STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345544	A. BUILDING _____ B. WING _____	C 02/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASBURY HEALTH AND REHABILITATION CENTER	3211 BISHOPS WAY LANE CHARLOTTE, NC 28215

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E 000	Initial Comments An unannounced recertification and compliant investigation survey was conducted on 02/14/22 through 02/17/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # SAP611	E 000		
F 000	INITIAL COMMENTS An unannounced recertification and complaint investigation survey was conducted on 02/14/22 through 02/17/22. 2 of 2 complaint allegations were unsubstantiated. Event ID # SAP611	F 000		
F 550 SS=G	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.	F 550		3/25/22

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

Electronically Signed | 03/11/2022

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F 550	Continued From page 1 §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on record review, observations, staff and resident interviews, the facility failed to honor 1 of 21 resident's rights to maintain dignity by providing showers on the toilet, not providing incontinence care and failed to honor the resident's right to refuse care resulting in the resident feeling belittled, embarrassed and undignified (Resident #43). The findings included: 1. Resident #43 was admitted to the facility on 12/22/2021 with diagnoses that included hemiplegia affecting the left side, difficulty walking, depression, and mood disorder. Review of Resident #43's admission/5-day Minimum Data Set (MDS) assessment dated 12/28/21 revealed he was cognitively intact for daily decision making, had no behaviors for refusal of care, required extensive assistance of 2	F 550	1. Formal grievance related to shaving incident filled out with follow-up completed, prior to annual survey. Follow-up included social worker meeting with resident to discuss concern, speaking with the power of attorney and resident regarding the concern and desire for barber appointments ongoing, informing staff not to shave resident moving forward, and scheduling a barber shop appointment for a shaving. Completed (prior to survey) on January 4, 2022, by the Social Worker and Administrator in Training. 2. Education performed with caregivers on honoring resident preferences, especially related to hygiene and toileting. Completed on or before March 25, 2022, by the Administrator in Training, Director of Nursing, RN Supervisor, or designee. 3. Formal grievance related to	

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F 550	Continued From page 2 staff for bathing and toileting and was frequently incontinent of bowel and bladder. The MDS further revealed it was very important for Resident #43 to have his preferences honored regarding showering. a. Interview on 2/14/21 at 12:51 PM with Resident #43 revealed he had concerns about not having a choice of showering. He further stated that staff just came in and gave him a shower when they felt like he needed one. Resident #43 indicated there had been at least three occasions when he had been given a shower on the toilet. He further stated, "How would it make you feel if you are sitting on the toilet and the staff just come in and turn on the water and start showering you?" Resident #43 revealed it made him feel belittled and embarrassed and became tearful and started to cry. Resident #43 stated that he had a bowel movement during one of the showers. Observation of Resident #43's room on 2/14/21 at 12:51 PM revealed a private bathroom with a walk-in shower, shower chair, toilet and sink. Further observation revealed a shower nozzle with an extended cord. Interview with Nurse Aide (NA) #4 on 2/16/22 at 2:10 PM revealed she gave Resident #43 showers on the toilet because she felt like Resident #43 would slide from the plastic shower chairs. NA #4 stated there were times when the Resident would have a bowel movement while sitting on the toilet. She further indicated that Resident #43 was not the only resident that she showered on the toilet. NA #4 stated Resident #43 had not shared any concerns with her about receiving showers on the toilet.	F 550	incontinence care completed with follow-up initiated. Follow-up included social worker meeting with resident to discuss concern, administrator-in-training reaching out to contract agency staffing regarding incontinence care concern (NA#5 incident), and education provided to contract agency private duty staffing on proper incontinence care expectations for residents. Completed on or before February 23, 2022, by the Social Worker, Administrator-in-Training, and Contract Agency Executive Director. 4. Immediate psychosocial support provided to resident regarding his concerns. Completed on or before February 17, 2022, by the social worker. 5. Social workers met with 100% of residents to discuss care, particularly surrounding hygiene and toileting to ensure no further concerns are noted building wide. Completed on or before March 16, 2022, by the Social Workers or designee. 6. Audit of showers of all residents to ensure preferences are being followed and toileting needs are being met. Completed on or before March 16, 2022, by the Director of Nursing, RN Supervisor, or designee. 7. Resident preferences triggered on Certified Nursing Assistants tasks for showering in Point Click Care for all residents moving forward. Completed on or before March 25, 2022, by the Admission's Nurse, Director of Nursing, or designee. 8. Contract agency private duty staff provided with education related to proper	

