

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

PRINTED: 07/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345217	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2022
NAME OF PROVIDER OR SUPPLIER PREMIER NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 225 WHITE STREET JACKSONVILLE, NC 28546		
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F 000	<p>INITIAL COMMENTS</p> <p>The survey team entered the facility on 06/15/22 to conduct a complaint investigation and exited on 06/16/22. The survey team returned to the facility on 06/30/22 to obtain additional information and exited on 06/30/22. Event ID# LND911.</p> <p>The following intakes were investigated: NC00189934, NC00189819, NC00189665, NC00189604.</p> <p>3 of the 4 complaint allegations were substantiated resulting in deficiencies.</p> <p>Immediate Jeopardy was identified at: CFR 483.25 at tag F684 at a scope and severity (K) CFR 483.45 at tag F756 at a scope and severity (J) CFR 483.70 at tag F835 at a scope and severity (K) CFR 483.90 at tag F925 at a scope and severity (J)</p> <p>The tag F684 constituted Substandard Quality of Care.</p> <p>Immediate Jeopardy for F684 began on 5/19/22 and was removed on 6/30/22. Immediate Jeopardy for F756 began on 5/20/22 and was removed on 6/30/22. Immediate Jeopardy for F835 began on 5/19/22 and was removed on 6/30/22. Immediate Jeopardy for F925 began on 6/12/22 and was removed on 6/18/22.</p> <p>A partial extended survey was conducted.</p>	F 000			
F 684 SS=K	<p>Quality of Care CFR(s): 483.25</p>	F 684		7/22/22	

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

TITLE

(X6) DATE

Electronically Signed

07/22/2022

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 684	<p>Continued From page 1</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews with staff, Speech Therapist, Nurse Practitioner and Physician the facility failed to review a history and physical from the hospital for a newly admitted resident, administer diabetes medications as listed on the hospital discharge summary, clarify medication orders with the physician, and monitor blood sugars for a resident with diabetes. Resident #3 was unresponsive to verbal stimuli on 5/25/22 and required hospitalization in the intensive care unit with a diagnosis of hyperglycemic state with a blood sugar reading of 711 milligrams per deciliter. This was for 1 of 2 residents (Resident #3) reviewed for diabetes care.</p> <p>Immediate Jeopardy began on 5/19/22 when the facility failed to review a history and physical from the hospital resulting in the omission of the physician's order for metformin (a medication used to treat diabetes) 1000 milligrams twice per day. Immediate Jeopardy was removed on 6/30/22 when the facility provided and implemented an acceptable plan for Immediate Jeopardy removal. The facility remains out of compliance at the lower level of scope and severity of "E" to ensure education is completed</p>	F 684	<p>F684 Quality of Care</p> <p>Resident #3 no longer resides in the facility.</p> <p>On 6/29/22, the Pharmacist reviewed all current residents admitted between 5/19/22 to 6/28/22 medications, including diabetic medications. The Pharmacist checked the resident discharge summary and compare it to facility medication orders to ensure medications were transcribed accurately to the medication administration record upon admission. The Pharmacist notified the director of nursing with all findings. The director of nursing contacted the physician for any necessary clarifications and/or further recommendations for any errors identified. The audit was completed by 6/29/22.</p> <p>On 6/29/22, the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, Director of Nursing, and Pharmacist reviewed all diabetic residents to ensure orders for finger sticks are in place as ordered by the physician. The Quality</p>		

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F 684	<p>Continued From page 2 and monitoring systems in place are effective.</p> <p>The findings included:</p> <p>Review of Resident #3's discharge summary dated 5/19/22 from the hospital revealed a discharge medication list which included the following medications used to treat diabetes: metformin 1000 milligrams twice per day and dulaglutide (a medication used to treat diabetes) 0.75 milligrams inject under the skin one time weekly. Recommendation was listed to follow up with primary care physician for optimal control of diabetes. Blood sugar monitoring was not ordered.</p> <p>Resident #3 was admitted to the facility on 5/19/22 with medical diagnoses which included in part stroke, diabetes, congestive heart failure and pneumonia.</p> <p>Review of the facility physician orders entered on 5/19/22 by the Unit Manager revealed metformin 1000 milligrams by mouth twice per day was not listed on the facility physician orders.</p> <p>Interview with the Unit Manager on 6/16/22 at 1:02 PM revealed the orders were entered from the medication list in the discharge summary. The Unit Manager reported she called the doctor for clarification of orders as needed. The Unit Manager did not recall requesting clarification of Resident #3's orders. She indicated there was not a protocol for blood sugars on admission for residents with diabetes. The Unit Manager further stated she just entered the medications and did not read the discharge summary or history and physical. She was unable to explain why metformin 1000 mg twice daily was not</p>	F 684	<p>Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing will contact the physician for any residents on diabetic medications identified without a fingerstick order to validate need for monitoring. A justification note will be documented in the clinical record by the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing for any diabetic resident whose physician does not want a blood sugar obtained. Orders will be written for all other diabetic residents that require blood sugars. The audit was completed by 6/29/22.</p> <p>On 6/29/22, the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing will review medication administration records from 6/1/22 to 6/28/22 for all current diabetic residents to ensure diabetic medications were administered per physician orders. The physician will be contacted, and an incident report will be initiated by the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing for any identified areas of concern. The audit was completed by 6/29/22.</p> <p>On 6/29/22, the Staff Development Coordinator initiated an in-service with all nursing assistants, nurses, dietary, housekeeping, medical records, accounts receivable, accounts payable, maintenance, social work, receptionists, admissions, Administrator and therapy regarding Signs and Symptoms of</p>		

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F 684	<p>Continued From page 3</p> <p>entered into the facility's orders as indicated in the medication list on the discharge summary.</p> <p>Review of Resident #3's care plan dated 5/23/22 revealed a problem of diabetes with goal of will adhere to treatment regimen through next review. Interventions included fingerstick blood sugar as ordered or per protocol, observe for signs and symptoms of hypoglycemia or hyperglycemia (low or high blood sugar), and administer medication as ordered by the physician.</p> <p>Review of Resident #3's Medication Administration Record (MAR) for May 2022 revealed the medication metformin was not listed. In addition, dulaglutide 0.75 milligrams, a once weekly injection to control blood sugar, was on the MAR and documented on 5/24/22 as not given due to not available.</p> <p>Review of Registered Dietician progress note dated 5/24/22 indicated Resident #3's intake was variable, and he consumed 0-100% of meals.</p> <p>Review of a physician progress note for Resident #3 dated 5/24/22 indicated that the discharge summary did not match the current regimen and the physician referenced the need to discuss with staff clarification of metformin on the discharge summary medication list that was not listed on the facility orders.</p> <p>Review of Resident #3's 5-day Minimum Data Set assessment dated 5/25/22 revealed a diagnosis of diabetes and insulin, injectable medication for diabetes, was not administered. Resident #3 had moderate cognitive impairment and received speech therapy services.</p>	F 684	<p>Hyperglycemia per the Mayo Clinic guideline include but are not limited to elevated blood sugar, nausea, vomiting, shortness of breath, dry mouth, weakness, frequent urination, increased thirst, blurred vision, fatigue, headache, and confusion. In-service will be completed by 7/22/22. All newly hired nursing assistants, nurses, dietary, housekeeping, medical records, accounts receivable, accounts payable, maintenance, social work, receptionists, admissions, Administrator and therapy will be in-serviced during orientation regarding Signs and Symptoms of Hyperglycemia.</p> <p>On 6/29/22, the Staff Development Coordinator initiated an in-service with all nurses regarding:</p> <ol style="list-style-type: none"> 1. Clarify the need for blood sugar monitoring orders when a resident receiving diabetic medication is admitted to the facility without orders in place for glucose monitoring. 2. Clarify orders for medications and blood sugar monitoring to include admission medication orders from the discharge summary with a physician if they are not clear and precise before transcribing to the MAR. 3. Obtain blood sugars when an acute change in condition is observed on a diabetic resident. 4. If a medication is unavailable, and not in the emergency medication kit, notify the pharmacy to obtain medication. If unable to obtain medication from pharmacy and administer during the scheduled time, notify the physician for alternative orders. 		

