviors she exhibited related to her Bipolar Disorder would be documented in a nursing note. Nurse #1 stated examples of target</p> | F 756   |   |                      |   |

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| F 756   | <p>Continued From page 47</p> <p>behaviors for Resident #102' Bipolar Disorder would be behaviors related to mania or depression.</p> <p>Interview on 4/21/21 at 9:20 AM, Resident #102 was observed sitting up in bed. She appeared groomed and dressed for the day. She endorsed recent depression and felt it was related to the lack of socialization since COVID-19. She stated she felt sad, ruminated about things that happened in her past and experienced insomnia.</p> <p>Interview on 4/21/21 at 10:30 AM was conducted with Nurse Practitioner (NP) #1. She stated it was her expectation that the Consultant Pharmacist identify the need for target behaviors and the need for these behaviors to be monitored for Resident #102. NP #1 explained "increased mood" meant mania. NP #1 stated depression symptoms had not be identified. She stated mania and depression symptoms needed to be clarified so the staff knew what to look for when assessing Resident #102. NP #1 stated the Consultant Pharmacist usually wrote a recommendation regarding any concerns for the facility to address.</p> <p>Interview on 4/21/21 at 1:55 PM, Nursing Assistant (NA) #2 stated she had not noticed any behaviors out of the ordinary for Resident #102. She explained her ordinary behaviors were not wanting to get out of the bed or take showers.</p> <p>In a telephone interview on 4/22/21 at 9:30 AM, the Consultant Pharmacist stated she had completing her monthly reviews remotely since COVID-19. She stated she asked the previous Director of Nursing (DON) where the nurses were documenting Resident #102's behaviors and she</p> | F 756   |   |                      |   |



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| F 756   | Continued From page 48<br>only recently began reviewing the MAR's for evidence of behavior monitoring. She stated she had planned to address with the facility the need for behavior identification and monitoring on her April 2021 visit. The Consultant Pharmacist stated Resident #102's target behaviors should have been clarified and "increased mood" was not necessarily the only behavior related to Bipolar Disorder. She stated she did not think she made any recommendations regarding the need for the facility to identify Resident #102's target behaviors or behavior monitoring.<br><br>Interview was conducted with the Director of Nursing (DON) on 4/22/21 at 11:30 AM. The DON stated she started her position earlier this month. She stated she was not aware that the Consultant Pharmacist had not identified the need for Resident #102's target behaviors and behavior monitoring. The DON stated she was not aware that the nurses were only assessing and documenting on Resident #102 for adverse side effects of Risperdal. The DON stated it was her expectation that the Consultant Pharmacist identified the need for Resident #102's target behaviors associated with her Bipolar Disease and accurate behavior monitoring. | F 756   |   |                      |   |
| F 758<br>SS=E   | Free from Unnec Psychotropic Meds/PRN Use<br>CFR(s): 483.45(c)(3)(e)(1)-(5)<br><br>§483.45(e) Psychotropic Drugs.<br>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:<br>(i) Anti-psychotic;<br>(ii) Anti-depressant;  | F 758   |   | 5/18/21              |   |

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| F 758   | <p>Continued From page 49</p> <p>(iii) Anti-anxiety; and</p> <p>(iv) Hypnotic</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 50</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Based on record review, observation, and interviews with Nurse Practitioner, Psychiatric Physician ' s Assistant, Pharmacy Consultant, and staff, the facility failed to evaluate residents on psychotropic medications for gradual dose reductions (Resident #13) and failed to identify and monitor target behavioral symptoms for the use of psychotropic medications (Residents #73 and #102). This was for 3 of 5 residents reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>1. Resident #73 was admitted to the facility on 2/26/20 with diagnoses that included dementia and anxiety.</p> <p>A physician ' s order dated 2/28/20 indicated Zoloft (antidepressant medication) 25 milligrams (mg) once daily for anxiety/agitation.