

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

PRINTED: 08/22/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2024
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472		
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E 000	Initial Comments	E 000			
F 000	INITIAL COMMENTS	F 000			
F 580 SS=K	<p>An unannounced recertification and complaint investigation survey was conducted 7/21/2024 through 7/26/2024. The facility was found in compliance with the requirement CFR. 483.73. Event ID # 4BTK11.</p> <p>A recertification and complaint investigation survey was conducted from 07/21/2024 through 07/26/2024. Event ID # 4BTK11</p> <p>The following intakes were investigated: NC00218912, NC0021819, and NC00216407. Intake NC00216407 resulted in immediate jeopardy. 1 of the 5 complaint allegations resulted in deficiency.</p> <p>Immediate Jeopardy was identified at:</p> <p>CFR 483.10 at tag F580 at a scope and severity (K) CFR 483.25 at tag F684 at a scope and severity (K)</p> <p>The tag F684 constituted Substandard Quality of Care.</p> <p>Immediate Jeopardy began on 02/15/2024 and was removed on 07/27/2024. An extended survey was conducted.</p> <p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify,</p>	F 580		7/27/24	

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

TITLE

(X6) DATE

Electronically Signed

08/17/2024

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 580	<p>Continued From page 1</p> <p>consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention;</p> <p>(B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in</p>	F 580			

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F 580	<p>Continued From page 2</p> <p>§483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review and interviews with staff, Medical Director (MD) and Physician Assistant (PA), the facility failed to notify the physician when a resident had signs of Clostridium Difficile (C. difficile) that included persistent loose, watery, mushy, and odorous stool. From 2/9/24 through 2/27/24 the resident experienced these abnormal stools. The physician was notified on 2/13/24 of the abnormal stools, but was not made aware of the ongoing issue until 2/27/24 when it was brought to the nurse's attention by the resident's family member. Upon discharge from the facility on 2/28/2024, the resident was immediately transported by a family member directly to her Primary Care Physician's office where she was tested for C. Difficile, and the lab test was positive for C. Difficile on 2/29/2024. This deficient practice placed Resident #86 at risk for developing complications from C. difficile such as dehydration, skin breakdown, and death. The facility also failed to notify the physician when a resident was receiving insulin outside the parameters to administer insulin. This deficient practice was for 2 of 2 residents reviewed for notification (Residents #86 and #59).</p> <p>Immediate Jeopardy began on 2/15/2024 when the physician was not notified that Resident #86 was continuing to have multiple loose and watery stools for more than 48 hours. Immediate Jeopardy was removed on 7/27/2024 when the</p>	F 580	<p>This Plan of Correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the facility or community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the facility's or community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The facility / community submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility / community or any employee, agent, officer, director, attorney, or shareholder of the facility / community or affiliated entities. F580: the facility failed to notify the physician when a resident had signs of Clostridium Difficile (C. difficile) that</p>		

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F 580	<p>Continued From page 3</p> <p>facility implemented an acceptable plan of Immediate Jeopardy removal. The facility remains out of compliance at a lesser scope and severity of "E" (no harm with the potential for more than minimal harm that is not Immediate Jeopardy) to ensure education was completed and monitoring systems put in place are effective. Resident #59 was cited at scope and severity "D".</p> <p>Findings included:</p> <p>1. The CDC indicates the following : C. difficile is a highly contagious bacteria that causes diarrhea and inflammation of the colon and can be life-threatening; symptoms include 3 or more foul smelling watery stools a day lasting longer than 1 day, and abdominal cramping. Common complications include dehydration and inflammation of the colon. One in 11 people over age 65 diagnosed with a healthcare-associated C. diff infection die within one month.</p> <p>The facility's Physician's Standing Orders (Standing Orders are a means for physician or Advanced Practice Provider to legally convey to a nurse, the ability to provide routine medical interventions to a resident based on subjective and objective findings) revealed the following: bismuth subsalicylate (antidiarrheal medication) 15 cc (cubic centimeters) after each diarrhea stool. Check for impaction before giving. Notify Physician if no improvement after 8 hours or in the morning if stable.</p> <p>Resident #86 was admitted to the facility on 02/08/2024.</p> <p>The medical record indicated Resident #86 was 80 years old in February of 2024.</p>	F 580	<p>included persistent loose, watery, mushy, and odorous stool. From 2/9/24 through 2/27/24 the resident experienced these abnormal stools.</p> <p>1.Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #86 was discharged to home 02/28/2024 and is no longer a resident of the facility. No further corrective action could be completed specific to Resident #86</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice. All residents are at risk for harm related to the deficient practice requiring a comprehensive assessment for signs and symptoms of C. difficile (Clostridium difficile). Signs and symptoms for C. difficile include: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. On 07/25/2024 the Director of Nursing met with all direct care nurses who were working to initiate an assessment of 100% of current residents. Beginning on 07/25/2024, the Registered Nurse Managers and Licensed Practical Support Nurses completed an audit of all residents. This audit consisted of an assessment of each resident for the following signs and symptoms: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness in the last 7 days. Included in this assessment was a review</p>		

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F 580	Continued From page 4 Resident #86's bowel movement documentation and medication administration record (MAR) revealed the following: - 2/9/2024 Nurse Aide (NA) #9 documented 1 large and loose and watery stool at 1:49 PM and 1 medium loose and watery stool at 5:40 PM. No medication was documented as given for loose stools per the MAR. - 2/10/2024 NA #9 documented 1 large and formed/normal stool at 1:16 PM, 1 large loose and mushy stool at 4:16 PM, and NA #11 documented one large loose and watery stool at 11:49 PM. No medication was documented as given for loose stools per the MAR. - 2/11/2024 NA #12 documented 1 large loose and mushy stool at 12:26 PM, 1 large loose and watery stool at 3:18 PM, and NA #11 documented 1 medium loose and watery stool at 11:39 PM. No medication was documented as given for loose stools per the MAR. - 2/12/2024 NA #12 documented 1 medium loose and mushy stool at 11:30 AM and NA #13 documented 1 small and putty like stool at 7:57 PM. No medication was documented as given for loose stools per the MAR. A nurse's note written by Minimum Data Set (MDS) Nurse #2 for Resident #86 revealed the following secure conversation text messages (secure text message from the nurse to the provider that is saved and uploaded to the progress notes in the electronic medical record) from MDS Nurse #2 to the Medical Director on 2/13/2024 at 11:44 AM which read in part,	F 580	of each resident's bowel movement documentation for the last 7 days to identify symptoms of watery diarrhea. If a resident had 3 or more loose watery stools in 24 hours the MD/NP/PA will be notified for evaluation of C. difficile. If any residents were identified with any signs and symptoms of C. difficile the medical record was reviewed to identify if the MD/NP/PA had been notified. If the MD/NP/PA had not been notified, the nurse would then make the notification to the MD/NP/PA. This audit was completed on 07/25/2024. The audit identified that 2 of 80 residents had signs or symptoms of C. difficile which are: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. On 07/25/2024, a corrective action was completed for 2 of 80 residents identified as having signs and symptoms of C. difficile when the provider was notified of the change in condition and orders for the change in condition were carried out by the direct care staff. 2. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. On 07/25/2024 the Director of Nursing and the Registered Nurse Managers began in servicing all licensed nurses, Registered Nurses (RN) and Licensed Practical Nurses (LPN) and certified nursing assistants (CNA) (full time, part		