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F 684	<p>Continued From page 4</p> <p>Review of Resident #3's nursing progress note written by Nurse #1 dated 5/25/22 at 9:30 AM revealed the following: resident was unresponsive to verbal stimuli, cool and clammy to touch with blood sugar of "HI.", indicating a blood sugar level of greater than 400 milligrams per deciliter. The nurse practitioner (NP) was notified and gave order to send Resident #3 to the hospital.</p> <p>Review of the emergency department note dated 5/25/22 for Resident #3 revealed a diagnosis of diabetes with hyperosmolar hyperglycemic state, a life-threatening condition in a diabetic patient who experiences high blood glucose levels caused by infection or illness which can develop over days or weeks. Lab report dated 5/25/22 at 10:56 AM indicated Resident #3's blood glucose level was 711milligrams per deciliter. Resident #3 required admission to the hospital intensive care unit, required intravenous insulin to lower his blood sugar and received treatment for sepsis, a widespread infection, due to pneumonia.</p> <p>Interview with the Speech Therapist on 6/16/22 at 10:16 AM revealed she treated Resident #3 from 5/20/22 to 5/25/22 due to dysphagia (difficulty swallowing foods and liquids) and cognitive and communication deficits. The Speech Therapist revealed that she observed Resident #3 on the morning of 5/25/22 and noted he had no gag or swallow response. The Speech Therapist indicated she alerted the Nurse Practitioner of Resident #3's change in condition which resulted in transfer to the hospital for evaluation.</p> <p>Interview with the physician on 6/16/22 at 2:58 PM revealed he did not recall being asked to order blood sugar monitoring for Resident #3. The physician further stated he became aware on</p>	F 684	<p>In-service will be completed by 7/22/22. All newly hired nurses will be in-serviced during orientation.</p> <p>On 06/29/2022 the administrator initiated an in-service with the Director of Nursing, Quality Assurance Nurse, Nurse Supervisor, Staff Development Coordinator and Nurse Facilitator on the Process for Completion of the Admission Checklist to include medication reconciliation for new admissions and notify the physician of any discrepancies in the clinical meeting. The Director of Nursing, Quality Assurance Nurse, Nurse Supervisor, Staff Development Coordinator and Nurse Facilitator to review all new admissions utilizing the admission check list during the next scheduled clinical meeting held Monday through Friday to ensure the admission process was completed. In-services will be completed by 7/22/22. All newly hired Director of Nursing, Quality Assurance Nurse, Nurse Supervisor, Staff Development Coordinator and Nurse Facilitator will be in-serviced during orientation regarding Process for Completion of the Admission Checklist.</p> <p>The Administrative team to include QA nurse, Nurse Supervisor, MDS nurse, Staff Facilitator and Nurse Facilitator will review the Day of Admission Checklist/Orders Listing Report compared to resident Discharge Summary 5 times a week x 4 weeks then weekly x 4 weeks then monthly x 1 month Monday-Friday during clinical meeting. This audit is to</p>		

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F 684	<p>Continued From page 5</p> <p>5/24/22 that metformin was on the discharge summary list of medications but was not transcribed to the facility orders. He indicated he intended to discuss this with staff however Resident #3 was discharged to the hospital on 5/25/22. The physician stated that metformin would not have prevented Resident #3's elevated blood sugar reading on 5/25/22 which resulted in hospitalization. Sepsis, or widespread infection, could account for a highly elevated blood sugar reading. The physician stated he was not informed of the pharmacy recommendation for Resident #3 dated 5/20/22 regarding metformin.</p> <p>Interview with the Nurse Practitioner (NP) on 6/15/22 at 4:16 PM revealed that on the morning of 5/25/22 Resident #3 was clammy and diaphoretic, his blood sugar registered "HI" which indicated elevated blood sugar and he was sent to the hospital for evaluation. NP did not recall being informed that Resident #3 had been on insulin prior to hospitalization or a request for an order to check blood sugars. NP was unaware that metformin was listed on the hospital discharge medication list and was not listed on the facility medication administration record.</p> <p>Interview with the Director of Nursing (DON) on 6/16/22 at 12:51 PM revealed the discharge summary was used for orders for new admissions from the hospital. The facility received the discharge summary by fax prior to admission or a paper copy on admission. The unit manager entered the orders from the discharge summary including the discharge medication list. The DON stated that the physician orders for Resident #3 were not validated by a second nurse to ensure the accurate transcription as this practice was not consistently in place.</p>	F 684	<p>ensure the facility follows the admission process to include review of the discharge summary, verifying admission orders with the physician to include but not limited to blood glucose monitoring for diabetic residents, ensuring medications are transcribed accurately to the MAR/TAR, and that medications are administered per physician orders. The QA nurse, Nurse Supervisor, MDS nurse, Staff Facilitator and Nurse Facilitator will address all concerns identified during the audit to include but not limited to completion of the Day of Admission Checklist, transcribing medications and administering medications per physician orders, and notification of the physician for any discrepancies for further recommendations. The DON will review the Day of Admission Checklist/Orders listing report/Discharge Summary Audit 5 times a week x 4 weeks then weekly x 4 weeks then monthly x 1 month to ensure all concerns were addressed. The QA nurse will review all review the discharge summary for all new admissions/readmissions 5 times a week x 4 weeks, weekly x 4 weeks then monthly x 1-month Monday-Friday utilizing the Glucose Monitoring Audit Tool. This audit is to ensure all residents admitted with diagnosis of diabetes has blood glucose monitoring orders in place and/or validate with the physician need for blood glucose monitoring. The QA nurse will address all concerns identified during the audit to include notification of the physician for any discrepancies. The Director of Nursing will review Glucose Monitoring Audit Tool</p>		

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F 684	Continued From page 6 The Administrator was notified of Immediate Jeopardy on 6/28/22 at 2:12 PM On 6/29/22 the facility provided the following credible allegation of Immediate Jeopardy removal: Recipients who have suffered or are likely to suffer a serious adverse outcome as a result of the non-compliance: Resident #3 was alert and oriented on admission with slurred speech. Diagnosis include Cerebral Vascular Accident, Type II diabetes, congestive heart failure, angina, major depressive disorder, Hypertension, obesity, insomnia, non-traumatic hemorrhage, and Atrial fibrillation. On 5/19/22, Resident #3 was admitted to the facility with an order for metformin 1000 mg per tab, one tab by mouth 2 x daily. The admitting nurse did not transcribe the order to the medication administration record per the hospital discharge summary. There was no order on the discharge summary for blood sugar monitoring, blood sugar was checked on admission and noted to be 177. On 5/20/22, the pharmacist consultant conducted an admission drug regimen review and identified the medication Metformin was not listed on physician admission orders. On 5/24/22, the physician completed an initial admission assessment of the resident and resident's medications and identified Metformin as listed on the discharge summary. The physician determined the medication would remain on hold until further clarity was received on swallowing function and nutritional intake. On 5/24/2022, the dulaglutide was not administered due to medication not being available. The nurse did	F 684	5 times a week x 4 weeks, weekly x 4 weeks then monthly x 1 month Monday-Friday to ensure all concerns were addressed. The DON will present the findings of the Day of Admission Checklist/Orders listing report/Discharge Summary Audit and Glucose Monitoring Audit Tool to the Executive Quality Assurance (QA) committee monthly for 3 months. The Executive QA Committee will meet monthly for 3 months and review the Day of Admission Checklist/Orders listing report/Discharge Summary Audit and Glucose Monitoring Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.		

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F 684	<p>Continued From page 7</p> <p>contact the pharmacy to have it sent that evening, however, she did not notify the physician to obtain an order to give when the dose came in. Resident did not exhibit signs nor symptoms of hyperglycemia at that time. The resident was sent to the hospital on the morning of 05/25/2022 prior to the physician obtaining clarification on swallowing function and nutritional intake, and before the medication was received. On the morning of 5/25/22, Resident #3 was unresponsive to verbal stimuli, cool and clammy to touch and blood sugar listed as "high." The nurse practitioner was on site and aware of the resident's condition. The nurse practitioner examined the resident and gave new order to send Resident #3 to the emergency room for further evaluation. 911 was called, and the resident was transferred to the emergency room per the physician's order. The resident was admitted to the hospital with the primary diagnosis of sepsis due to pneumonia. The resident representative was notified of transfer to the emergency room for evaluation.</p> <p>All newly admitted residents from the hospital and all residents with diabetes have the potential to be affected by the deficient practice.</p> <p>On 6/29/22, the Pharmacist reviewed all current residents admitted between 5/19/22 to 6/28/22 medications, including diabetic medications. The Pharmacist checked the resident discharge summary and compared it to the facility medication orders to ensure medications were transcribed accurately to the medication administration record upon admission. The Pharmacist contacted the Director of Nursing (DON) with all findings, and the DON contacted the physician for any necessary clarifications. The clarification orders were obtained, and the</p>	F 684			