</p> <p>A physician ' s order dated 3/1/20 read, "Observation: AntiDepressant Medication (Zoloft) - Observe for behavior (sadness). Observe for side effects: [gastrointestinal (GI)] upset, insomnia, fatigue, dizziness, dry mouth, headache. Document "Y" if resident is free of side effects. Document "N" if the resident is NOT free from side effects. If "N" document [side effect] in the [progress notes]. every shift". This observation and side effect documentation was to be completed 3 times per day (7:00 AM, 3:00 PM, and 11:00 PM).</p> <p>A physician ' s order dated 3/2/20 indicated Ativan (antianxiety medication) 0.25 mg every 12 hours as needed (PRN) for anxiety or agitation 14 Days</p> | F 758   | <p>F758 Free from Unnecessary Psychotropic meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)</p> <p>The pharmacy consultant reviewed Resident #13's drug regimen and made appropriate recommendations for gradual dose reduction of psychotropic medications. This occurred on 5/6/21. The drug regimen of Residents #73 and #102 were reviewed by the consultant pharmacist and recommendations were made for appropriate monitoring of behavioral symptoms. This occurred on 5/6/21.</p> <p>All residents currently receiving psychotropic medications will be audited to identify potential need for gradual dose reduction. This will be completed by the Pharmacy consultant, Director of Nursing, and Unit Managers on 5/12/21. Recommendations will be made by the pharmacy consultant as appropriate and follow completed by the Director of Nursing and Unit Managers. This will be completed by 5/12/21.</p> <p>All residents receiving psychotropic medications will be audited for appropriate monitoring of target behaviors by the Pharmacy Consultant, Director of Nursing and Unit Managers by 5/12/21. Any deficiencies in appropriate target behaviors will be corrected at the time of the audit by the Director of Nursing and Unit Managers by 5/12/21.</p> |                      |   |

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| F 758   | <p>Continued From page 51 (3/16/20 end date).</p> <p>A physician ' s order dated 3/2/20 read, "Observation: Antianxiety Medication (ativan)- Observe for behavior (agitation). Observe for side effects: drowsiness, slurred speech, dizziness, nausea, aggressive/impulsive behavior. Document:'Y' if resident is free of side effects. 'N' if the resident is not free of side effects. If 'N' document [side effects] in the [progress notes]. every shift for 14 Days". This observation and side effect documentation was to be completed 3 times per day (7:00 AM, 3:00 PM, and 11:00 PM).</p> <p>The admission Minimum Data Set (MDS) assessment dated 3/3/20 indicated Resident #73 ' s cognition was severely impaired. She had no psychosis and no behavioral symptoms. Resident #73 was noted with rejection of care and wandering on 1 to 3 days during the MDS review period. She was administered antianxiety medication on 1 of 7 days and antidepressant medication on 3 of 7 days.</p> <p>A physician ' s order dated 3/5/21 indicated Seroquel (antipsychotic medication) 25 mg once daily at night for "sadness".</p> <p>A physician ' s order dated 3/5/20 read, "Observation: Antipsychotic Medication (seroquel)- Observe for behavior: (sadness) Observe for side effects: dry mouth, constipation, blurry vision, disorientation/confusion, difficulty urinating, hypotension, dark urine, yellow skin, [nausea and vomiting], lethargy, drooling, [extrapyramidal symptoms] (tremors, gait issues, agitation, restlessness, involuntary movement of mouth/tongue.) Document: Y if resident is free of side effects. N if the resident is not free of side</p> | F 758   | <p>An inservice will be conducted by the Nurse Consultant on regulatory requirements regarding gradual dose reduction and behavior monitoring with the Director of Nursing, Staff Development Coordinator, and Unit Managers on 5/6/21. An inservice will be conducted by the Director of Nursing, Staff Development Coordinator, and Unit Managers on Gradual dose reduction and behavior monitoring with all licensed nurses that will be completed by 5/12/21. All newly hired licensed nurses will receive this inservice upon hire in orientation.</p> <p>An audit tool was created to audit all residents receiving psychotropic medications for gradual dose reductions and appropriate targeted behavioral symptoms. The audit will be conducted by the Director of Nursing, Unit Managers, and Nurse consultant. This audit will be conducted 5 X a week for 4 weeks, then weekly for 4 weeks. The audit will begin on 5/12/21.</p> <p>All audits will be presented to the QAPI committee by the Director of Nursing to determine effectiveness and duration of the plan of corrections and audits.</p> |                      |   |