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F 580	<p>Continued From page 5</p> <p>"Resident has had diarrhea since admitting and we have no [brand name of medication-bismuth subsalicylate, an antidiarrheal medication] on hand. Can we have an order for loperamide [antidiarrheal medication]? Please advise. Thanks." The Medical Director responded back on 2/13/2024 at 11:46 AM with an order for loperamide hydrochloride (HCL) 2 milligrams (mg) three times a day as needed for diarrhea. The physician's orders for Resident # 86 revealed an order for loperamide hydrochloride (HCL) 2mg tablets; give 1 tablet by mouth three times a day as needed (prn) for diarrhea was ordered on 2/13/2024.</p> <p>An interview with MDS Nurse #2 was completed on 7/25/2024 at 9:44 AM. MDS Nurse #2 stated she was unable to recall Resident #86 or why she was the nurse that sent the text message to the Medical Director on 2/13/2024 regarding her diarrhea. MDS #2 stated that the nurse working that hall must have told her about the diarrhea and that the facility was out of the medication bismuth subsalicylate that were on the Physician's Standing Orders. MDS Nurse #2 stated that if a resident was having diarrhea and loperamide was given and it was ineffective, the nurses should have assessed them for signs and symptoms of C. difficile. She further stated that she was positive that none of the staff members reported that Resident #86's stools had a foul odor, because that would have been a sign that she might have a C. difficile infection. She indicated that if C. difficile was left untreated it could lead to skin breakdown and dehydration.</p> <p>On 2/13/2024 NA #13 documented 1 large and loose and watery stool at 6:10 AM, 1 large loose and watery stool 10:56 AM, and NA #9</p>	F 580	<p>time, and prn including agency) on signs and symptoms of C. difficile including watery diarrhea, fever, loss of appetite, nausea, abdominal pain/tenderness. The above staff were educated on the importance of documenting bowel movements including consistency of bowel movements accurately. In addition, the CNA's were educated to report any changes in condition including diarrhea to the nurse when noted.</p> <p>RN's and LPN's were additionally educated on if a resident has 3 or more loose watery stools in 24 hours then notify the MD for evaluation of C. difficile, initiate Enteric Contact Isolation when C. difficile is known or suspected, when to report changes in condition, completing an assessment, and notifying the MD/NP/PA when interventions are not effective.</p> <p>The DON will ensure that all licensed nurses, RN's, LPN's, and CNA's (full time, part time, and prn including agency) who do not complete the in-service training by 07/26/2024 will not be allowed to work until the training is completed. This in-service was incorporated into the new employee facility and agency orientation for all licensed nurses and certified nursing assistants (full time, part time, and prn including agency.)</p> <p>3. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Administrator and/or Director of Nursing will monitor tag F580 for Change in condition related to C. Difficile and Notification to medical provider weekly for</p>		

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F 580	<p>Continued From page 6</p> <p>documented 1 large loose and watery stool at 6:44 PM. Loperamide HCL oral tablet 2 mg was administered by Nurse #8 at 8:07 PM and it was documented as having been effective.</p> <p>A telephone interview was completed with Nurse #8 on 7/25/2024 at 8:21 AM. Nurse #8 stated Resident #86's name sounded familiar, but she was not able to recall any information about her. She indicated if she administered loperamide HCL to Resident #86 on 2/13/2024 at 8:07 PM., then the NA or the resident must have reported the resident having diarrhea to her.</p> <p>Resident #86's bowel movement documentation and MAR revealed the following:</p> <p>- 2/14/2024 at NA #9 documented 1 large loose and watery stool at 11:04 AM, 1 medium loose and watery stool 5:26 PM, and NA #14 documented 1 small loose and watery stool at 11:34 PM. No medication was documented as given for loose stools per the MAR.</p> <p>- 2/15/2024 NA #10 documented 1 medium formed/normal stool at 10:42 AM and 1 large loose and mushy stool and at 3:24 PM. No medication was documented as given for loose stools per the MAR.</p> <p>On 2/16/24 Nurse #9 initiated the standing physician's order for Resident #86 for bismuth subsalicylate oral suspension 262 milligrams mg/15 ml; give 15 ml by mouth as needed (prn) for diarrhea. Give 15 ml after each loose stool. Check for impaction first. Notify the physician if there is no improvement after 8 hours or in the morning if stable.</p>	F 580	<p>4 weeks and monthly for 3 months or until resolved. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Director.</p> <p>Date of Compliance: 7/27/2024</p>		

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F 580	<p>Continued From page 7</p> <p>On 2/16/24 the bowel movement record and the MAR indicated NA #13 documented 1 medium loose and mushy stool at 3:26 AM, 1 medium loose and mushy stool at 8:58 PM, and NA #9 documented 1 medium loose and mushy stool at 11:58 AM. Bismuth subsalicylate prn 15 ml was administered by Nurse #9 at 5:05 PM and was documented as effective.</p> <p>Nurse #9 was unable to be interviewed during the survey.</p> <p>Resident #86's bowel movement documentation and MAR revealed the following:</p> <ul style="list-style-type: none"> - 2/17/24 the bowel movement record and the MAR indicated NA #13 documented 1 medium loose and mushy stool at 4:44 AM and NA #10 documented 1 large formed/normal stool at 5:15 PM. No medication was documented as given for loose stools per the MAR. - 2/18/2024 NA #15 documented 1 small putty like stool at 2:53 PM, 1 medium loose and watery stool at 12:14 PM, and NA #9 documented 1 large loose and watery stool at 3:19 PM. No medication was documented as given for loose stools per the MAR. - 2/19/2024 NA #15 documented 1 large loose and watery stool at 6:27 AM. NA #15 documented 1 large loose and mushy stool and 1 large and formed/normal stool at 11:33 AM. Bismuth subsalicylate prn 15 ml was administered by Nurse #10 at 9:14 PM and was documented as effective. <p>A telephone interview was completed with Nurse #10 on 7/25/2024 at 4:00 PM. She stated that she</p>	F 580			