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F 684	<p>Continued From page 8</p> <p>physician completed documentation for any errors identified. The audit was completed by 6/29/22.</p> <p>On 6/29/22, the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, Director of Nursing, and Pharmacist reviewed all diabetic residents to ensure orders for finger sticks are in place as ordered by the physician. The Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing contacted the physician for any residents on diabetic medications identified without a fingerstick order to validate need for monitoring. A justification note was documented in the clinical record by the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing for any diabetic resident whose physician did not want a blood sugar obtained. Orders were written for all other diabetic residents that require blood sugars. The audit was completed by 6/29/22.</p> <p>On 6/29/22, the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing reviewed medication administration records from 6/1/22 to 6/28/22 for all current diabetic residents to ensure diabetic medications were administered per physician orders. The physician was contacted, and an incident report was initiated by the Quality Assurance Nurse, Nurse Supervisor, Nurse Facilitator, and Director of Nursing for any identified areas of concern.</p> <p>Actions taken by the facility to alter the process or system failure to prevent a serious adverse outcome for occurring or recurring:</p> <p>On 6/29/22, the Staff Development Coordinator</p>	F 684			

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F 684	<p>Continued From page 9</p> <p>initiated an in-service with all nursing assistants, nurses, dietary, housekeeping, medical records, accounts receivable, accounts payable, maintenance, social work, receptionists, admissions, Administrator and therapy regarding:</p> <p>1. Signs and symptoms of hyperglycemia per the Mayo Clinic guideline include but are not limited to elevated blood sugar, nausea, vomiting, shortness of breath, dry mouth, weakness, frequent urination, increased thirst, blurred vision, fatigue, headache, and confusion.</p> <p>On 6/29/22, the Staff Development Coordinator initiated an in-service with all nurses regarding:</p> <p>1. Clarify the need for blood sugar monitoring orders when a resident receiving diabetic medication is admitted to the facility without orders in place for glucose monitoring.</p> <p>2. Clarify orders for medications and blood sugar monitoring to include admission medication orders from the discharge summary with a physician if they are not clear and precise before transcribing to the MAR.</p> <p>3. Obtain blood sugars when an acute change in condition is observed on a diabetic resident.</p> <p>4. If a medication is unavailable, and not in the emergency medication kit, notify the pharmacy to obtain medication. If unable to obtain medication from pharmacy and administer during the scheduled time, notify the physician for alternative orders.</p> <p>On 06/29/2022 the administrator initiated an in-service with the Director of Nursing, Quality Assurance Nurse, Nurse Supervisor, Staff Development Coordinator and Nurse Facilitator on the process for completion of the admission checklist to include medication reconciliation for new admissions and notify the physician of any</p>	F 684			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 684	<p>Continued From page 10 discrepancies in the clinical meeting.</p> <p>The Director of Nursing, Quality Assurance Nurse, Nurse Supervisor, Staff Development Coordinator and Nurse Facilitator to review all new admissions utilizing the admission check list during the next scheduled clinical meeting held Monday through Friday to ensure the admission process was completed.</p> <p>In-services will be completed by 6/29/22. After 6/29/22, the Administrator will ensure the remaining in-services for staff who have not worked or have not received the in-services are mailed certified mail with instructions to review, sign the in-service, and return to the Staff Development Coordinator or Director of Nursing before the next scheduled work shift.</p> <p>Alleged Immediate Jeopardy Removal date: 6/30/22</p> <p>On 6/30/22 the credible allegation of Immediate Jeopardy was validated by onsite verification including record review and interviews which verified that the audits were completed. Interview with the Regional Clinical Pharmacy Manager revealed that the audit of all current resident medication records including diabetic medications were checked to ensure that the medications were transcribed correctly. The Director of Nursing (DON) was interviewed and verified that all audits were completed. Record review revealed that the audits were completed as indicated.</p> <p>Review of inservice records revealed that all staff received training regarding signs and symptoms of hyperglycemia. Staff received training either in</p>	F 684			

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F 684	Continued From page 11 person or via certified mail. A review of inservices and inservice sign in sheets as well as staff interviews verified that education was provided to all nurses regarding blood sugar monitoring orders, clarification of medication orders to ensure that medications orders from the discharge summary are accurately and precisely transcribed to the medication administration record, and steps to take when a medication was not available. Inservice records indicated that the administrator provided education to the administrative nurses regarding the process of the admission checklist to address medication reconciliation for new admissions and notification of the physician of any discrepancies. Record review revealed that inservices were completed by 6/29/22. Interviews with staff revealed that education was provided. The facility's Immediate Jeopardy removal date of 6/30/22 was validated.	F 684			
F 756 SS=J	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §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. (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. (ii) Any irregularities noted by the pharmacist	F 756		7/22/22	

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F 756	<p>Continued From page 12</p> <p>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.</p> <p>(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.</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 staff and the physician, the facility failed to act upon the consultant pharmacist's new admission Medication Regimen Review (MRR) that identified Metformin (a medication used in the treatment of diabetes) 1000 milligrams twice daily listed on the hospital discharge summary was omitted from the facility's physician orders resulting in 12 missed doses of the medication for 1 of 2 residents reviewed for diabetes care (Resident #3). Resident #3 was unresponsive to verbal stimuli on 5/25/22 at 09:30 AM. Resident #3 was cool and clammy to touch with a blood sugar of "Hi," indicating an abnormal reading with a level greater than 400 milligrams per deciliter. Resident #3 required hospitalization in the</p>	F 756	<p>F756 Drug Regimen Review</p> <p>Resident #3 no longer resides in the facility.</p> <p>On 6/29/22, the Pharmacist reviewed all current residents admitted between 5/19/22 to 6/28/22 medications, including diabetic medications. The Pharmacist checked the resident discharge summary and compare it to facility medication orders to ensure medications were transcribed accurately to the medication administration record upon admission. The Pharmacist contacted the director of nursing with all findings. The director of nursing will contact the physician for any</p>		

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F 756	<p>Continued From page 13</p> <p>intensive care unit with a diagnosis of hyperglycemic state with a blood sugar reading of 711 milligrams per deciliter.</p> <p>Immediate Jeopardy began on 5/20/22 when the facility failed to act upon the Consultant Pharmacist's initial Medication Regimen Review (MRR) that identified metformin 1000 milligrams twice per day was not listed on the facility's physician orders. Immediate Jeopardy was removed on 6/30/22 when the facility provided and implemented an acceptable plan of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of "D" to ensure that education is completed and monitoring systems in place are effective.</p> <p>The findings included:</p> <p>Review of Resident #3's discharge summary dated 5/19/22 from the hospital revealed a discharge medication list which included the following medication used to treat diabetes: metformin 1000 milligrams twice per day.</p> <p>Resident #3 was admitted to the facility on 5/19/22 with medical diagnoses which included in part stroke, diabetes, congestive heart failure and pneumonia.</p> <p>Review of a pharmacy admission Medication Regimen Review dated 5/20/22 at 3:48 PM for Resident #3 revealed, in part, the following: Potentially clinically significant medication issue: the discharge summary listed order for metformin 1000 milligrams by mouth twice per day was not listed on the facility physician orders. Instructions on this admission MRR form indicated to act on</p>	F 756	<p>necessary clarifications. The clarification orders will be obtained, and the physician will complete documentation for any errors identified. The audit was completed on 6/29/22.</p> <p>On 6/29/22, the Quality Assurance Nurse and the Nurse Supervisor initiated a review of the Consultant Pharmacist's New Admission Medication Regimen Review for all current residents admitted between 5/19/22 to 6/28/22 to ensure all potential clinically significant medication issues identified by the Pharmacist were addressed. The Quality Assurance Nurse and Nurse Supervisor will address all concerns identified during the audit by obtaining clarification orders from the physician. The audit was completed by 6/29/22.</p> <p>On 6/29/22, the Administrator initiated an in-service with the Director of Nursing, Medical Records Director and the Minimum Data Set Nurses regarding the process for reviewing the Consultant Pharmacist New Admission Medication Regimen Review upon receipt to ensure all potential clinically significant medication issues identified by the pharmacist were addressed. In-service will be completed by 7/22/22. All newly hired Director of Nursing, Medical Records Director and Minimum Data Set Nurses will be in-serviced during orientation regarding Consultant Pharmacist New Admission Medication Regimen Review.</p> <p>The Quality Assurance Nurse (QA) and the Nurse Supervisor will review the Consultant Pharmacist's New Admission</p>		