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| F 758   | <p>Continued From page 52</p> <p>effects. If N document [side effects] in the [progress notes]". This observation and side effect documentation was to be completed 3 times per day (7:00 AM, 3:00 PM, and 11:00 PM).</p> <p>A physician ' s order dated 3/16/20 indicated routine Ativan 0.25 mg every evening for agitation for Resident #73. The previous 3/2/20 order for PRN Ativan 0.5 mg stopped on 3/16/20.</p> <p>A physician ' s order for Resident #73 dated 3/20/20 indicated an increase in Zoloft from 25 mg to 50 mg once daily for anxiety/agitation.</p> <p>A physician ' s order dated 12/7/20 indicated an order by Nurse Practition (NP) #1 to increase Seroquel for Resident #73 from 25 mg once daily to 25 mg twice daily for delusional disorder and Alzheimer ' s dementia.</p> <p>A physician ' s order dated 1/13/21 indicated an order by NP #1 to increase Seroquel from 25 mg twice daily to 50 mg twice daily for delusional disorder and Alzheimer ' s dementia.</p> <p>The annual MDS assessment dated 3/3/21 indicated Resident #73 ' s cognition was severely impaired. She had no mood issues, no psychosis, no behaviors, no rejection of care, and no wandering. Resident #73 received antipsychotic medication, antianxiety medication, and antidepressant medication on 7 of 7 days during the MDS review period.</p> <p>A Psychiatric Physician ' s Assistant (PPA) note dated 3/19/21 indicated that Resident #73 ' s psychotropic medications included Seroquel 50 mg twice daily, Ativan 0.25 mg once daily, and</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 53</p> <p>Zoloft 50 mg once daily. Staff were to monitor Resident #73 ' s mood and behaviors.</p> <p>A review of Resident #73 ' s March 2020 through 4/20/21 Medication Administration Records (MAR) indicated she received Seroquel, Ativan, and Zoloft as ordered. The target behavior for Seroquel and Zoloft was listed as "sadness" and the target behavior for Ativan was "agitation". The MAR included side effect monitoring, but no behavior monitoring.</p> <p>An interview was conducted with Nursing Assistant (NA) #7 on 4/21/21 at 12:45 PM. She reported that Resident #73 had some resistance to care that included yelling out or crying. NA #7 stated that Resident #73 had no behavioral symptoms if she was not disturbed by staff.</p> <p>During an interview with NA #6 on 4/21/21 at 12:47 PM she confirmed NA #7 ' s interview related to Resident #73 ' s resistance to care that was exhibited by yelling out and/or crying.</p> <p>An observation was conducted on 4/21/21 at 12:52 PM of NA #6 and NA #7 transferring Resident #73 from her geriatric wheelchair to her bed via a mechanical lift. NA #6 approached Resident #73 from the front and informed her that she and NA #7 were going to transfer her to her bed. Resident #73 began yelling when first touched by staff. NA #6 and NA #7 utilized tactile stimulation of rubbing Resident #73 ' s chest, holding her hand, and speaking to her with words of encouragement and support throughout this entire interaction. These interventions were successful in reducing Resident #73 ' s observed behaviors and she was able to be transferred to her bed without incident.</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 54</p> <p>During an interview with Unit Manager (UM) #3 on 4/21/21 at 1:00 PM she stated that behavior monitoring of target behaviors for psychotropic medications was completed on the MAR. The active MAR and active physician ' s orders for Resident #73 was reviewed with UM #3. UM #3 revealed she not realized that the physician ' s orders and MAR only required documentation of the presence of side effects and had not required documentation of target behavior monitoring. UM #3 further revealed that the target behavior of "sadness" identified for Seroquel and Zoloft were not accurate for Resident #73.</p> <p>During a phone interview with the Pharmacy Consultant on 4/22/21 at 9:25 AM she indicated that targeted behaviors were expected to be identified for psychotropic medications in order for the facility to be able to track what the medication was being used for, if behaviors were ongoing or were stable, and if the medication was needed or was able to be decreased and/or discontinued. She indicated that identification of targeted behaviors provided a rationale for what the medication was being used to control.