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F 580	<p>Continued From page 8</p> <p>did not recognize Resident #86's name or recall anything about her. Nurse #10 explained that she was just not familiar with Resident #86 and didn't know if she was having diarrhea or not or if the physician was notified.</p> <p>Resident #86's bowel movement documentation and MAR revealed the following:</p> <ul style="list-style-type: none"> - 2/20/2024 at 4:43 AM NA #13 documented 1 large loose and watery stool, at 11:44 AM NA #1 documented 1 large loose and watery stool, at 9:05 PM NA #13 documented 1 large loose and mushy stool, and at 11:14 PM NA #13 documented 1 small loose and mushy stool. Loperamide HCL 2 mg tablet prn was administered by Nurse #10 at 5:09 AM and was documented as effective; bismuth subsalicylate prn 15 ml was administered by Nurse #11 at 8:47 AM and was documented as effective; and loperamide HCL 2 mg tablet prn was administered by Nurse #11 at 1:48 PM and was documented as effective. - 2/21/2024 NA #1 documented 1 large loose and watery stool and 1 large loose and mushy stool at 9:15 AM. NA #13 documented and 1 medium loose and mushy stool at 11:11 PM. Loperamide HCL 2 mg tablet prn was administered by Nurse #12 at 6:13 AM and was documented as effective. - 2/22/2024 NA #9 documented 1 large loose and watery stool at 2:59 PM and one large loose and watery stool at 5:03 PM. Loperamide HCL 2 mg tablet prn was administered by Nurse #13 at 3:01 PM and was documented as effective. <p>A telephone interview was conducted with Nurse</p>	F 580			

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F 580	<p>Continued From page 9</p> <p>#13 on 7/25/2024 at 1:28 PM. Nurse #13 stated she worked at the facility prn (as needed) and had not worked in at least 3-4 months. Nurse #13 indicated that she was unable to recall anything about Resident #86 and did not remember if she was having diarrhea or was taking antidiarrheal medication.</p> <p>Resident #86's bowel movement documentation and MAR revealed the following:</p> <ul style="list-style-type: none"> - 2/23/2024 NA #13 documented 1 medium loose and mushy stool at 12:08 AM, 1 large loose and watery stool at 12:03 PM, and NA #9 documented 1 large loose and mushy stool at 4:57 PM. No medication was documented as given for loose stools per the MAR. - 2/24/2024 NA #9 documented 1 large loose and mushy stool at 10:48 AM and NA #19 documented 1 large loose and watery stool at 9:53 PM. Loperamide 2 mg tablet prn was administered by Nurse #14 at 2:00 PM and was documented as effective. <p>A telephone interview was completed with Nurse #14 on 7/25/2024 at 3:00 PM. Nurse #14 stated that she worked at the facility as needed, and she could not remember anything about Resident #86.</p> <p>Resident #86's bowel movement documentation and MAR revealed the following:</p> <ul style="list-style-type: none"> - 2/25/2024 NA #9 documented 1 medium loose and mushy stool at 2:59 PM and NA #1 documented 1 large loose and mushy stool. No medication was documented as given for loose stools per the MAR. 	F 580			

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F 580	<p>Continued From page 10</p> <p>- 2/26/2024 NA #9 documented 1 large loose and watery stool at 10:37 AM and NA #1 large loose and mushy stool at 8:26 PM. Two doses of loperamide 2mg tablet prn were administered by the Staff Development Coordinator (SDC) Nurse one dose at 8:37 AM and was documented as effective and the dose at 7:06 PM the effectiveness was documented as unknown.</p> <p>- 2/27/2024 NA #13 documented 1 medium formed/normal stool at 1:32 AM. NA #1 documented 1 large loose and watery stool at 11:05 AM and 1 large loose and mushy stool at 9:18 PM. Two doses of loperamide 2 mg tablet prn were administered by the Staff Development Coordinator (SDC) Nurse at 8:29 AM and 4:38 PM and they were documented as effective.</p> <p>A nurse's note for Resident #86 revealed the following secure conversation text message from Nurse #15 to the Medical Director dated 2/27/2024 at 3:33 PM which read in part, "Daughter is concerned that resident is having a lot of loose BMs [bowel movements]. I looked through her chart and she does have a lot of watery stools but also a lot of mushy stools. May we have an order to test for C. difficile? The daughter also wants to know what else could be causing it if it were not C. difficile because her medications are the same as they were at home. Please advise. The Medical Director responded back to Nurse #15 on 2/27/2024 at 4:35 PM with the following message, "if not watery they will not do a C. diff." Nurse #14 responded back that she would inform the daughter.</p> <p>A telephone interview was conducted with Nurse #15 on 7/24/2024 at 9:13 AM. Nurse #15 stated</p>	F 580			

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F 580	<p>Continued From page 11</p> <p>that she was a unit manager at the facility in February 2024, but that she was no longer currently employed by the facility. She stated she was unable to recall messaging the Medical Director or the reason she had contacted him.</p> <p>An interview was completed with the Staff Development Coordinator (SDC) Nurse on 7/23/2024 at 8:29 AM. The SDC Nurse reported Resident #86 was only in the facility for 20 days and that she could not recall anything about her. She stated she was unable to recall if a nurse aide (NA) had reported the diarrhea to her or if Resident #86 had requested the antidiarrheal medication herself. The SDC Nurse indicated she was unable to remember if Resident #86 was having a lot of loose stools or if it had any foul odors.</p> <p>The bowel movement record and the MAR for 2/28/2024 indicated NA #13 documented 1 medium loose and mushy stool at 12:06 AM and NA #9 documented 1 large formed/normal stool. No medication was documented as given for loose stools per the MAR.</p> <p>Resident #86 was discharged to the community on 2/28/2024.</p> <p>A telephone interview was completed with the PA at Resident #86's Primary Care Physician's office on 7/25/2024 3:40 PM. The PA stated that on 2/28/2024 the family had called requesting Resident #86 be seen in the office due to having diarrhea when she was in the facility. She further stated that when Resident #86 was discharged from the facility her family had brought her straight to her office. The PA stated that a stool sample was obtained and sent to the lab and the results were positive for C. difficile infection on</p>	F 580			