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F 756	<p>Continued From page 14</p> <p>the potential issues and place a copy of this form and the response taken into the resident's paper chart or electronic health record. If order changes were made, the pharmacy was to be notified by sending a complete order to the pharmacy.</p> <p>Review of physician history and physical note for Resident #3 dated 5/24/22 indicated that the discharge summary did not match the current regimen and the physician referenced the need to discuss with staff clarification of metformin on the discharge summary medication list that was not listed on the facility orders.</p> <p>Review of Resident #3's Medication Administration Record (MAR) for May 2022 revealed the medication metformin was not listed resulting in 12 missed doses.</p> <p>Review of the medication orders following the consultant pharmacist's Medication Regimen Review (MRR) revealed from 5/20/22 to 5/25/22 there was no follow up on the order for metformin 1000 milligrams by mouth twice per day.</p> <p>Review of Resident #3's nursing progress note written by Nurse #1 dated 5/25/22 at 9:30 AM revealed the following: resident was unresponsive to verbal stimuli, cool and clammy to touch with blood sugar of "HI.", indicating a blood sugar level of greater than 400 milligrams per deciliter. The nurse practitioner (NP) was notified and gave order to send Resident #3 to the hospital.</p> <p>Review of the emergency department note dated 5/25/22 for Resident #3 revealed a diagnosis of diabetes with hyperosmolar hyperglycemic state, a life-threatening condition in a diabetic patient</p>	F 756	<p>Medication Regimen Review for all new admissions weekly x 8 weeks then monthly x 1 month. This audit is to ensure all potential clinically significant medication issues identified by the Pharmacist were addressed. The Quality Assurance Nurse and Nurse Supervisor will address all concerns identified during the audit by obtaining clarification orders from the physician. The Administrator will review the New Admission Medication Regimen Review weekly x 8 weeks then monthly x 1 month to ensure all areas of concern were addressed.</p> <p>The QA Nurse will present the findings of the New Admission Medication Regimen Review to the Executive Quality Assurance (QA) committee monthly for 3 months. The Executive QA Committee will meet monthly for 3 months and review the New Admission Medication Regimen Review to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 756	<p>Continued From page 15</p> <p>who experiences high blood glucose levels caused by infection or illness which can develop over days or weeks. Lab report dated 5/25/22 at 10:56 AM indicated Resident #3's blood glucose level was 711 milligrams per deciliter. Resident #3 required admission to the hospital intensive care unit, required intravenous insulin to lower his blood sugar and received treatment for sepsis, a widespread infection, due to pneumonia.</p> <p>Interview with the physician on 6/16/22 at 2:58 PM revealed he became aware on 5/24/22 that metformin was on the discharge summary list of medications but was not transcribed to the facility orders during his routine evaluation. He intended to discuss this with staff however Resident #3 was discharged to the hospital on 5/25/22. The physician stated that metformin would not have prevented Resident #3's elevated blood sugar reading on 5/25/22 which resulted in hospitalization. Sepsis, or widespread infection, could account for a highly elevated blood sugar reading. The physician stated he was not informed of the pharmacy admission Medication Regimen Review for Resident #3 dated 5/20/22 regarding metformin.</p> <p>Interview with the Director of Nursing (DON) on 6/16/22 at 3:32 PM revealed that the pharmacy admission MRR for new residents were sent to her email as well as the Minimum Data Set nurse's email. A copy was also sent via fax to the facility. The DON was unsure which fax machine the MRR was sent to as she stated there were problems with the fax machines in the facility. The DON revealed that she was to print the MRR from her email and give to the Unit Manager to address. The Unit Manager was responsible for addressing the pharmacy recommendations. The</p>	F 756			

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F 756	<p>Continued From page 16</p> <p>DON stated the admission MRR for Resident #3 was sent to her email on 5/20/22 and she overlooked it and did not address it. The DON revealed that the expectation was that the MRR for each newly admitted resident would be addressed as soon as possible.</p> <p>Interview with the Unit Manager on 6/16/22 at 4:22 PM revealed that there had been an ongoing issue with the pharmacy recommendations not being received and addressed. The Unit Manager stated sometimes the pharmacy recommendations were sent via email to the DON or medical records or sometimes they were faxed to the facility. The Unit Manager did not recall addressing the pharmacy recommendation for Resident #3. The Unit Manager stated that Resident #3 may have been discharged prior to the pharmacy recommendation being addressed.</p> <p>The Administrator was notified of Immediate Jeopardy on 6/28/22 at 2:12 PM.</p> <p>On 6/29/22 the facility provided the following credible allegation of Immediate Jeopardy Removal:</p> <p>Recipients who have suffered or are likely to suffer a serious adverse outcome as a result of the non-compliance:</p> <p>Resident #3 was alert and oriented on admission with slurred speech with diagnoses of Cerebral Vascular Accident, type II diabetes, congestive heart failure, angina, major depressive disorder, Hypertension, obesity, insomnia, non-traumatic hemorrhage, and Atrial fibrillation. On 5/19/22, Resident #3 was admitted to the facility with an order for metformin 1000 mg per tab, one tab by</p>	F 756			

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F 756	<p>Continued From page 17</p> <p>mouth 2 x daily. The admitting nurse did not transcribe the order to the medication administration record per the hospital discharge summary. On 5/20/22, the pharmacist consultant conducted an admission drug regimen review and identified the medication Metformin was not listed on physician admission orders. This was documented on the Admission Medication Regimen Review form by the pharmacist and emailed to the Director of Nursing on 05/20/22. The Admission Medication Regimen Review was not addressed by the Director of Nursing due to a lack of understanding of the process. On 5/25/22, Resident #3 was unresponsive to verbal stimuli, cool and clammy to touch and blood sugar listed as "high." The nurse practitioner was on site and aware of the resident's condition. The nurse practitioner examined the resident and gave new order to send resident #1 to the emergency room for further evaluation. 911 was called, and the resident was transferred to the emergency room per the physician's order. The resident was admitted to the hospital with the primary diagnosis of sepsis due to pneumonia. The resident representative was notified of transfer to the emergency room for evaluation.</p> <p>All residents who are newly admitted to the facility have the potential to be affected by the deficient practice.</p> <p>Actions taken to alter the process or system failure to prevent a serious adverse outcome for occurring or recurring</p> <p>On 6/29/22, the Pharmacist will review all current residents admitted between 5/19/22 to 6/28/22 medications, including diabetic medications. The Pharmacist will check the resident discharge summary and compare it to facility medication</p>	F 756			

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F 756	<p>Continued From page 18</p> <p>orders to ensure medications were transcribed accurately to the medication administration record upon admission. The Pharmacist will contact the director of nursing with all findings, and the director of nursing will contact the physician for any necessary clarifications. The clarification orders will be obtained, and the physician will complete documentation for any errors identified. The audit will be completed by 6/29/22.</p> <p>On 6/29/22, the Quality Assurance Nurse and the Nurse Supervisor will review the Consultant Pharmacist's New Admission Medication Regimen Review for all current residents admitted between 5/19/22 to 6/28/22 to ensure all potential clinically significant medication issues identified by the Pharmacist were addressed. The Quality Assurance Nurse and Nurse Supervisor will address all concerns identified during the audit by obtaining clarification orders from the physician. The audit will be completed by 6/29/22. On 6/29/22, the Administrator initiated an in-service with the Director of Nursing, Medical Records Director and the Minimum Data Set Nurses regarding:</p> <p>1. The process for reviewing the Consultant Pharmacist New Admission Medication Regimen Review upon receipt to ensure all potential clinically significant medication issues identified by the pharmacist were addressed.</p> <p>In-services will be completed by 6/29/22. After 6/29/22, the Administrator will ensure the remaining in-services for staff who have not worked or have not received the in-services are mailed certified mail with instructions to review, sign the in-service, and return to the staff facilitator and/or director of nursing prior to next</p>	F 756			

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F 756	Continued From page 19 scheduled work shift. Alleged Immediate Jeopardy Removal date: 6/30/22 On 6/30/22 the credible Allegation of Immediate Jeopardy was validated by onsite verification. Record review and interview with the Regional Consultant Pharmacist verified the audit was completed of all residents admitted from 5/19/22 to 6/28/22 medications including diabetic medications. Audit of new admission Medication Regimen Reviews for current residents admitted between 5/19/22 to 6/28/22 was completed as of 6/29/22. Interview with the Director of Nursing (DON), Unit Manager and Staff Development Coordinator verified that 100% of the audits were completed as of 6/29/22. A review of inservices and inservice sign in sheets as well as staff interviews verified that education was provided by the Administrator to the DON, Medical Records Director and Minimum Data Set nurses regarding the process for review of the Consultant Pharmacist New Admission Medication Regimen Review. Inservice records revealed this was completed as of 6/29/22. The facility's Immediate Jeopardy removal date of 6/30/22 was validated.	F 756			
F 835 SS=K	Administration CFR(s): 483.70 §483.70 Administration. A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by:	F 835		7/22/22	