</p> <p>An interview was conducted with Resident #73 ' s NP (NP #1) on 4/21/21 at 10:26 AM. She stated it was her expectation that target behaviors were accurately identified and that behavior monitoring was completed for the use of psychotropic medications. The NP acknowledged that Resident #73 was on multiple psychotropic medications and it was essential to have target behaviors identified and behavior monitoring conducted on those target behaviors in order to determine if the medications were effective.</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 55</p> <p>A phone interview was conducted with the PPA on 4/22/21 at 10:10 AM. She reiterated NP #1 's interview that indicated target behaviors needed to be accurately identified and that these target behaviors must be routinely monitored in order to ascertain if the prescribed medication was effectively treating the behavior/behaviors that the medication was prescribed for.</p> <p>An interview was conducted with the Director of Nursing (DON) on 4/22/21 at 11:20 AM. She stated it was her expectation that appropriate and accurate target behaviors were identified and that behavior monitoring was completed for the use of psychotropic medications.</p> <p>2. Resident #13 was originally admitted to the facility on 12/17/18 with multiple diagnoses including schizophrenia. The annual Minimum Data Set (MDS) assessments dated 2/8/20 and 1/4/21 indicated that Resident #13 had received an antipsychotic medication, had no behavioral symptoms and no gradual dose reduction (GDR) had been attempted. The quarterly Minimum Data Set (MDS) assessment dated 4/5/21 indicated that Resident #13's cognition was intact, and he had received an antipsychotic medication for 7 days during the assessment period and no GDR had been attempted. The assessment further indicated that the resident did not have any behaviors.</p> <p>Resident #13 had a doctor's order dated 12/17/18 for Risperdal (an antipsychotic medication) 2 milligrams (mgs.) in the morning and 3 mgs. at</p> | F 758   |   |                      |   |



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| F 758   | <p>Continued From page 56<br/>bedtime for schizophrenia.</p> <p>Resident #13's care plan was reviewed. One of the care plan problems dated 4/5/21 was "resident receives antipsychotic medication related to schizophrenia." The approaches included "consult with pharmacy, doctor to consider dosage reduction when clinically appropriate at least quarterly."</p> <p>Resident #13's doctor's progress notes and the psychiatric Nurse Practitioner (NP) notes from March 2020 to present were reviewed. The notes did not document that a GDR was clinically contraindicated for the resident and the clinical rationale as to why a GDR attempt would likely impair or exacerbate resident's medical or psychiatric condition.</p> <p>Resident #13's nurse's notes (March 2020 through April 2021) and the Nursing Assistants notes (January through April 2021) were reviewed. The notes revealed that Resident #13 did not have any behaviors except calling 911 (times 1), calling facility main number and non-compliant with fluid restriction.</p> <p>Interview with the Nurse Practitioner (NP) #2 was conducted on 4/21/21 at 8:58 AM. The NP stated Resident #13 was being followed by the psychiatric (psych) NP for medication management. She added that the psych NP would make a recommendation if a GDR was indicated or not.</p> <p>Interview with the psychiatric NP was conducted on 4/22/21 at 9:40 AM. The NP stated that she was following Resident #13 for medication management of psychotropic medication and</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 57</p> <p>assessment of mood and behaviors. She revealed that Resident #13 was on Risperdal 2 mgs. in AM and 3 mgs. at bedtime since 2018 due to diagnoses of schizophrenia. She indicated that she did not recommended a GDR for the Risperdal since Resident #13 has appropriate diagnoses of schizophrenia, and so GDR was not required.</p> <p>The Director of Nursing (DON) was interviewed on 4/22/21 at 11:29 AM. The DON stated that she expected that a GDR be attempted for residents on psychotropic medications.</p> <p>3. Resident #102 was admitted on 11/11/19 with a diagnosis of Bipolar Disorder. Bipolar Disorder is defined as a mental disorder that can cause unusual shifts in mood, energy, activity levels, concentration and the ability to carry out day-to-day task.</p> <p>Review of Resident #102's quarterly Minimum Data Set dated 3/30/21 indicated she was cognitively intact and exhibited no behaviors. She was coded for the use of an antipsychotic for 7 of 7 days of the look back period.