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F 580	<p>Continued From page 12 2/29/2024.</p> <p>The lab results for Resident #86 dated 2/29/2024 revealed she was positive for C. difficile infection.</p> <p>Resident #86's bowel movement documentation sheets from the date of admission, 2/8/24, through the date of discharge, 2/28/24, revealed she was coded as having 23 loose and watery stools, 19 loose and mushy stools, 1 putty like stool and 5 normal stools.</p> <p>Resident #86's MAR for February 2024 revealed she was administered 3 doses of bismuth subsalicylate and 10 doses of loperamide HCL from 2/13/2024 through 2/27/2024.</p> <p>The bowel movement documentation sheets and the daily assignment sheet revealed NA #9 was assigned to care for Resident #86 on 2/9/2024, 2/10/2024, 2/14/2024, 2/16/2024, 2/22/2024, 2/24/2024, 2/25/2024, 2/26/2024, and 2/28/2024.</p> <p>An interview was conducted with NA #9 on 7/23/2024 at 1:50 PM. NA #9 stated she was frequently assigned to care for Resident #86 when Resident #86 was residing in the facility. She further stated Resident #86 was having frequent loose and mushy/watery stools with a foul odor and the resident kept asking why she was having so many bowel movements. NA #9 indicated she did report the frequent stools to the nurse, but she was unable to remember which one, because there was usually a different agency nurse assigned to the unit.</p> <p>The bowel movement documentation sheets and the daily assignment sheet revealed Resident #86 was assigned to NA #10 on 2/15/2024, 2/17/2024,</p>	F 580			

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F 580	<p>Continued From page 13 and 2/24/2024.</p> <p>An interview was conducted with NA #10 on 7/23/2024 at 2:00 PM. NA #10 stated she was able to remember Resident #86 and the resident was incontinent of her bowels and was having frequent large loose foul-smelling stools when the resident was at the facility. NA #10 reported that while the bowel movements did have a terrible odor, she did not believe it smelt like the C. difficile odor she had smelled before when a resident had C. difficile. She indicated she did report the diarrhea to the nurse, but she was not able to remember which one.</p> <p>Review of the bowel movement documentation sheets and daily assignment sheet revealed NA #1 was assigned to care for Resident #86 on 2/19/2024, 2/20/2024, 2/21/2024, 2/25/2024, and 2/26/2024.</p> <p>An interview was conducted with NA #1 on 7/25/2024 at 12:05 PM. NA #1 stated Resident #86 was incontinent of stool and was having very frequent and large loose bowel movements with a foul odor when she was a resident in the facility and the odor was even identifiable in the hallway outside her room. NA #1 stated anytime a resident had more than 1 bowel movement during the shift he would notify the nurse. NA #1 indicated Nurse #16 had been informed Resident #86 was having loose foul-smelling bowel movements but could not recall the date.</p> <p>A telephone interview was completed with Nurse #16 on 7/25/2024 at 2:34 PM. Nurse #16 stated she was no longer working at the facility, and she could not recall Resident #86 or anything about her. She indicated she was unable to recall if NA</p>	F 580			

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F 580	Continued From page 14 #1 reported to her that Resident #86 was having diarrhea. An interview was conducted with the Medical Director (MD) on 7/24/2024 at 10:31 AM. The Medical Director stated that whenever he was informed by the nursing staff that a resident was having loose stools, he typically did not immediately order a C. difficile test. He further stated he would first look at the medications they were taking to see if they could be having an effect on the bowels, such as laxatives or stool softeners, and stop them for a couple of days to see if the diarrhea stopped. The Medical Director reported that constipation with overflow was the most common cause of loose stools in a nursing facility, so a C. difficile test and precautions would not be indicated, unless they had other symptoms. He stated that he was first informed Resident #86 was having diarrhea on 2/13/2024 when MDS Nurse #2 requested an order for loperamide HCL. The Medical Director indicated that if the resident was continuing to have loose stools and antidiarrheal medications were ineffective, he would have expected the nursing staff to contact him within 24-48 hours (2/14/24 or 2/15/24). He further indicated that part of the diarrhea protocol was if the antidiarrheal medication was ineffective then he would order an abdominal x-ray to check for constipation with overflow. The Medical Director stated that there was clearly a communication problem because he had no idea that she was having so many loose and watery stools and that the antidiarrheal medications were ineffective. He further stated that just by looking at Resident #86's bowel movement documentation sheets and the amount and frequency of loose and watery stools she was having, that this was a clear indication that she	F 580			

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F 580	<p>Continued From page 15 had C. difficile infection.</p> <p>A follow-up telephone interview was completed with the Medical Director on 7/25/2024 at 10:36 AM. The Medical Director stated that he depended on the nursing staff to make him aware of any changes or concerns involving the residents. The Medical Director indicated that this was clearly a communication problem because Resident #86 was having a lot of stools, and he wasn't made aware of this by the nursing staff. He indicated that he would have expected to have multiple messages from multiple nurses in the 2 weeks between the notifications on 2/13/2024 and 2/27/2024. The Medical Director stated if he was unaware she was having any problems there would be no reason to see her and assess her.</p> <p>An interview was completed with the Director of Nursing (DON)/Infection Control Preventionist (ICP) on 7/24/2024 at 1:51 PM. The DON/ICP stated that she was unfamiliar with Resident #86 and was not aware that she was having loose stools when she was residing in facility. The DON/ICP indicated she expected the nursing staff to provide the Medical Director with an accurate description of the situation, such as the number and amount of loose watery stools and that the antidiarrheal medications were ineffective.</p> <p>A follow-up interview was conducted with the DON/IPC Nurse on 7/25/2024 at 9:55 AM. She stated the information the nursing staff provided the Medical Director was not sufficient to accurately describe or paint a clear picture of the situation, and they should have told him the amount and frequency of the stools.</p> <p>The Administrator was notified of the Immediate</p>	F 580			

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F 580	<p>Continued From page 16 Jeopardy on 7/25/2024 at 4:45 PM.</p> <p>The Administrator submitted the following credible allegation of immediate jeopardy removal:</p> <p>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.</p> <p>The facility failed to notify the physician when a resident (Resident #86) repeatedly had loose watery stools or mushy stools from 2/9/24 through 2/27/24 despite the administration of anti-diarrhea medication.</p> <p>The facility did not implement effective systems to ensure the physician is notified of significant changes.</p> <p>The physician revealed he was not notified that the resident was having loose stools until 2/27/24. He further revealed when he was notified on 2/27/24 he was not made aware there were repetitive loose stools for greater than 2 weeks with anti-diarrheal medication being ineffective. He indicated this was indicative of c-diff and he would have initiated the diarrhea protocol to include reviewing the medications and discontinue any medications that could contribute to diarrhea, order bismuth subsalicylate if that was ineffective, he would obtain an abdominal x-ray and if x-ray was negative, he would obtain a stool sample to check for C-diff.</p> <p>Resident #86 was discharged to home 02/28/2024 and is no longer a resident of the facility. No further corrective action could be completed specific to Resident #86</p>	F 580			