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F 550	Continued From page 3 Interview with Nurse Supervisor #1 on 2/16/22 at 3:24 PM stated residents were given showers on shower chairs, and some were being provided showers on the toilet. She further indicated she was unaware of the showers being given on the toilet until she was informed by NA #4 today (2/16/22). Nurse Supervisor #1 indicated the shower chair was the normal process, but she understood the NA's rationale if the resident was incontinent and having incontinent episodes on the floor. Interview with Resident #43 on 2/17/22 at 8:54 AM revealed he was showered again yesterday (2/16/22) on the toilet. He further revealed he had told the staff at least three times he did not like having showers on the toilet. Resident #43 stated it made him feel degraded and undignified. NA #6 was interviewed on 2/17/22 at 10:27 AM. She revealed she had given Resident #43 his shower on the toilet yesterday (2/16/22) around 5PM. She revealed she transferred him to the toilet with a mechanical lift as he was not safe on the regular shower chair. She stated she was afraid he would fall. She further revealed Resident #43 had not verbalized any concerns with being showered on the toilet. Interview with Nurse #2 on 2/17/22 at 10:57 AM revealed she was aware that NA #4 gave showers on the toilet as it was easier for her if the resident had an incontinent episode. She further stated Resident #43 had not shared any concerns with her regarding not wanting to be showered on the toilet. In an interview with the Administrator in Training	F 550	incontinence care before, during, and after appointments to ensure Aldersgate expectations are being followed. Completed on or before March 25, 2022, by the Administrator-in-Training, Executive Director of contract agency, and/or Director of Nursing. 9. Audit of all building shower chairs to ensure safety and stability. Completed on or before March 25, 2022, by the Director of Rehab. 10. Education of nursing staff on proper notification to leadership and/or therapy if concerns are seen regarding safety with showers. Completed on or before March 16, 2022, by the Director of Nursing, RN Supervisor, or designee. 11. Ongoing audits of shower preferences and ensuring no concerns are voiced regarding hygiene, with 10% of residents in building being audited weekly. Results will be taken to quarterly QAPI. Completed on or before March 25, 2022, by the Director of Nursing, Social Worker, or designee.	

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F 550	Continued From page 4	F 550		

(AIT) on 2/17/22 at 11:42 AM revealed she had spoken to NA #4 about Resident #43's concern of being showered on the toilet. The AIT revealed NA #4 bathed Resident #43 on the toilet because it was cemented to the floor. Due to the toilet being affixed to the floor it was safer.

b. An interview and observation on 2/15/22 at 3:28 PM with Resident #43 revealed he had concerns about the staff providing incontinence care. Resident #43 indicated he was upset because he soiled himself at the Medical Doctor's (MD's) office today (2/15/22). He further indicated that staff was with him during his appointment but did not take him to the bathroom. Resident #43 stated he had to urinate in his brief. Resident #43 indicated he was not provided incontinence care for at least four hours. Resident stated it was an uncomfortable feeling to be left soiled for four hours and became tearful.

Interview with Nurse Supervisor #1 on 2/16/22 at 2:00 PM revealed during Resident #43's appointment yesterday (2/15/21) he was not taken to the bathroom. She revealed NA #5 attended the appointment with Resident #43 and had not taken him to the bathroom. She further revealed Resident #43 was incontinent, and his brief was soiled at the appointment.

In an interview with NA #4 on 2/16/22 at 2:10 PM revealed Resident #43 liked to be clean. She further revealed there was an incident yesterday with NA #5 during the MD's appointment. She stated that Resident #43 had not been taken to the bathroom at the appointment. She further indicated that the resident was brought back to the facility around 12:00 PM, however NA # 5 did not tell her until around 2:00 PM that Resident

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#43 needed to be changed. She stated that his pants were soiled and wet, and she assisted Resident #43 with incontinence care around 3:00 PM.