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F 835	<p>Continued From page 20</p> <p>Based on record review and interviews with the Physician, Nurse Practitioner, Speech Therapist, and staff, the facility Administration failed to provide leadership and oversight to ensure effective systems were in place for reviewing history and physicals from the hospital for newly admitted residents, administering diabetes medications as listed on the hospital discharge summary, clarifying medication orders with the physician, monitoring blood sugars for a resident with diabetes, and acting upon recommendations contained in the Consultant Pharmacist ' s new admission Medication Regimen Review (MRR) for 1 of 2 residents (Resident #3) reviewed for diabetes care.</p> <p>Immediate Jeopardy began on 5/19/22 when the facility failed to have an effective system in place to ensure a history and physical from the hospital was reviewed resulting in the omission of the physician ' s order for metformin (a medication used to treat diabetes) 1000 milligrams twice per day. Immediate Jeopardy was removed on 6/30/22 when the facility provided and implemented an acceptable plan for Immediate Jeopardy removal. The facility remains out of compliance at the lower level of scope and severity of "E" to ensure education is completed and monitoring systems in place are effective.</p> <p>The findings included:</p> <p>This tag is cross referenced to: F684 Based on record review and interviews with staff, Speech Therapist, Nurse Practitioner and Physician the facility failed to review a history and physical from the hospital for a newly admitted resident, administer diabetes medications as listed on the hospital discharge summary, clarify</p>	F 835	<p>F835 Administration</p> <p>On 06/29/2022 the Corporate Clinical Director completed a root cause analysis to determine what led to the administration failures of:</p> <ol style="list-style-type: none"> 1. Accurately transcribe admission orders from the hospital discharge summary. 2. Administer diabetes medications as listed on the hospital discharge summary. 3. Clarify medication orders with the attending physician or nurse practitioner. 4. Monitor blood sugars for a resident with Diabetes. 5. Address the consultant pharmacist Admission Medication Regime Review. <p>The root cause was determined to be the lack of administrative oversight as a second check to ensure the facility was compliant for the below identified processes and systems. This review included assessment of processes and systems in place for Administration oversight to include clinical meetings, admission process, medication administration, pharmacy services and physician notifications.</p> <p>The changes implemented from the review are:</p> <ol style="list-style-type: none"> 1. The clinical team to include the Director of Nursing, Quality Assurance Nurse, Nurse Facilitator, Nursing Supervisor, and Staff Development Coordinator will review new admission medications to include diabetic medications and blood sugar monitoring, physician notifications for medications 		

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F 835	<p>Continued From page 21</p> <p>medication orders with the physician, and monitor blood sugars for a resident with diabetes. Resident #3 was unresponsive to verbal stimuli on 5/25/22 and required hospitalization in the intensive care unit with a diagnosis of hyperglycemic state with a blood sugar reading of 711 milligrams per deciliter. This was for 1 of 2 residents (Resident #3) reviewed for diabetes care.</p> <p>F756 Based on record review and interviews with staff and the Physician, the facility failed to act upon the Consultant Pharmacist's new admission Medication Regimen Review (MRR) that identified metformin (a medication used in the treatment of diabetes) 1000 milligrams twice daily listed on the hospital discharge summary was omitted from the facility's physician orders resulting in 12 missed doses of the medication for 1 of 2 residents reviewed for diabetes care (Resident #3). Resident #3 was unresponsive to verbal stimuli on 5/25/22 at 09:30 AM. Resident #3 was cool and clammy to touch with a blood sugar of "Hi," indicating an abnormal reading with a level greater than 400 milligrams per deciliter. Resident #3 required hospitalization in the intensive care unit with a diagnosis of hyperglycemic state with a blood sugar reading of 711 milligrams per deciliter.</p> <p>The Administrator was notified of Immediate Jeopardy on 6/28/22 at 2:12 PM.</p> <p>The facility provided a credible allegation of Immediate Jeopardy on 6/29/22. The allegation of Immediate Jeopardy removal indicated: Resident #3 was alert and oriented on admission with slurred speech. Diagnosis include Cerebral Vascular Accident, Type II diabetes, congestive</p>	F 835	<p>unavailable, and medication omission report during clinical meeting 5 times per week to ensure accuracy of orders and administration of medications as ordered.</p> <p>2. The pharmacist will now call the Director of Nursing with any medications omitted from the discharge summary that are identified during the new Admission Medication Regimen Review. The Director of Nursing will forward any discrepancies to the attending physician or nurse practitioner.</p> <p>On 6/29/22, the Administrator completed an in-service with the Director of Nursing, Medical Records Director and the Minimum Data Set Nurses regarding the process for reviewing the Consultant Pharmacist New Admission Medication Regimen Review upon receipt to ensure all potential clinically significant medication issues identified by the pharmacist were addressed. All newly hired Director of Nursing, Medical Records Director and Minimum Data Set Nurses will be in-serviced during orientation regarding process for reviewing the Consultant Pharmacist New Admission Medication Regimen Review.</p> <p>On 6/29/22, the Corporate Clinical Director in-serviced the Administrator and Director of Nursing regarding:</p> <p>1. The process for providing oversight through the clinical meeting</p> <p>a. Transcription of newly admitted resident medications per discharge summary to the medication administration record by reviewing the Admission</p>		

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F 835	Continued From page 22 heart failure, angina, major depressive disorder, Hypertension, obesity, insomnia, non-traumatic hemorrhage, and Atrial fibrillation. On 5/19/22, Resident #3 was admitted to the facility with an order for metformin 1000 mg per tab, one tab by mouth 2 x daily. The admitting nurse did not transcribe the order to the medication administration record per the hospital discharge summary. There was no order on the discharge summary for blood sugar monitoring, blood sugar was checked on admission and noted to be 177. On 5/20/22, the pharmacist consultant conducted an admission drug regimen review and identified the medication Metformin was not listed on physician admission orders. This was documented on the Admission Medication Regimen Review form by the pharmacist and emailed to the Director of Nursing on 5/20/2022. The Admission Medication Regimen Review was not addressed by the Director of Nursing due to a lack of understanding of the process. On 5/24/22, the physician completed an initial admission assessment of the resident and resident's medications and identified Metformin as listed on the discharge summary. The physician determined the medication would remain on hold until further clarity was received on swallowing function and nutritional intake. On 5/24/2022, the dulaglutide was not administered due to medication not being available. The nurse did contact the pharmacy to have it sent that evening, however, she did not notify the physician to obtain an order to give when the dose came in. Resident did not exhibit signs nor symptoms of hyperglycemia at that time. The resident was sent to the hospital on the morning of 05/25/2022 prior to the physician obtaining clarification on swallowing function and nutritional intake, and before the medication was received. On the	F 835	Checklist, resident discharge summary and resident medication administration record. b. The nurse's responsibility to clarify orders for medications and blood sugar monitoring to include admission medication orders from the discharge summary with a physician or nurse practitioner if they are not clear and precise before transcribing to the MAR. c. Monitoring blood sugars for resident with diabetes. d. The Director of Nursing's responsibility to review and follow recommendations of the Consultant Pharmacist New Admission Medication Regimen Review. In-service will be completed by 7/22/22. All newly hired Administrator and/or Director of Nursing will be in-serviced during orientation in the process for providing oversight of facility process through the clinical meeting. The Corporate team to include Regional Vice President (RVP), Clinical Consultant and/or Corporate Clinical Director will monitor Clinical meeting outcomes through onsite visits and/or remote review of the following audit tools: Day of Admission Checklist/Orders listing report/Discharge Summary Audit, Glucose Monitoring Audit Tool, and the New Admission Medication Regimen Review weekly x 4 weeks then monthly x 2 months to ensure effective systems are in place for reviewing history and physicals from the hospital for newly admitted residents, administering diabetes		