</p> <p>Review of Resident #102's care plan last revised on 3/9/21 read she received antipsychotic medications related to her Bipolar Disorder. Interventions included documenting behavioral symptoms not usual for Resident #102 and observe for side effects. The care plan read to record behaviors. The care plan did not include any target behaviors for staff to observe.</p> <p>Review of Resident #102's April 2021 Physician orders read as follows:<br/>*Risperdal (antipsychotic) 0.75 milligrams every</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 58</p> <p>night at bedtime for mood stabilizer related to Bipolar Disorder</p> <p>*Observation: Antipsychotic Medication (Risperdal)-Observe for behavior: (increased mood). Observe for side effects: dry mouth, constipation, blurry vision, disorientation/confusion, difficulty urinating, hypotension, dark urine, yellow skin, nausea/vomiting, lethargy, drooling, tremors, gait issues, agitation, restlessness, involuntary movements of mouth and tongue. Document Y (yes) if she was free of side effects and document N (no) if Resident #102 was not free of side effects every shift.</p> <p>Review of Resident #102's Medication Administration Record (MAR) for April 2021 indicated she received her Risperdal as ordered. Also the April 2021 MAR read to document "Y" indicating she was absent of side effects and "N" if she was not free of side effects. for the use of Resident # related to side effects. The April 2021 MAR documentation for the side effects of Resident #102's antipsychotic medication all read "Y" indicating no adverse side effects observed. The MAR did not include any target behavior monitoring.</p> <p>Review of Resident #102's nursing notes from 4/1/21 to 4/21/21 did not include any behavior nursing notes.</p> <p>Review of the monthly "Consultant Pharmacist Residents Reviewed Reports" read there was no pharmacy recommendations for the following review dates: 10/28/20, 11/25/20, 12/23/20, 1/27/21, 2/26/21 and 3/26/21.</p> <p>Review of Resident #102's psychotherapy initial</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 59</p> <p>evaluation completed by the provider social worker dated 3/30/21 read Resident #102 presented the following problems and symptoms: insomnia that it made her sad, occasional worry about her ability to pay for her stay, decreased mood, occasional panic or anxiety, periods of occasional high energy, fatigue and excessive worry. Resident #102's treating diagnosis was moderate Bipolar Disorder with the most recent episode of depression and she would benefit from psychotherapy services.</p> <p>Interview on 4/21/21 at 9:10 AM was conducted with Nurse #1. She stated behaviors were documented on Resident #102's MAR. She stated she was not aware her MAR did not include any target behavior monitoring and Resident #102 was only being monitored for side effects of her antipsychotic medication. She stated any behaviors she exhibited related to her Bipolar Disorder would be documented in a nursing note. Nurse #1 stated examples of target behaviors for Resident #102' Bipolar Disorder would be behaviors related to mania or depression.</p> <p>Interview on 4/21/21 at 9:20 AM, Resident #102 was observed sitting up in bed. She appeared groomed and dressed for the day. She endorsed recent depression and felt it was related to the lack of socialization since COVID-19. She stated she felt sad, ruminated about things that happened in her past and experienced insomnia.</p> <p>Interview on 4/21/21 at 10:30 AM was conducted with Nurse Practitioner (NP) #1. She stated it was her expectation that the facility identify target behaviors and monitor those behaviors for Resident #102. NP #1 explained "increased</p> | F 758   |   |                      |   |

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| F 758   | <p>Continued From page 60</p> <p>mood" meant mania. NP #1 stated depression symptoms had not be identified. She stated mania and depression symptoms needed to be clarified so the staff knew what to look for when assessing Resident #102. NP #1 stated the facility should have recognized the need for target behaviors and monitoring associated with the use of an antipsychotic medication.</p> <p>Interview on 4/21/21 at 1:55 PM, Nursing Assistant (NA) #2 stated she had not noticed any behaviors out of the ordinary for Resident #102. She explained her ordinary behaviors were not wanting to get out of the bed or take showers.