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F 580	<p>Continued From page 17</p> <p>All residents are at risk for harm related to the deficient practice requiring a comprehensive assessment for signs and symptoms of <i>C. difficile</i> (<i>Clostridium difficile</i>). Signs and symptoms for <i>C. difficile</i> include: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness.</p> <p>On 07/25/2024 the Director of Nursing met with all direct care nurses who were working to initiate an assessment of 100% of current residents. Beginning on 07/25/2024, the Registered Nurse Managers and Licensed Practical Support Nurses completed an audit of all residents. This audit consisted of an assessment of each resident for the following signs and symptoms: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness in the last 7 days. Included in this assessment was a review of each resident's bowel movement documentation for the last 7 days to identify symptoms of watery diarrhea. If a resident had 3 or more loose watery stools in 24 hours the MD/Nurse Practitioner (NP)/PA will be notified for evaluation of <i>C. difficile</i>.</p> <p>If any residents were identified with any signs and symptoms of <i>C. difficile</i> the medical record was reviewed to identify if the MD/NP/PA had been notified. If the MD/NP/PA had not been notified, the nurse would then make the notification to the MD/NP/PA.</p> <p>This audit was completed on 07/25/2024. The audit identified that 2 of 80 residents had signs or symptoms of <i>C. difficile</i> which are: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness.</p>	F 580			

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F 580	<p>Continued From page 18</p> <p>On 07/25/2024, a corrective action was completed for 2 of 80 residents identified as having signs and symptoms of C. difficile when the provider was notified of the change in condition and orders for the change in condition were carried out by the direct care staff.</p> <p>Specify the actions the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or reoccurring and when the action will be completed.</p> <p>On 07/25/2024 the Director of Nursing and the Registered Nurse Managers began in servicing all licensed nurses, Registered Nurses (RN) and Licensed Practical Nurses (LPN) and certified nursing assistants (CNA) (full time, part time, and prn including agency) on signs and symptoms of C. difficile including watery diarrhea, fever, loss of appetite, nausea, abdominal pain/tenderness. The above staff were educated on the importance of documenting bowel movements including consistency of bowel movements accurately. In addition, the CNA's were educated to report any changes in condition including diarrhea to the nurse when noted.</p> <p>RN's and LPN's were additionally educated on if a resident has 3 or more loose watery stools in 24 hours then notify the MD for evaluation of C. difficile, initiate Enteric Contact Isolation when C. difficile is known or suspected, when to report changes in condition, completing an assessment, and notifying the MD/NP/PA when interventions are not effective.</p> <p>The DON will ensure that all licensed nurses, RN's, LPN's, and CNA's (full time, part time, and</p>	F 580			

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F 580	<p>Continued From page 19</p> <p>prn including agency) who do not complete the in-service training by 07/26/2024 will not be allowed to work until the training is completed.</p> <p>This in-service was incorporated into the new employee facility and agency orientation for all licensed nurses and certified nursing assistants (full time, part time, and prn including agency.)</p> <p>Alleged date of IJ removal 07/27/2024</p> <p>The immediate jeopardy removal plan of 7/26/2024 was validated on 7/26/2024. The audit of 100% of current residents for signs and symptoms of C. difficile was conducted by the nursing staff on 7/25/2024. The education sign in sheets were reviewed for the in-services conducted on 7/25/2024 for all nursing staff (NA's and nurses) regarding the signs and symptoms of C. difficile. In addition, the licensed nursing staff were educated regarding checking the clinical dashboard in the electronic medical record for alerts, initiating Enteric Contact Isolation when C. difficile is known or suspected, and assessing residents for signs and symptoms of C. difficile and notifying the physician. Staff interviews confirmed education was received on recognizing the signs and symptoms of C. difficile, assessing the residents for signs and symptoms, enteric isolation precautions, and the clinical dashboard alerts. Staff interviews with the nurses confirmed that education was received regarding signs and symptoms of C. difficile and notifying the physician. The facility's immediate jeopardy removal date of 7/27/2024 was validated.</p> <p>2) Resident #59 was admitted to the facility on 12/07/21. Diagnoses included type 2 diabetes mellitus.</p>	F 580			

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F 580	<p>Continued From page 20</p> <p>The Minimum Data Set quarterly assessment dated 06/11/24 revealed Resident 359 was cognitively intact and she received insulin and hypoglycemic (medications to treat diabetes) medications.</p> <p>A review of the physician's order revealed an order was written for Novolog Insulin, inject 10 units subcutaneously with meals and hold if glucose is less than 120 mg/dl.</p> <p>A review of the June 2024 Medication Administration Record revealed Resident #59's blood sugar reading was 109 mg/dl on 06/22/24. The medication administration record revealed Resident #59 received the Novolog Insulin on 06/22/24 as evidenced by a checkmark and nursing initials.</p> <p>A review of the July 2024 Medication Administration Record revealed Resident #59's blood sugar reading was 107 mg/dl on 07/01/24, 113 mg/dl on 07/03/24, and 109 mg/dl on 07/06/24, 114 on 07/10/24, 117 on 07/21/24, 100 on 07/22/24, and 116 on 07/24/24. The medication administration record revealed Resident #59 received the Novolog Insulin on 07/01/24, 07/03/24, 07/10/24, and 07/24/24 as evidenced by a checkmark and nursing initials.</p> <p>An interview was conducted with Nurse #1 on 07/24/24 at 9:45 AM. Nurse #1 confirmed the initials on the Medication Administration Record on 06/22/24, 07/01/24, 07/03/24, 07/10/24, and 07/24/24 were hers. She stated the checkmark under each of the dates meant that the medication was administered. Nurse #1 stated she administered the Novolog Insulin even</p>	F 580			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345207	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/26/2024
NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS N&R CTR OF COLUMBUS CTY			STREET ADDRESS, CITY, STATE, ZIP CODE 1402 PINCKNEY STREET WHITEVILLE, NC 28472		
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F 580	Continued From page 21 though the order read to hold the insulin if the blood sugar level was less than 120 mg/dl because the resident stated she wanted it. Nurse #1 stated the resident had rights and if she wanted the medication, then she would administer it. Nurse #1 stated she did not notify the physician that the resident was requesting to receive the 10 units of insulin even though her blood sugar was less than 120 mg/dl. An interview was conducted with the facility Physician on 07/24/24 at 10:17 AM. The Physician stated he had the parameter for administering the insulin in place because he did not want Resident #59's blood sugar level to get too low. He stated he was not notified that Resident #59 was requesting to receive her insulin even though her blood sugar level was below 120 mg/dl. He stated had he been notified he would have changed the parameter to hold the insulin to a lower number. Additionally, the Physician stated if nursing had notified him he could follow the resident's blood sugar results to determine if he needed to change the order or discontinue the order. An interview with the Director of Nursing (DON) on 07/26/24 at 3:00 PM revealed she would have expected the nursing staff to notify the physician and that it was not up to nursing to decide whether or not to administer a medication if it was not ordered without discussing the order with the Physician.	F 580			
F 684 SS=K	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that	F 684		7/27/24	