Interview with NA #5 on 2/17/22 at 10:33 AM revealed she went to the MD's appointment with Resident #43. She stated that the Resident #43 required two people to assist him with incontinence care. He had an incontinent episode at the MD's office, and because Resident #43 could not assist with transferring and repositioning, she was unable to provide the incontinence care. She stated that she also did not have incontinence supplies with her. She further revealed that Resident #43 had been wet for about an hour before they returned to the facility around noon. When she returned to the facility, she gave the paperwork to Nurse #2 and let her know she needed help changing Resident #43. She stated that Nurse #2 told her it was lunch time, and she needed to wait until lunch was finished so she could find assistance. When Resident #43 finished his lunch, she assisted him with cleaning his face, and she removed the lunch tray. She stated a little while later NA #4 came into the room and started asking her what she was doing in there. She further stated she had been waiting for help to provide Resident #43 incontinence care, but no one had come to help her. She stated that the staff at the facility assisted Resident #43 with incontinence care.

Interview with Nurse #2 on 2/17/22 revealed at 10:57 AM revealed the day of Resident #43's appointment a contracted staff went with him. Upon return NA #5 came to the nurse's station window and stated that Resident #43 needed to go to the bathroom. Nurse #2 told NA #5 to go

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F 550	Continued From page 6	F 550		

find another NA to help assist her with Resident #43 incontinence care because she busy trying to send someone out to the Emergency room. She stated that the staff usually toileted residents before appointments and that once they return from MD's appointments it was the facilities responsibility to assist with care needs.

c. Review of facility grievance dated 1/4/22 revealed Resident #43 reported to Social Worker #1 that staff shaved him against his will. The grievance continued that Resident #43 had asked staff at least three times to stop. The facility investigation and response were as followed, NA #3 was asked to shave Resident #43 by the nurse as requested by the Power of Attorney (POA), the facility spoke with the (POA) and it was decided Resident #43 would go to the salon to be shaven.

Interview on 2/16/22 at 11:05 AM with the Social Worker #1 revealed she received a call from Resident # 43's Power Of Attorney (POA) regarding the shaving incident. The Social Worker further revealed she went and spoke with Resident #43, and he told her that he wanted to go to the barber shop. NA #3 shaved him although he had asked her not to at least twice. The Social Worker revealed she spoke to Nurse #2 and was told that Resident #43 wanted to go to the barber shop and did not want the NA# 3 to shave him. The Social Worker indicated she spoken to NA #3 and was told that Resident #43 had not asked her to stop shaving him until later when she was almost finished.

Interview on 2/16/22 at 11:19 AM with NA #3 revealed she had been asked by Nurse #2 to shave Resident #43. NA #3 further revealed that

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F 550	Continued From page 7 Resident #43 was upset because he was going to go to the beauty shop, and she shaved him. Resident #43 did request for her to stop, but she had already shaved the left and the right side of his face, and only had the middle section and under his chin left. She further indicated that she could not leave him like that way, so she finished shaving him. Interview with Resident #43 on 2/16/22 at 11:40 AM revealed he filed a grievance with the facility because the NA shaved his facial hair, and he asked her to stop at least three times. He stated that although he requested for her to stop, she continued. Interview with Nurse #2 on 2/17/22 at 10:57 AM revealed the POA had called and wanted Resident #43 shaved. Nurse #2 stated she asked NA #3 to shave him. She further revealed NA #3 came out of the room and told her Resident #43 was upset because he did not want her to shave him and that he wanted someone else to do it. She stated that the POA was called and put on speaker phone to help calm Resident #43 down, but he was not satisfied. She further revealed she was not aware Resident #43 had requested for the NA to stop, and if he did, she should have stopped and reported it to the nurse. Interview with the Administrator in Training (AIT) on 2/17/22 at 10:10 AM revealed she was aware of the concern with Resident #43 shaving. She further revealed it was not confirmed at the time of the investigation if NA #3 was asked to stop by Resident #43. She stated that if Resident #43 had requested for NA #3 to stop she should have.	F 550		
F 561 SS=D	Self-Determination	F 561		3/25/22