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F 835	<p>Continued From page 23</p> <p>morning of 5/25/22, Resident #3 was unresponsive to verbal stimuli, cool and clammy to touch and blood sugar listed as "high." The nurse practitioner was on site and aware of the resident's condition. The nurse practitioner examined the resident and gave new order to send Resident #3 to the emergency room for further evaluation. 911 was called, and the resident was transferred to the emergency room per the physician's order. The resident was admitted to the hospital with the primary diagnosis of sepsis due to pneumonia. The resident representative was notified of transfer to the emergency room for evaluation.</p> <p>All residents newly admitted from the hospital and all residents with diabetes have the potential to be affected by the deficient practice. Actions taken to alter the process or system failure to prevent a serious adverse outcome for occurring or recurring:</p> <p>On 06/29/2022 the Corporate Clinical Director completed a root cause analysis to determine what led to the administration failures of:</p> <ol style="list-style-type: none"> 1. Accurately transcribe admission orders from the hospital discharge summary. 2. Administer diabetes medications as listed on the hospital discharge summary. 3. Clarify medication orders with the attending physician or nurse practitioner. 4. Monitor blood sugars for a resident with Diabetes. 5. Address the consultant pharmacist Admission Medication Regime Review. <p>The root cause was determined to be the lack of administrative oversight as a second check to ensure the facility was compliant for the below</p>	F 835	<p>medications listed on hospital discharge summary, clarifying medication orders with the physician, monitoring blood sugars for residents with diabetes, and acting upon recommendations contained in the Consultant Pharmacist ' s new admission Medication Regimen Review. The RVP, Clinical Consultant and/or Corporate Clinical Director will address all concerns identified during the review to include but not limited to re-training of staff and/or review of systems for further recommendations and or monitoring. The RVP, Clinical Consultant and/or Corporate Clinical Director will provide the facility a written summary of each review and/or recommendations.</p> <p>The QA Nurse will present the findings of the Corporate Review to the Executive Quality Assurance (QA) committee monthly for 3 months. The Executive QA Committee will meet monthly for 3 months and review the Corporate Review to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.</p>		

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F 835	<p>Continued From page 24</p> <p>identified processes and systems. This review included assessment of processes and systems in place for Administration oversight to include :</p> <ol style="list-style-type: none"> 1. Clinical Meetings 2. Admission Process 3. Medication Administration 4. Pharmacy Services 5. Physician Notification <p>The changes implemented from the review are:</p> <ol style="list-style-type: none"> 1. The clinical team to include the Director of Nursing, Quality Assurance Nurse, Nurse Facilitator, Nursing Supervisor, and Staff Development Coordinator will review new admission medications to include diabetic medications and blood sugar monitoring, physician notifications for medications unavailable, and medication omission report during clinical meeting 5 times per week to ensure accuracy of orders and administration of medications as ordered. 2. The pharmacist will now call the Director of Nursing with any medications omitted from the discharge summary that are identified during the new Admission Medication Regimen Review. The Director of Nursing will forward any discrepancies to the attending physician or nurse practitioner. <p>On 6/29/22, the Administrator initiated an in-service with the Director of Nursing, Medical Records Director and the Minimum Data Set Nurses regarding:</p> <ol style="list-style-type: none"> 1. The process for reviewing the Consultant Pharmacist New Admission Medication Regimen Review upon receipt to ensure all potential clinically significant medication issues identified 	F 835			

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F 835	<p>Continued From page 25 by the pharmacist were addressed.</p> <p>On 6/29/22, the Corporate Clinical Director in-serviced the Administrator and Director of Nursing regarding:</p> <ol style="list-style-type: none"> 1. The process for providing oversight through the clinical meeting <ol style="list-style-type: none"> a. Transcription of newly admitted resident medications per discharge summary to the medication administration record by reviewing the Admission Checklist, resident discharge summary and resident medication administration record. b. The nurse's responsibility to clarify orders for medications and blood sugar monitoring to include admission medication orders from the discharge summary with a physician or nurse practitioner if they are not clear and precise before transcribing to the MAR. c. Monitoring blood sugars for resident with diabetes. d. The Director of Nursing's responsibility to review and follow recommendations of the Consultant Pharmacist New Admission Medication Regimen Review. <p>In-services will be completed by 6/29/22. After 6/29/22, the Administrator will ensure the remaining in-services for staff who have not worked or have not received the in-services are mailed certified mail with instructions to review, sign the in-service, and return to the staff facilitator and/or director of nursing prior to next scheduled work shift.</p> <p>Alleged Immediate Jeopardy Removal date: 6/30/22</p> <p>On 6/30/22 the credible Allegation of Immediate Jeopardy removal was validated by onsite</p>	F 835			

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F 835	Continued From page 26 verification. Interview with the Director of Nursing (DON) revealed that new admission medications were reviewed 5 times per week during the clinical meetings. Interview with the Regional Pharmacy Consultant revealed that the DON was called with any medications omitted from the discharge summary that were identified during the admission Medication Regimen Review. A review of inservices and inservice sign in sheets as well as interviews verified that education was provided by the Corporate Clinical Director to the Administrator and DON regarding the process for providing oversight through the clinical meeting and the responsibility of the DON regarding the new admission Medication Regimen Reviews. Inservice records revealed this was completed as of 6/29/22. The facility's Immediate Jeopardy removal date of 6/30/22 was validated.	F 835			
F 925 SS=J	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with facility staff, Medical Director, Nurse Practitioner, and Vascular Surgeon, the facility failed to maintain an effective pest control system resulting in maggot infestation of a resident's wound for 1 of 2 residents wounds (Resident #1) reviewed for pest control. Resident #1 was discharged to the emergency room (ER) on 6/12/22 with respiratory distress. He presented to the hospital with sepsis (a life-threatening complication of an infection) criteria with fever, tachycardia (pulse over 100), and some altered	F 925	F925 Maintain Effective Pest Control Program On 6/13/2022 the Director of Nursing and the Wound Care Nurse initiated an audit to visualize all current residents with wounds. This audit was to ensure there were no signs and symptoms of worsening of the wound and no larvae in the wound bed. There were no other areas of concern identified during the audit.	7/22/22	

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F 925	<p>Continued From page 27</p> <p>mental status. When Resident #1's dressings were removed, and the wounds inspected, the left heel was infested with maggots. Resident #1 had multiple radiology tests (xrays, CT scans, ultrasounds) and it was determined the left heel wound was the source of the infection.</p> <p>Immediate Jeopardy began on 6/12/22 when the emergency room physician removed Resident #1's dressing on his left leg lower extremity and the heel wound was infested with maggots. The Immediate Jeopardy was removed on 6/18/22 when the facility provided and implemented an acceptable credible allegation of Immediate Jeopardy removal. The facility remains out of compliance at a lower scope and severity level of D (no actual harm with a potential for minimal harm that is not Immediate Jeopardy) to implement fly reduction measures to include fly lights, air curtains, and handicap accessible doors to the courtyard.</p> <p>The findings included:</p> <p>The hospital discharge summary dated 5/24/22 indicated Resident #1 was admitted to the hospital on 5/4/22 for Sepsis secondary to leg wound infections, cellulitis of bilateral lower legs and bilateral infected heels wounds, severe chronic obstructive disease (COPD), and venous insufficiency. A progress note written by the hospital Wound Ostomy Care Nurse (WOCN) dated 5/24/22 revealed the posterior left heel pressure injury was unstageable but surrounded by healthy, intact, moist, pink skin; necrotic tissue in center of wound is thick, soft, black, and densely adhered. There was no odor or redness noted. He was discharged to the facility for wound care and subacute rehab in anticipation of home</p>	F 925	<p>On 6/16/2022 100% audit of all resident rooms, common areas and all entrances to the facility was completed by the Maintenance Director to identify any concerns related to pest control. There were no other areas of concern identified during the audit.</p> <p>On 06/16/2022, the Maintenance Director contacted the Pest Control Company for additional treatment.</p> <p>On 06/16/2022 the Administrator contacted Support Services to order air curtains for the courtyard doors (completed order 06/17/2022), front entrance, kitchen exit door, and side door leading to the dumpster to aide in the prevention of flies entering the center. The air curtains arrived 07/01/2022 and were installed on 07/12/2022. On 07/18/2022 the electric company completed installation of the fly fans with the final electrical work.</p> <p>On 06/16/2022 the contracted pest control company arrived and treated the perimeter of the building as well as the perimeter of the internal courtyards with a broadcast spray chemical solution to kill and deter flies. Wall mounted fly lights were ordered on 06/16/2022 by the pest control company, for the junction of corridors, and near frequently used exit doors. The fly lights arrived on 6/30/2022 and were installed by the Maintenance director on 06/30/2022.</p> <p>Temporary wall mounted fly traps were mounted by the Maintenance Director at the frequently used exit doors on 06/17/2022.</p> <p>The administrator will oversee the process</p>		