</p> <p>In a telephone interview on 4/22/21 at 9:30 AM, the Consultant Pharmacist stated she had completing her monthly reviews remotely since COVID-19. She stated she asked the previous Director of Nursing (DON) where the nurses were documenting Resident #102's behaviors and she only recently began reviewing the MAR's for evidence of behavior monitoring. She stated she had planned to address with the facility the need for behavior identification and monitoring on her April 2021 visit. The Consultant Pharmacist stated Resident #102's target behaviors should have been clarified and "increased mood" was not necessarily the only behavior related to Bipolar Disorder. She stated she did not think she made any recommendations regarding the need for the facility to identify Resident #102's target behaviors or behavior monitoring.</p> <p>Interview was conducted with the Director of Nursing (DON) on 4/22/21 at 11:30 AM. The DON stated she started her position earlier this month. She stated she was not aware that the facility staff had not identified the need for Resident</p> | F 758   |   |                      |   |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| F 758   | Continued From page 61<br>#102's target behaviors and behavior monitoring. The DON stated she was not aware that the nurses were only assessing and documenting Resident #102 for adverse side effects of Risperdal. The DON stated it was her expectation that the facility identify the need for Resident #102's target behaviors associated with her Bipolar Disease and accurate behavior monitoring.   | F 758   |   |                      |   |
| F 842<br>SS=B   | Resident Records - Identifiable Information<br>CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)<br><br>§483.20(f)(5) Resident-identifiable information.<br>(i) A facility may not release information that is resident-identifiable to the public.<br>(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.<br><br>§483.70(i) Medical records.<br>§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-<br>(i) Complete;<br>(ii) Accurately documented;<br>(iii) Readily accessible; and<br>(iv) Systematically organized<br><br>§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-<br>(i) To the individual, or their resident representative where permitted by applicable law; | F 842   |   | 5/18/21              |   |

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| F 842   | <p>Continued From page 62</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</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> | F 842   |   |                      |   |

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| F 842   | <p>Continued From page 63</p> <p>Based on record review and staff interview, the facility failed to ensure residents medical records were complete and accurate for 2 of 26 sampled residents reviewed (Residents #1 &amp; #13).</p> <p>Findings included:</p> <p>1. Resident #1 was admitted to the facility on 5/16/16 with multiple diagnoses including peripheral vascular disease and cellulitis of right lower extremity. The quarterly Minimum Data Set (MDS) assessment dated 4/3/21 indicated that Resident #1's cognition was intact, and she had 2 venous/arterial ulcers.</p> <p>Resident #1 had a doctor's order dated 4/9/21 to clean right plantar foot with normal saline and to apply Santyl ointment (helps remove non-living tissue from the wound) and calcium alginate (highly absorbent dressing) and wrap with dry dressing daily until healed.</p> <p>Resident #1's Treatment Administration Records (TARs) were reviewed for February, March and April 2021. The TARs revealed that the treatment to the right plantar foot was not signed off by the Treatment Nurse/nurses to indicate that the treatment was provided on 2/15/21, 2/17/21, 2/19/21, 2/20/21, 2/26/21, 3/1/21, 3/6/21, 3/8/21, 3/12/21, 3/15/21, 3/17/21, 3/18/21, 3/19/21, 4/12/21, 4/14/21, and 4/16/21.</p> <p>The Treatment Nurse was interviewed on 4/21/21 at 12:50 PM. The Treatment Nurse indicated that she works Monday though Friday to provide treatments to residents. She stated she had provided the treatment to Resident #1's right plantar foot Monday through Friday. She verified that she had not consistently signed off the TARs</p> | F 842   | <p>F842 Resident Records <input type="checkbox"/> Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>The Treatment nurse was inserviced by the nurse consultant on the requirement of documentation in the Treatment Administration Record for all resident treatments. Resident #1 received the necessary treatment for the right plantar foot and is currently being documented in the Treatment Administration Record by the Wound Nurse since the inservice on 4/21/21. Resident #13 received a physician <input type="checkbox"/>s order for the indwelling urinary catheter on 4/21/21.