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F 561	Continued From page 8 CFR(s): 483.10(f)(1)-(3)(8) §483.10(f) Self-determination. 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. §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. §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. §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. §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. This REQUIREMENT is not met as evidenced by: Based on record review, resident interview and staff interviews the facility failed to honor a resident's choice for being shaved for 1 of 1 sampled resident (Resident # 43). The findings included:	F 561	1. Formal grievance related to shaving incident filled out with follow-up completed on 1/4/2022, prior to annual survey. Follow-up included social worker meeting with resident to discuss concern, speaking with the power of attorney and resident regarding the concern and desire for	

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F 561	Continued From page 9 Resident #43 was admitted to the facility on 12/22/2021 with diagnoses that included hemiplegia affecting the left side. Review of Resident # 43's Admission/5-day Minimum Data Set (MDS) assessment dated 12/28//21 revealed he was cognitively intact. Review of facility grievance dated 1/4/22 revealed Resident #43 reported to Social Worker #1 that staff shaved him against his will. The grievance continued that Resident #43 had asked staff at least three times to stop. The facility investigation and response stated Nurse Aide (NA) #3 was asked to shave Resident #43 by the nurse as requested by the Power of Attorney (POA). The facility had spoken with the (POA) and it was decided Resident #43 would go to the salon to be shaved going forward. Interview with Resident # 43 on 2/16/22 at 11:40AM revealed he filed a grievance with the facility because NA #3 shaved his facial hair, and he asked her to stop at least three times. He stated that although he requested for her to stop, she continued. Interview with Nurse #2 on 2/17/22 at 10:57AM revealed the POA had called 1/4/22 and wanted Resident #43 shaved. Nurse #2 stated she asked NA #3 to shave him. She further revealed NA #3 came out of the room and told her Resident #43 was upset because he did not want her to shave him and that he wanted someone else to do it. This was after NA #3 had already finished shaving him. She stated that the POA was called and put on speaker phone to help calm Resident #43 down, but he was not satisfied. She further revealed she was not aware Resident #43 had	F 561	barber appointments ongoing, informing staff not to shave resident moving forward, and scheduling a barber shop appointment for a shaving. Completed (prior to survey) on January 4, 2022, by the Social Worker and Administrator in Training. 2. Resident plan of care was updated following grievance with CNA's and nursing staff educated on residents preference not to be shaved and to have barber appointments. Resident received barber appointments and shaving on 1/28/22, 2/8/22 and 2/22/22 based on his preference. 2. Education performed with caregivers on honoring resident preferences, especially related to hygiene and toileting. Completed on or before March 25, 2022, by the Administrator in Training, Director of Nursing, RN Supervisor, or designee. 4. Immediate psychosocial support provided to resident regarding his concerns following the incident by social worker and medical director on 1/4/22. Completed on or before January 4, 2022, by the social worker. 5. Social workers met with 100% of residents to discuss care, particularly surrounding care preferences to ensure preferences are being honored. Completed on or before March 16, 2022, by the Social Workers or designee. 11. Ongoing audits of care preferences and ensuring no concerns are voiced regarding , with 10% of residents in building being audited weekly. Results will be taken to quarterly QAPI. Completed on or before March 16, 2022,	

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F 561	Continued From page 10 requested for the NA to stop, and if he did, she should have stopped and reported it to the nurse. Interview on 2/16/22 at 11:19 AM with NA #3 revealed she had been asked by Nurse #2 to shave Resident #43 facial hair. NA # 3 further revealed that she reported to Nurse #2 during shaving Resident #43 was upset because he wanted to go to the beauty shop. NA #3 revealed she continued to shave him. Resident #43 did request for her to stop, but she had already shaved the left and the right side of his face, and only had the middle section and under his chin left. She further indicated that she could not leave him like that way, so she finished shaving him. Interview on 2/16/22 at 11:05AM with the Social Worker #1 revealed she received a call from Resident #43's POA regarding the shaving incident. The Social Worker stated she went and spoke with Resident #43, and he told her that he wanted to go to the barber shop. NA #3 shaved him although he had asked her not to at least twice. The Social Worker revealed she spoke to Nurse #2 and was told that Resident # 43 wanted to go to the barber shop and did not want the NA # 3 to shave him. The Social Worker indicated she had spoken to NA #3 and was told that Resident # 43 had not asked her to stop shaving him until she was almost finished. Interview with AIT on 2/17/22 at 10:10AM revealed she was aware of the concern with Resident #43 shaving. She further revealed it was not confirmed at the time of the investigation if NA #3 was asked to stop by Resident #43. She stated that if Resident # 43 had requested for NA #3 to stop she should have.	F 561	by the Director of Nursing, Social Worker, or designee.	