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F 684	Continued From page 22 applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and family, staff, Medical Director, and Physician Assistant interviews, the facility failed to comprehensively assess a resident who was presenting with signs of Clostridium Difficile (C. difficile) (According to the Centers for Disease Control and Prevention (CDC): C. difficile-is a highly contagious bacteria that causes diarrhea and inflammation of the colon and can be life-threatening; symptoms include 3 or more foul smelling watery stools a day lasting longer than 1 day, and abdominal cramping), to determine the cause of the watery stools, identify the seriousness of the symptoms, and implement effective interventions to treat repeat watery stools which started on 2/09/2024. Resident #86's bowel movement documentation sheets from the date of admission, 2/8/24, through the date of discharge, 2/28/24, revealed she was coded as having 23 loose and watery stools, 19 loose and mushy stools, 1 putty like stool and 5 normal stools. The resident was administered 13 doses of anti-diarrheal medication through the 20 days the resident was at the facility despite administration of anti-diarrheal medication being contra-indicated for C. Difficile or when C. Difficile symptoms persist. On 2/27/2024 Nurse #15 notified the Medical Director the resident's family member was requesting a C. difficile test for loose, watery, mushy stools, and a test was not ordered.	F 684	This Plan of Correction is submitted as required under State and/or Federal law. The submission of this Plan of Correction does not constitute an admission on the part of the facility or community as to the accuracy of the surveyors' findings or the conclusions drawn therefrom. Submission of this Plan of Correction also does not constitute an admission that the findings constitute a deficiency or that the scope and severity regarding the deficiency cited are correctly applied. Any changes to the facility's or community's policies and procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the Federal Rules of Evidence, corresponding state rules of civil procedure and should be inadmissible in any proceeding on that basis. The facility / community submits this Plan of Correction with the intention that it be inadmissible by any third party in any civil or criminal action against the facility / community or any employee, agent, officer, director, attorney, or shareholder of the facility / community or affiliated entities. F684: The facility failed to comprehensively assess Resident #86 to		

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F 684	<p>Continued From page 23</p> <p>Resident #86 was discharged on 2/28/2024 and was transported by a family member directly to her Primary Care Physician's office where she was tested for C. Difficile, and the lab test was positive for C. Difficile on 2/29/2024. This deficient practice placed Resident #86 at risk for developing complications from C. difficile such as dehydration, skin breakdown, and in extreme cases death. This deficient practice was discovered for 1 of 3 residents reviewed for professional standards (Resident #86); and the nursing staff failed to perform complete neurological checks for 1 of 1 resident reviewed for falls (Resident #2) which was cited at a lower scope and severity.</p> <p>Immediate Jeopardy began on 02/15/2024 when Resident #86 was not assessed to determine possible cause or effective interventions for continued loose and watery stools after the administration of an anti-diarrheal medication. Immediate Jeopardy was removed on 7/27/2024 when the facility implemented an acceptable plan of Immediate Jeopardy removal. The facility remains out of compliance at a lesser scope and severity of "E" (no harm with the potential for more than minimal harm that is not Immediate Jeopardy) to ensure education was completed and monitoring systems put in place are effective. Resident #2 was cited at scope and severity "E."</p> <p>Findings included:</p> <p>Per an article by the National Institute in Health (NIH), from the Mayo Clinic, dated November 2012: The use of antimotility agents such as narcotics and loperamide in active C difficile infection is discouraged because use of these</p>	F 684	<p>determine the cause and implement interventions to treat repeat loose watery stools or mushy stools from 2/9/24 through 2/27/24. She was administered anti-diarrhea medication that was not effective.</p> <p>The facility did not implement effective systems to ensure that nurses identify the signs and symptoms of C-Diff and communicate with the physician to ensure necessary interventions were implemented.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>1. Resident #86 was discharged to home 02/28/2024 and is no longer a resident of the facility. No further corrective action could be completed specific to Resident #86.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents are at risk for harm related to the deficient practice requiring a comprehensive assessment for signs and symptoms of C. difficile (Clostridium difficile). Signs and symptoms for C. difficile include: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. On 07/25/2024 the Director of Nursing met with all direct care nurses who were working to initiate an assessment of 100% of current residents. Beginning on 07/25/2024, the Registered Nurse</p>		

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F 684	<p>Continued From page 24</p> <p>agents may result in more severe colitis.</p> <p>The facility's Clostridium Difficile policy last reviewed on 12/2023 read in part, "The following measures are guidelines to prevent the spread of C. difficile infection, clinical features include watery diarrhea, fever, loss of appetite, nausea, abdominal pain/tenderness. General diagnostic testing ordered by the MD [Medical Director] involves 3 or more watery diarrhea in 24 hours. Suspect C. difficile if the resident has symptoms and has been in the hospital and/or recently received antibiotics."</p> <p>The facility's Physician's Standing Orders (Standing Orders are a means for physician or Advanced Practice Provider to legally convey to a nurse, the ability to provide routine medical interventions to a resident based on subjective and objective findings) revealed the following: bismuth subsalicylate (antidiarrheal medication) 15 cc (cubic centimeters) after each diarrhea stool. Check for impaction before giving. Notify Physician if no improvement after 8 hours or in the morning if stable.</p> <p>The hospital history and physical dated 2/1/2024 revealed Resident #86 was admitted to the hospital with diagnoses to include right hip pain, rhabdomyolysis (a rare life-threatening muscle injury where muscles breakdown and lead to muscle death. When this occurs, toxic components of the muscle fibers enter the blood circulation system and kidneys, resulting in kidney damage; this dangerous muscle condition can result from overexertion, trauma (such as fall), or medications), a ground-level fall at home, and acute kidney injury superimposed on chronic kidney disease, and generalized muscle</p>	F 684	<p>Managers and Licensed Practical Support Nurses completed an audit of all residents. This audit consisted of an assessment of each resident for the following signs and symptoms: watery diarrhea, fever, loss of appetite, nausea, abdominal pain/tenderness in the last 7 days. Included in this assessment was a review of each resident's bowel movement documentation for the last 7 days to identify symptoms of watery diarrhea.</p> <p>This audit was completed on 07/25/2024. The audit identified that 2 of 80 residents had signs or symptoms of C. difficile which are: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. On 07/25/2024, a corrective action was completed for 2 of 80 residents identified as having signs and symptoms of C. difficile when the provider was notified of the change in condition and orders for the change in condition were carried out by the direct care staff.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 07/25/2024 the Director of Nursing and the Registered Nurse Managers began in servicing all licensed nurses, Registered Nurses (RN) and Licensed Practical Nurses (LPN) and certified nursing assistants (CNA) (full time, part time, and prn including agency) on signs and symptoms of C. difficile including</p>		