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F 925	<p>Continued From page 28</p> <p>discharge when his strength improved.</p> <p>Resident #1 was admitted to the facility on 5/24/22 with diagnoses to include to include peripheral vascular disease and bilateral nonhealing heel ulcers.</p> <p>Review of Resident #1's admission Minimum Data Set (MDS) dated 5/31/22 revealed Resident #1 was cognitively intact and required extensive assistance with activities of daily living (ADL's). Two venous ulcers were present on admission.</p> <p>Review of Resident #1's electronic medical record (EMR) revealed a physician's order dated 6/1/22 by the Vascular Surgeon to change bilateral lower extremity unna boot (the unna boot is a compressive dressing that fits like a boot leaving only the toes exposed and the wraps extend up the leg to just below the knee; it consists of a special dressing that is applied wet and hardens as it dries to conform to the leg, this is wrapped in kerlix and secured with a self-adherent wrap which acts to secure and apply compression) wound dressings weekly. Cleanse right lower extremity with wound cleanser, pat dry with 4x4 gauze, apply xeroform to open areas on heels and cover with thick gauze pads and wrap with unna boot dressing once a week.</p> <p>Review of Resident #1's treatment administration record (TAR) revealed the treatment to cleanse left lower extremity (LLE) with wound cleanser, pat dry with 4x4 gauze, apply xeroform to open area on left heel, cover with large gauze pads, and wrap with unna boot every week and as needed was signed off by the Wound Care Nurse on 6/7/22. The treatment for the right lower</p>	F 925	<p>to ensure timely completion of the receipt and installation of the wall mounted lights. On 06/16/2022 quizzes were initiated with 100% of staff to include part time and contracted staff, by the Staff Development Coordinator regarding what to do if you observe pests to include flies. Quizzes will be completed by 7/22/2022.</p> <p>On 6/16/2022 100% in-service to include part time and contracted staff, was initiated by the Staff Facilitator with the Administrator, Medical Records, Accounts Receivable, Nurses, Nursing Assistants, Housekeeping staff, Social Worker, Accounts Payable, Therapy Staff, Maintenance Staff, receptionist, Medical Records and Supply Clerk in regards to Pest Control to include (1) Prevention of pest control concerns and (2) reporting pest control concerns into the electronic work order system and notification of Administrator, Director of Nursing and the Maintenance Director (3) The process of flies laying eggs and transitioning to maggots. In-services will be completed by 7/22/22. All newly hired Administrator, Medical Records, Accounts Receivable, Nurses, Nursing Assistants, Housekeeping staff, Social Worker, Accounts Payable, Therapy Staff, Maintenance Staff, receptionist, Medical Records and Supply Clerk will be in-serviced during orientation regarding Pest Control.</p> <p>On 6/16/2022 an in-service was initiated, by the Staff Development Coordinator with 100% of all nurses, CNAs, and therapist to include part time and contracted staff regarding observation and reporting of</p>		

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F 925	<p>Continued From page 29</p> <p>extremity was the same and was also signed off by the Wound Care Nurse on 6/7/22.</p> <p>Review of Resident #1's emergency room record revealed a progress note dated 6/12/22 by the physician indicating maggot infestation of the left heel wound. Resident #1 was treated at the hospital for sepsis (the body's overwhelming and life-threatening response to an infection that can lead to tissue damage, organ failure death) with intravenous (IV) fluids and antibiotics.</p> <p>An interview with the Wound Care Nurse (WCN) was conducted on 6/15/22 at 2:55 PM. She stated Resident #1 was admitted to the facility with bilateral heel wounds and a wound on top of right foot and an area on right lower leg. She further stated the dressing change order was to apply xeroform to the heel wounds and wrap in unna boot (dressing that goes on wet and conforms to leg when it dries), and then wrap in kerlix and secure it with a self-adherent wrap which acts to secure and apply compression once a week. She stated she had changed Resident #1's dressing on 6/7/22 and his heels had been pink with some red areas and serosanguinous (reddish yellow) drainage. She indicated she didn't know how maggots would have gotten in the wound because she had not seen any flies when changing the dressing. She stated she didn't see how a fly could have gotten in the dressing.</p> <p>An interview and observation were conducted with Resident #2 on 6/16/22 at 10:00. She stated she has seen flies in her room a lot. She further stated she hated flies. A fly was observed in the room on the resident's right leg, foot and toes. Resident #2 was observed to have a dressing on</p>	F 925	<p>wound concerns to include dressing coming off and larvae observed in a resident's wound bed. In-services will be completed by 7/22/2022. All newly hired nurses and CNAs, and therapist will be in-serviced during orientation regarding wound dressings.</p> <p>The Quality Assurance Nurse (QA) will provide oversight of the treatment nurse by observing 5 residents with wounds weekly x 8 weeks then monthly x 1 month utilizing a Wound Care Audit Tool. The audit is to ensure that any wounds with concerns to include larvae are being reported and addressed. Any areas of concern identified during the audits will be addressed by the QA nurse to include providing additional staff training, and physician notification with documentation in the clinical records. The DON will review and initial the Wound Care Audit Tools weekly x 8 weeks then monthly x 1 month for completion and to ensure all areas of concern were addressed.</p> <p>The Maintenance Director will complete an audit of all resident care areas for signs and symptoms of pest to include but not limited to flies and fly larvae weekly x 8 weeks then monthly x 1 month. This audit is to identify any concerns related to pests. The Maintenance Director will address all concerns identified during the audit to include notification of the Administrator and/or Director of Nursing of all concerns identified and/or notification of pest control company for treatment of all resident areas identified as having pests. The Administrator will review all environmental rounds</p>		

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F 925	<p>Continued From page 30</p> <p>the right foot. The fly was observed on the edge of the dressing and drainage was noted on the dressing.</p> <p>An interview was conducted on 6/16/22 at 10:15 AM with the Activities Director (AD). She stated every year in the spring the Residents would start asking for fly swatters. She further stated when the residents had complained at the May 2022 Resident Council Meeting about flies, she had shared the information with the interdisciplinary team (IDT) the next morning. AD indicated the fly swatters had been donated by a resident's family member and she was passing them out to residents that requested them.</p> <p>An interview was conducted with the Maintenance Director on 6/16/22 at 10:25 AM. He stated the contracted pest control company came to the facility monthly. He further stated the pest control tech would inspect the facility for pests and then would spray the chemicals every month. The Maintenance Director indicated the facility and corporate had a plan to install fly lights, and 4 handicap accessible doors for the smoking courtyard. He stated residents in wheelchairs kept the doors open longer to get out the doors to smoke. He stated they currently don't have a timeline for when the doors and fans will be completed because they are searching for a company to do the work. Review of the Pest Control log revealed the pest control tech had sprayed the facility on 5/13/22.</p> <p>An interview was conducted with the Medical Director (MD) on 6/16/22 at 10:45 AM. He stated he saw Resident #1 for a history and physical. He stated Resident #1 had been admitted with cellulitis and bilateral chronic nonhealing heel</p>	F 925	<p>completed for pests weekly x 8 weeks then monthly x 1 month to ensure all concerns were addressed.</p> <p>The DON will forward the Wound Care Audit Tool and the Environmental Rounds completed by the Maintenance Director to the Executive Quality Assurance Performance Improvement (QAPI) Committee monthly x 3 month. The Executive QAPI Committee will review Wound Care Audit Tool and the Environmental Rounds monthly for 3 months to determine trends and / or issues that may need further interventions put into place and to determine the need for further and / or frequency of monitoring.</p>		

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F 925	<p>Continued From page 31</p> <p>wounds. The MD indicated Resident #1 was admitted to the facility with bilateral unna boots and an order by the Vascular Surgeon not to change the dressings on the heels or the unna boots. The MD stated the Vascular Surgeon had wanted to perform the first dressing change in his office on 5/31/22. The MD stated he never saw the wounds or the dressing change. The MD further stated if maggots were found in the wound at the hospital it would have had to have happened during the dressing change because the unna boot would be very hard to penetrate from the outside. He stated that obviously maggots were not in the wound when the Wound Care Nurse changed the dressing or she would have reported it to me. He indicated maggots were an abnormal finding in a heel wound and should not have been there.</p> <p>An interview was conducted with Unit Manager (UM) for the 700 and 800 halls on 6/16/22 at 1:10 PM. She stated Resident #1 had been on quarantine for 14 days due to his vaccination status. She further stated he was confined to his room and was only off the quarantine hall for 3 days before being discharged to the hospital. She indicated he had gone outside with his family a couple of days before he was discharged.</p> <p>An interview was conducted with the Vascular Surgeon on 6/16/22 at 3:12 PM. He indicated Resident #1 had been a patient of his for a very long time. He stated Resident #1 had chronic wounds on his legs and heels. The Vascular Surgeon further stated he had performed multiple vascular procedures on Resident #1 to increase blood flow to his lower extremities. He stated Resident #1's lower extremities were very swollen with weeping drainage. The Vascular Surgeon</p>	F 925			