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ASBURY HEALTH AND REHABILITATION CENTER	3211 BISHOPS WAY LANE CHARLOTTE, NC 28215

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F 641	Continued From page 11	F 641		
F 641 SS=B	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the minimum data set (MDS) assessment for 2 of 21 residents (Resident #67, Resident #37) for Hospice services. Findings included: 1. Resident #67 was admitted to the facility on 03/14/18 with a diagnosis that included Alzheimer' disease. Review of physician order dated 01/18/21 stated Resident #67 admitted to Hospice services due to Alzheimer/ dementia. Review of Resident #67 's MDS assessments revealed: a. Resident #67 's quarterly MDS assessment dated 04/23/21 was coded for not receiving Hospice services. b. Resident #67 's quarterly MDS assessment dated 07/19/21 was coded for not receiving Hospice services. c. Resident #67 's quarterly MDS assessment dated 10/17/21 was coded for not receiving Hospice services.	F 641	Coding for residents #67 and #37 corrected with MDS assessment modifications. Completed and submitted by the MDS Nurses on February 21, 2022. 2. An audit of all residents under Hospice services completed to ensure accuracy of coding on the MDS assessments (quarterly, annual, and significant change assessments, where applicable). Completed on or before March 7, 2022, by the MDS Nurses. 3. An in-service/clarification education was conducted with both MDS nurses regarding coding in accordance with the RAI manual. Completed on or before March 7, 2022, by the Director of Nursing/Administrator in Training. 4. The interdisciplinary team, consisting of Social Workers, Admissions department, and RN Supervisors, was educated on the communication processes and appropriate documentation when someone is admitted to Hospice services. Completed on or before March 25, 2022, by the Director of Nursing/Administrator in Training. 5. List of residents receiving Hospice services will be reviewed daily by MDS and social worker team during clinical meeting to ensure appropriate active diagnoses are entered into the resident's	4/1/22

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F 641	Continued From page 12 d. Resident #67 's annual MDS assessment dated 01/15/22 was coded for not receiving Hospice services. Resident #67 care plan initiated on 01/17/22 for terminal prognosis with interventions that included continue Hospice care, facility to work with Hospice team and continue to make Resident #67 comfortable. An interview with the MDS Coordinator on 02/16/22 at 2:54 PM revealed Resident #67 should have been coded for Hospice services on her most current MDS dated 01/15/22. The MDS Coordinator further stated Resident #67 had been receiving Hospice services that should have been coded on quarterly MDS dated 04/23/21, 07/19/21 and 10/17/21. An interview with the Administrator in Training (AIT) and the Administrator on 02/17/22 at 12:10 PM stated the MDS should reflect current orders and accurately reflect the resident healthcare status. 2. Resident #37 was admitted to the facility on 8/11/20. The diagnoses included dementia, weakness, and cerebrovascular accident (CVA). Review of physician's order dated 12/8/21 for Resident #37 indicated hospice due to late effect CVA. Review of Resident #37's MDS assessments revealed: a. Resident #37's Quarterly MDS dated 6/13/21 was not coded for receiving Hospice Services. b. Resident #37's Quarterly MDS dated 9/13/21	F 641	chart for coding on the MDS. Completed on or before March 7, 2022 by the Social Workers and MDS Nurses, with reviews continuing daily. 6. All residents under active Hospice care will be reviewed weekly during Residents at Risk meeting by MDS nurse/designee to ensure accurate assessment coding, care planning, and orders are in place. Completed on or before March 15, 2022, by the MDS nurse/designee with audits continuing weekly. 7. Hospice resident records will be audited weekly by MDS nurse with any corrections needed completed, as deemed appropriate. Completed on or before March 11, 2022, by the MDS Nurse with audits continuing weekly. 6. Trends will be brought forth to the QAPI Committee for review. Completed on or before April 1, 2022, by the MDS Nurse, with ongoing review for the next 3 months (or until substantial compliance is established and agreed upon by the QAPI committee).	