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F 684	<p>Continued From page 25</p> <p>weakness. According to the hospital medication list Resident #86 was not administered any antibiotics while she was in the hospital. She was discharged from the hospital on 2/8/2024 to the facility.</p> <p>Resident #86 was admitted to the facility on 02/08/2024, with diagnoses to include Type 2 diabetes mellitus with chronic kidney disease, muscle weakness, and urinary retention. She had a planned discharge to home on 02/28/2024.</p> <p>The admission Minimum Data Set (MDS) assessment dated 02/10/2024 revealed Resident #86 was cognitively intact, had an indwelling catheter, and was frequently incontinent of bowels.</p> <p>The baseline Care Plan initiated on 2/8/2024 for Resident #86 revealed a plan of care for activities of daily living (ADL) self-care performance deficit. Interventions included allowing plenty of time to complete tasks, providing incontinence care as needed, and monitoring/documenting/reporting to the nurse as needed any changes in ADL abilities and reasons for self-care deficit/decline.</p> <p>Resident #86's bowel movement documentation and medication administration record (MAR) revealed the following:</p> <p>2/9/2024 NA #9 documented 1 large and loose and watery stool at 1:49 PM and 1 medium loose and watery stool at 5:40 PM. No medication was documented as given for loose stools per the MAR.</p> <p>2/10/2024 NA #9 documented 1 large and formed/normal stool at 1:16 PM, 1 large loose</p>	F 684	<p>watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. The above staff were educated on the importance of documenting bowel movements including consistency of bowel movements accurately.</p> <p>RN's and LPN's were additionally educated on checking the clinical dashboard in the electronic medical record each shift for bowel movement alerts to identify diarrhea documented. If a resident has 3 or more loose watery stools in 24 hours then notify the MD for evaluation of C. difficile, initiate Enteric Contact Isolation when C. difficile is known or suspected, when to report changes in condition, completing an assessment, and notifying the MD/NP/PA when interventions are not effective.</p> <p>The DON will ensure that all licensed nurses, RN's, LPN's, and CNA's (full time, part time, and prn including agency) who do not complete the in-service training by 07/26/2024 will not be allowed to work until the training is completed. This in-service will be incorporated into the new employee facility and agency orientation for all licensed nurses and certified nursing assistants (full time, part time, and prn including agency.)</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Administrator and/or Director of Nursing will monitor tag F684 for Change in Condition related to C. difficile weekly for 4 weeks and monthly for 3 months or</p>		

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F 684	<p>Continued From page 26</p> <p>and mushy stool at 4:16 PM, and NA #11 documented one large loose and watery stool at 11:49 PM. No medication was documented as given for loose stools per the MAR.</p> <p>2/11/2024 NA #12 documented 1 large loose and mushy stool at 12:26 PM, 1 large loose and watery stool at 3:18 PM, and NA #11 documented 1 medium loose and watery stool at 11:39 PM. No medication was documented as given for loose stools per the MAR.</p> <p>2/12/2024 NA #12 documented 1 medium loose and mushy stool at 11:30 AM and NA #13 documented 1 small and putty like stool at 7:57 PM. No medication was documented as given for loose stools per the MAR.</p> <p>A nurse's note written by MDS Nurse #2 for Resident #86 revealed the following secure conversation text messages (secure text message from the nurse to the provider that is saved and uploaded to the progress notes in the electronic medical record) from MDS Nurse #2 to the Medical Director on 2/13/2024 at 11:44 AM which read in part, "Resident has had diarrhea since admitting and we have no [brand name of medication-bismuth subsalicylate, an antidiarrheal medication] on hand. Can we have an order for loperamide [antidiarrheal medication]? Please advise. Thanks." The Medical Director responded back on 2/13/2024 at 11:46 AM with an order for loperamide hydrochloride (HCL) 2 milligrams (mg) three times a day as needed for diarrhea.</p> <p>The physician's orders for Resident # 86 revealed an order for loperamide (HCL) 2mg tablets; give 1 tablet by mouth three times a day as needed</p>	F 684	<p>until resolved. The Administrator/Director of Nursing will ensure that all shifts have been covered during the monitoring period. Reports will be presented to the weekly Quality Assurance committee by the Administrator to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Director.</p> <p>Date of Compliance: <u>7/27/2024</u></p>		

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F 684	<p>Continued From page 27</p> <p>(prn) for diarrhea was initiated by MDS Nurse #2 on 2/13/2024.</p> <p>An interview with MDS Nurse #2 was completed on 7/25/2024 at 9:44 AM. MDS Nurse #2 stated she was a unit manager at the facility in February of 2024. She further stated she was not Unit Manager for the hall where Resident #86 resided. MDS Nurse #2 stated she was unable to recall Resident #86 or why she was the nurse that sent the text message to the Medical Director on 2/13/2024 regarding her diarrhea. MDS #2 stated that the nurse working that hall must have told her about the diarrhea and that the facility was out of bismuth subsalicylate the medication on the Physician's Standing Orders. MDS Nurse #2 explained that loperamide hydrochloride 2 mg was not on the facility's Standing Orders sheet and if the facility was out of bismuth subsalicylate that must have been the reason she contacted the Medical Director. MDS Nurse #2 stated that if a resident was having diarrhea and loperamide was given and it was ineffective, the nurses should have assessed them for signs and symptoms of C. difficile. She further stated that she was positive that none of the staff members reported that Resident #86's stools had a foul odor, because that would have been a sign that she might have a C. difficile infection. MDS Nurse #2 reported that if a resident was positive for C. difficile, they were to be placed on enteric precautions, and placed in a private room because it was very contagious. She indicated that if C. difficile was left untreated it could lead to skin breakdown and dehydration.</p> <p>2/13/2024 NA #13 documented 1 large and loose and watery stool at 6:10 AM, 1 large loose and watery stool 10:56 AM, and NA #9 documented 1</p>	F 684			