</p> <p>An audit will be conducted to ensure that all Treatment Administration Records are filled out accurately and completely looking back 3 days beginning on 5/6/21. This will be completed by the Treatment Nurse, Unit Managers, and Director of Nursing. For any identified discrepancies during the audit, corrections will be made to the Treatment Administration Record by the appropriate nurse.</p> <p>An audit will be conducted on all readmission orders in the last 30 days to ensure that they are accurate and compliant with the resident <input type="checkbox"/>s necessary care. The audit will be conducted by the Unit Manager, Director of Nursing, Director of Nursing, and Nurse Consultant. The audit will be completed by 5/10/21. Any discrepancies noted on the audit will be corrected at the time of the audit by the Unit Manager, Director of</p> |                      |   |



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| F 842   | <p>Continued From page 64</p> <p>to indicate that she had provided the treatment since she was not familiar with the point click care (PCC) computer system. She added that she just received an in-service today (4/21/21) on how to properly document on the TARs in PCC after the treatments were completed.</p> <p>The Director of Nursing (DON) was interviewed on 4/22/21 at 11:29 AM. The DON stated that she expected resident's medical records to be complete and accurate. She also expected the licensed nurses including the Treatment Nurse to mark off/sign off the TARs after the treatments were completed.</p> <p>2. Resident #13 was originally admitted to the facility on 12/17/18 and was readmitted on 3/5/21 with multiple diagnoses including urinary retention. The quarterly Minimum Data Set (MDS) assessment dated 4/5/21 indicated that Resident #13 had an indwelling urinary catheter.</p> <p>Resident #13's current physician's orders (April 2021) revealed that he did not have an order for the use of the indwelling urinary catheter.</p> <p>Resident #13 was observed on 4/19/21 at 9:56 AM. He was in bed with an indwelling urinary catheter. Resident #13 stated that he had the indwelling urinary catheter since he was discharged from the hospital.</p> <p>Unit Manager (UM) #2 was interviewed on 4/21/21 at 10:15 AM. She verified that Resident #13 had an indwelling urinary catheter but did not have an order for the use of it. UM #2 indicated that Resident #13 was admitted to the hospital and when he was readmitted back to the facility</p> | F 842   | <p>Nursing, and/or Nurse Consultant.</p> <p>An inservice will be given to all licensed nurses regarding completion of the Treatment Administration Record (TAR) completely and accurately. This inservice will be given by the Staff Development Nurse by 5/12/21. All newly hired nurses will receive this inservice in orientation prior to working the floor.</p> <p>An inservice will be given to all licensed nurses regarding obtaining appropriate admission orders for admissions and readmissions to the facility. This will be conducted by the Staff Development Nurse and completed by 5/12/21. All newly hired nurses will receive this inservice in orientation prior to working the floor.</p> <p>An audit tool has been created to audit the Treatment Administration Record on 10 residents, 5 X a week for 4 weeks, then 10 residents weekly X 4 weeks to ensure complete and accurate documentation. This will be conducted by the Treatment Nurse and Director of Nursing and begin on 5/12/21.</p> <p>An audit tool has been created to ensure that any resident with an indwelling foley catheter has the appropriate physicians order to ensure the medical record is complete and accurate. This audit will be conducted by the Unit Managers and Director of Nursing on all admissions and readmissions for the next 30 days beginning on 5/12/21.</p> |                      |   |

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| F 842   | Continued From page 65<br>on 3/5/21, the order for the indwelling urinary catheter was not reinstated by the admitting nurse. UM #2 reported that she reinstated the order for the indwelling urinary catheter today (4/21/21).<br><br>The Director of Nursing (DON) was interviewed on 4/22/21 at 11:29 AM. The DON stated that she expected resident's medical records to be complete and accurate by ensuring residents with an indwelling urinary catheter have a doctor's order for the use of it. | F 842   | All audits will be reviewed by the Quality Assurance and Performance Improvement (QAPI) committee to determine the effectiveness and duration of the audits and plan of correction. The Director of Nursing will present this to the QAPI committee. |                      |   |