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F 641	Continued From page 13 was not coded for receiving Hospice Services. c. The MDS annual assessment dated 12/11/21 was not coded for receiving Hospice Services. An interview on 2/17/22 at 3:45 pm with the MDS Coordinator revealed the quarterly MDS dated 6/13/21, the quarterly MDS dated 9/13/21 and the annual MDS dated 12/11/21 were not coded with hospice and should have been coded with hospice. An interview on 2/1722 at 3:50 pm with Administrator in Training (former Director of Nursing/DON) revealed that the MDS should have been coded for hospice.	F 641		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including 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: Based on observations, record review, staff and Physician Assistant interviews the facility failed to obtain oxygen orders for 1 of 1 resident reviewed for oxygen (Resident #262). The findings included: Resident #262 was admitted to the facility on 1/28/2022 with diagnoses that included late onset	F 695	1. Resident #262 assessed by nursing staff and order clarification immediately received by medical director for O2 orders for resident #262. Completed on 2/16/2022 during annual survey. 2. All current residents that require oxygen audited to ensure current physician orders are in place. Completed on March 11, 2022, by the Director of Nursing.	4/1/22

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F 695	Continued From page 14 Alzheimer's disease and chronic diastolic heart failure. Review of 5-day Minimum Data Set (MDS) assessment dated 1/28/2022 revealed Resident #262 was not cognitively intact and was coded as being on oxygen (O2). Review of Resident #262 medical record revealed no care plan or interventions for the use of O2. Review of Resident #262's physician orders revealed no order for oxygen to be administered. Review of Resident #262's hospital discharge summary dated 1/28/2022 revealed no order for O2. Review of Resident #262's O2 saturation levels from 1/28/2022-2/15/2022 revealed all were 95%-99%. Observation on 2/14/2022 at 12:49PM revealed Resident #262 to be receiving O2 by nasal cannula at 1.5 liters per minute (L/min). Resident #262 was observed on 2/15/2022 at 3:27PM to be receiving O2 by nasal cannula at 2L/min. An interview was conducted with Nurse #2 on 2/15/2022 at 4:15PM. She revealed Resident #262 was supposed to be on O2. Upon review of Resident #262's electronic medical record and physical medical record, she stated Resident #262 had no order for O2. Review of electronic medication administration record for January 2022 and February 2022 revealed no order for nurses to check Resident #262's O2 saturation levels.	F 695	2. All residents that have current physician oxygen orders audited to ensure corresponding care plans are in place that reflect the residents needs and status. Audit completed on March 16, 2022, by the MDS Nurses. 3. Education performed with all licensed nurses on policies and procedures for oxygen use and obtaining physician orders. Completed on March 16, 2022, by the Director of Nursing, RN Supervisor, or designee. 4. All new admissions reviewed daily X four weeks in clinical meeting to ensure residents requiring oxygen have current orders in place. Completed on or before April 1, 2022, by the Director or Nursing, RN Supervisor, Admissions Nurse, and/or Designee. 5. Audit completed weekly X 3 months (as part of the weekly Resident at Risk meeting) of all residents requiring oxygen to ensure active physician orders and care plans are in place. Completed on or before March 25, 2022, by the Director or Nursing, MDS Nurse, and/or designee (with ongoing audits completed weekly X 3 months). 6. 24 Hour Report reviewed daily X 3 months to ensure all new orders for oxygen are in place. Completed on or before March 25, 2022, by the third shift nurses, RN Supervisor, charge nurse, or designee (with ongoing reviews completed daily X 3 months). 7. Audits reviewed on a weekly basis X 3 months. Completed on or before March 25, 2022, by the Director of Nursing (with ongoing audits X 3 months).	