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F 925	<p>Continued From page 32</p> <p>further stated he had read in the ER notes that maggots were found in the left heel wound. He stated he did not use medical maggots in his practice. He further stated that if maggots were under the unna boot dressing it had to have occurred during the dressing change. The Vascular Surgeon stated he was unsure if the maggots had caused the wound infection, but they certainly could have contributed to it.</p> <p>The Administrator, Director of Nursing (DON), and Regional Nurse Consultant were notified of Immediate Jeopardy on 6/16/22 at 2:05 PM.</p> <p>On 6/17/22 the facility provided the following credible allegation of Immediate Jeopardy Removal: F925 Recipients who have suffered or are likely to suffer, a serious adverse outcome as a result of the non-compliance.</p> <p>On 06/12/22 at approximately 7:30am Resident #1 had a change in condition, altered mental status, respiratory infection, and was unresponsive to verbal stimuli. The resident was arousable, very agitated, stated he "wanted to sleep". The nurse made the physician aware with order to send to the emergency room for evaluation. At 7:44 pm the nurse made attempts to notify the family. On 6/12/2022 at approximately 11:00 pm, the 3-11:00 pm nurse called the hospital to check on the resident. The emergency room nurse stated the resident would receive continuation of care by his vascular surgeon for his bilateral non-healing leg wounds, cellulitis, sepsis, and Chronic Obstructive Pulmonary Disease. The emergency room nurse also communicated that maggots were identified in the resident's left heel wound. The 3-11:00 pm</p>	F 925			

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F 925	<p>Continued From page 33</p> <p>nurse notified the Director of Nursing on the morning of 06/13/2022. On 06/13/2022, the Administrator and Director of Nursing initiated an investigation to determine the root cause of the maggots.</p> <p>There was no fly nor larva observed in the room nor on the resident during the dressing change with the application of the unna boot per physician order. The unna boot is a permeable dressing that is not vacuum sealed. The resident was able to move both lower extremities, was mobile throughout the facility and grounds, as well as had an outing with his family prior to discharge to the ER on 06/12/2022. Therefore the facility was unable to determine when or how a fly entered the wound.</p> <p>All resident with wounds are at risk related to non-compliance with maintaining an effective pest control system.</p> <p>On 6/13/2022 the Director of Nursing and the Wound Care Nurse initiated an audit to visualize all current residents with wounds. This audit was to ensure there were no signs and symptoms of worsening of the wound and no larvae in the wound bed. There were no other areas of concern identified during the audit.</p> <p>On 6/16/2022 100% audit of all resident rooms, common areas and all entrances to the facility was completed by the Maintenance Director to identify any concerns related to pest control. There were no other areas of concern identified during the audit. On 06/16/2022, the Maintenance Director contacted the Pest Control Company for additional treatment.</p> <p>On 06/16/2022 the Administrator contacted Support Services to order air curtains for the</p>	F 925			

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F 925	<p>Continued From page 34</p> <p>courtyard doors (completed order 06/17/2022), front entrance, kitchen exit door, and side door leading to the dumpster to aide in the prevention of flies entering the center. Support Services indicated that the air curtains will arrive by approximately 07/20/2022 due to being a special order, with subsequent installation by Support Services after receipt of items. The administrator will oversee the process to ensure timely completion of the receipt and installation of the air curtains.</p> <p>On 06/16/2022 the contracted pest control company arrived and treated the perimeter of the building as well as the perimeter of the internal courtyards with a broadcast spray chemical solution to kill and deter flies. Wall-mounted fly lights were ordered on 06/16/2022 by the pest control company, for the junction of corridors, and near frequently used exit doors. The pest control company indicated the wall mounted fly lights will arrive approximately 06/30/2022 and the Maintenance Director will install the wall mounted fly lights once received. Temporary wall mounted fly traps were mounted by the Maintenance Director at the frequently used exit doors on 06/17/2022. The administrator will oversee the process to ensure timely completion of the receipt and installation of the wall mounted lights.</p> <p>On 06/16/2022 quizzes were initiated with 100% of staff to include part time and contracted staff, by the Staff Development Coordinator regarding what to do if you observe pests to include flies. Quizzes will be completed by 06/17/2022. After 6/16/2022, the Administrator will ensure the quizzes are mailed to any remaining staff who has not worked and not received the quiz with instructions to complete and sign, and return to</p>	F 925			

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F 925	<p>Continued From page 35</p> <p>the staff development coordinator or Director of Nursing prior to next scheduled work shift. Any staff unable to successfully answer the quiz after two attempts will not be allowed to work until further retraining is completed and they are able to answer correctly.</p> <p>Actions taken to alter the process or system failure to prevent a serious adverse outcome from occurring or recurring On 6/16/2022 100% in-service to include part time and contracted staff, was initiated by the Staff Facilitator with the Administrator, Medical Records, Accounts Receivable, Nurses, Nursing Assistants, Housekeeping staff, Social Worker, Accounts Payable, Therapy Staff, Maintenance Staff, receptionist, Medical Records and Supply Clerk in regards to Pest Control to include (1) Prevention of pest control concerns and (2) reporting pest control concerns into the electronic work order system and notification of Administrator, Director of Nursing and the Maintenance Director (3) The process of flies laying eggs and transitioning to maggots. In-services will be completed by 6/17/2022, in-services are mailed to any remaining staff who has not worked and not received the in-service with instructions to review, sign the in-service, and return to the staff facilitator or Director of Nursing prior to next scheduled work shift, no staff member will be allowed to work after 06/17/2022 until education has been completed.</p> <p>On 6/16/2022 an Inservice was initiated, by the Staff Development Coordinator with 100% of all nurses, CNAs, and therapist to include part time and contracted staff regarding observation and reporting of wound concerns to include dressing coming off and larvae observed in a resident's</p>	F 925			

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

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F 925	<p>Continued From page 36</p> <p>wound bed. In-services will be completed 06/17/2022, the Administrator will ensure the in-services are mailed to any remaining staff who has not worked and not received the in-service with instructions to review, sign the in-service, and return to the staff facilitator or Director of Nursing prior to next scheduled work shift, no staff member will work after 06/17/2022 until education has been completed.</p> <p>Immediate Jeopardy Removal Date-6/18/22</p> <p>The facility alleges the removal of Immediate Jeopardy on 6/18/22.</p> <p>On 6/20/22 the credible allegation of Immediate Jeopardy removal was validated by onsite verification. Record review and Wound Care Nurse interview verified an audit was completed on 6/13/22 to visualize all current residents with wounds. This audit was to ensure there were no signs or symptoms of worsening of the wound and no larvae in the wound bed. No concerns were identified during the audit.</p> <p>Record review, observation, and interview with the Maintenance Director verified a 100% audit of all resident rooms, common areas and all entrances to the facility was completed on 6/16/22 to identify any concerns related to pest control. Review of the Pest Control company Summary of Service verified the facility was sprayed for flies on 6/16/22 and 20 additional fly lights were ordered and are supposed to be delivered and installed on 6/24/22. Temporary wall mounted fly lights were mounted by the Maintenance Director at the frequently used exit doors on 6/17/22. An observation on 6/20/22 verified the wall mounted fly lights were installed.</p>	F 925			

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F 925	Continued From page 37 An Interview with the Administrator verified Support Services were contacted to order air curtains for the courtyard doors, front entrance, kitchen exit door, and side door leading to dumpster to aide in the prevention of flies entering the facility. Review of the Order Summary and Order Confirmation verified the air curtains had been ordered. A review of in-services, and in-service sign in sheets as well as staff interviews verified education was provided to 100% of staff to include part time and contracted staff by the Staff Development Coordinator regarding (1) Prevention of pest control concerns (2) reporting pest control concerns into the electronic work order system and notification of Administrator, Director of Nursing (DON), and the Maintenance Director (3) the process of flies laying eggs and transitioning to maggots. In-services were completed on 6/17/22, in-services are mailed to any remaining staff who has not worked and not received the in-service with instructions to review, sign the in-service, and return to the staff facilitator or Director of Nursing prior to the next scheduled work shift, no staff member will be allowed to work after 6/17/22 until education has been completed. On 6/16/22 an in-service was completed by the Staff Development Coordinator with 100% of all nurses, nurse aides, and therapist to include part time and contracted staff regarding observation and reporting of wound concerns to include dressing coming off and larvae observed in a resident's wound bed. In-services were completed on 6/17/22, the Administrator will ensure the in-services are mailed to any	F 925			

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F 925	Continued From page 38 remaining staff who have not worked and not received the in-service with instructions to review, sign, and return to the Staff Facilitator or the DON prior to next scheduled work shift, no staff member will work after 6/17/22 until education is completed. The facility's IJ removal date of 6/18/22 was validated.	F 925		