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F 695	Continued From page 15 An interview with MDS Coordinator on 2/16/2022 at 2:49PM revealed she was also the admitting nurse for Resident #262 on 1/28/2022. She further revealed Resident #262 had arrived late to the facility on 1/28/2022. Resident #262 was admitted to the facility with O2. MDS Coordinator stated that she had assessed Resident #262 and that she had appeared comfortable on O2, so she left the O2 in place. She stated that she should have informed the on-coming nurse that the standing order for O2 would be needed, but she forgot. She stated if the resident was assessed as needing O2, she would notify the physician to obtain an order. In the instance it was not an emergency, she would apply the O2 and notify the physician the next day. In an interview with the Physician Assistant (PA) on 2/16/2022 at 1:05PM. She reported she was familiar with Resident #262. She stated that nursing staff should assess the resident for need of O2 and apply O2 to keep O2 saturations greater than 90%. Upon PA review of Resident #262's O2 saturations in the electronic record, she stated the O2 saturations for Resident #262 were all greater than 90% with or without O2. The PA revealed the process for initiating a standing order for O2 was to assess the resident and activate a standing order, and then notify the medical provider. An interview was conducted with the Administrator in Training (AIT) who was also the acting Director of Nursing (DON) on 2/17/2022 at 9:17AM. DON revealed staff were required to do an assessment of the resident to determine if O2 was needed and then notify the medical provider to obtain an order for O2 use.	F 695	8. Audits and reviews will be taken to the QAPI committee for review of trends. Completed on or before April 1, 2022, by the Director of Nursing (with ongoing review by the QAPI committee quarterly).	

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F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observations and staff interviews, the facility failed to secure 2 of 6 medication carts when left unattended (200 hall medication cart and the 300-hall medication cart) reviewed for medication storage. The findings included: 1. An observation of the 300-hall medication cart located in the nursing chart room on 2/15/2022 at	F 761	1. Education completed with all nurses/medication aides. Education included the review of the Medication Storage Policy, the storage of all medications/biologicals in a locked cabinet/cart/medication room that is inaccessible by residents or visitors, and education that carts need to be locked when in chart rooms and/or when not in direct sight of the nurse/medication aide.	4/1/22

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F 761	Continued From page 17 3:41PM revealed medication cart unlocked. The nursing chart room door was open. An interview with Nurse #2 on 2/15/2022 at 3:46PM revealed they do not always lock the medication cart when it is in the chart room. Nurse #2 stated she was going off her first shift and was not responsible for the 300 Hall medication cart. An interview and observation with Nurse #3 located on the floor on 2/15/2022 at 3:53PM revealed the medication cart should have been locked. She was observed to enter the nurses chart room and lock the medication cart. 2. During a continuous observation of the 200 all on 2/15/2022 from 4:24PM until 4:37 PM revealed Nurse #4 was in a resident room. The nurse chart room door was observed to be propped open with the medication cart which was unlocked and unattended. An interview with Nurse #4 on 2/15/2022 at 4:37 PM revealed the medication cart should not have been left unattended and unlocked. During an interview with the Administrator in Training on 12/17/2022 at 12:07 PM she stated the medication carts should be always locked or visible to the nurse.	F 761	Completed on or before March 9, 2022, by the Director of Nursing or RN Supervisor. 2. Random audits of 2 medication carts daily for two weeks for compliance for the Medication Storage Policy will occur, followed by 2 medication carts audited three times a week for 6 weeks for compliance with the Medication Storage Policy, and ending with 2 medication carts audited once weekly for 4 weeks for compliance with the Medication Storage Policy. Completed on or before March 11, 2022, by the RN Supervisor/Director of Nursing/Charge Nurse (with ongoing audits continuing as outlined). 3. Monthly random audits will be performed by an outside consultant to verify compliance with the above process. All reported findings will be taken to the Director of Nursing for review. Completed on or before March 11, 2022, by the Pharmacy Consultant and Director of Nursing. 4. Review of all audits completed, with follow-up of any trends or patterns. Completed by the Director of Nursing on or before March 11, 2022, with ongoing reviews occurring weekly. 5. Audits and reviews will be taken to the QAPI committee for review of trends. The QAPI committee will determine the need for further monitoring after 12 weeks of audits. Completed on or before April 1, 2022, by the Director of Nursing (with ongoing review by the QAPI committee quarterly).	