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F 684	<p>Continued From page 28</p> <p>large loose and watery stool at 6:44 PM. Loperamide HCL oral tablet 2 mg was administered by Nurse #8 at 8:07 PM and it was documented as having been effective.</p> <p>A telephone interview was completed with Nurse #8 on 7/25/2024 at 8:21 AM. Nurse #8 stated Resident #86's name sounded familiar, but she was not able to recall any information about her. She indicated if she administered loperamide HCL to Resident #86 on 2/13/2024 at 8:07 PM., then the NA or the resident must have reported the resident having diarrhea to her. She stated if a NA reported a resident was having loose stools, she would administer an antidiarrheal medication and follow-up to make sure it was effective. Nurse #8 stated if a NA reported a resident's stool had a foul odor, she would assess them for C. difficile. Nurse #8 further stated the facility's protocol for C. difficile was to collect a stool specimen and request an order for a lab culture from the Medical Director because it was a serious infection. She indicated she was unable to remember administering loperamide HCL to Resident #86 on 2/13/2024 at 8:07 PM or recall NA # 9 informing her of the diarrhea.</p> <p>Further review of Resident #86's bowel movement documentation and MAR revealed the following:</p> <p>2/14/2024 at NA #9 documented 1 large loose and watery stool at 11:04 AM, 1 medium loose and watery stool 5:26 PM, and NA #14 documented 1 small loose and watery stool at 11:34 PM. No medication was documented as given for loose stools per the MAR.</p> <p>2/15/2024 NA #10 documented 1 medium</p>	F 684			

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F 684	<p>Continued From page 29</p> <p>formed/normal stool at 10:42 AM and 1 large loose and mushy stool and at 3:24 PM. No medication was documented as given for loose stools per the MAR.</p> <p>Resident #86's physician's orders further revealed a standing order for bismuth subsalicylate oral suspension 262 mg/15 milliliters (ml) was initiated by Nurse #9 on 2/16/2024. Bismuth subsalicylate oral suspension 262 mg/15 ml; give 15 ml by mouth as needed (prn) for diarrhea. Give 15 ml after each loose stool. Check for impaction first. Notify the physician if there was no improvement after 8 hours or in the morning if stable.</p> <p>Further review of Resident #86's bowel movement documentation and MAR revealed the following:</p> <p>2/16/2024 NA #13 documented 1 medium loose and mushy stool at 3:26 AM, 1 medium loose and mushy stool at 8:58 PM, and NA #9 documented 1 medium loose and mushy stool at 11:58 AM. Bismuth subsalicylate prn 15 ml was administered by Nurse #9 at 5:05 PM and was documented as effective.</p> <p>2/17/2024 NA #13 documented 1 medium loose and mushy stool at 4:44 AM and NA #10 documented 1 large formed/normal stool at 5:15 PM. No medication was documented as given for loose stools per the MAR.</p> <p>2/18/2024 NA #15 documented 1 small putty like stool at 2:53 PM, 1 medium loose and watery stool at 12:14 PM, and NA #9 documented 1 large loose and watery stool at 3:19 PM. No medication was documented as given for loose</p>	F 684			

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F 684	<p>Continued From page 30 stools per the MAR.</p> <p>2/19/2024 NA #15 documented 1 large loose and watery stool at 6:27 AM. NA #15 documented 1 large loose and mushy stool and 1 large and formed/normal stool at 11:33 AM. Bismuth subsalicylate prn 15 ml was administered by Nurse #10 at 9:14 PM and was documented as effective.</p> <p>2/20/2024 at 4:43 AM NA #13 documented 1 large loose and watery stool, at 11:44 AM NA #1 documented 1 large loose and watery stool, at 9:05 PM NA #13 documented 1 large loose and mushy stool, and at 11:14 PM NA #13 documented 1 small loose and mushy stool. Loperamide HCL 2 mg tablet prn was administered by Nurse #10 at 5:09 AM and was documented as effective; bismuth subsalicylate prn 15 ml was administered by Nurse #11 at 8:47 AM and was documented as effective; and loperamide HCL 2 mg tablet prn was administered by Nurse #11 at 1:48 PM and was documented as effective.</p> <p>A telephone interview was completed with Nurse #10 on 7/25/2024 at 4:00 PM. Nurse # 10 stated she usually did not work on the unit where Resident #86 resided when she was at the facility. She further stated she did not recognize Resident #86's name or recall anything about her. Nurse #10 explained she was just not familiar with Resident #86 and didn't know if she was having diarrhea or not. She stated she did not remember administering bismuth subsalicylate on 2/19/2024 or loperamide HCL 2 mg tablet on 2/20/2024 to Resident #86.</p> <p>2/21/2024 NA #1 documented 1 large loose and</p>	F 684			

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F 684	<p>Continued From page 31</p> <p>watery stool and 1 large loose and mushy stool at 9:15 AM. NA #13 documented and 1 medium loose and mushy stool at 11:11 PM. Loperamide HCL 2 mg tablet prn was administered by Nurse #12 at 6:13 AM and was documented as effective.</p> <p>2/22/2024 NA #9 documented 1 large loose and watery stool at 2:59 PM and one large loose and watery stool at 5:03 PM. Loperamide HCL 2 mg tablet prn was administered by Nurse #13 at 3:01 PM and was documented as effective.</p> <p>A telephone interview was conducted with Nurse #13 on 7/25/2024 at 1:28 PM. Nurse #13 stated she worked at the facility as needed. She further stated that she did not typically work the unit where Resident #86 resided and only worked 1 day every couple of weeks. Nurse #13 indicated that she had been assigned the unit where Resident #86 resided a few times but did not recall anything about Resident #86 and did not recall administering loperamide HCL 2 mg tablet to her on 2/22/2024 for diarrhea.</p> <p>2/23/2024 NA #13 documented 1 medium loose and mushy stool at 12:08 AM, 1 large loose and watery stool at 12:03 PM, and NA #9 documented 1 large loose and mushy stool at 4:57 PM. No medication was documented as given for loose stools per the MAR.</p> <p>2/24/2024 NA #9 documented 1 large loose and mushy stool at 10:48 AM and NA #19 documented 1 large loose and watery stool at 9:53 PM. Loperamide 2 mg tablet prn was administered by Nurse #14 at 2:00 PM and was documented as effective.</p> <p>A telephone interview was completed with Nurse</p>	F 684			

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F 684	<p>Continued From page 32</p> <p>#14 on 7/25/2024 at 3:00 PM. Nurse #14 stated she worked at the facility as needed, and she could not remember anything about Resident #86. She further stated she couldn't recall the resident's name. Nurse #14 stated she was unable to recall administering loperamide HCL 2 mg tablet to Resident #86 for diarrhea on 2/24/2024.</p> <p>2/25/2024 NA #9 documented 1 medium loose and mushy stool at 2:59 PM and NA #1 documented 1 large loose and mushy stool. No medication was documented as given for loose stools per the MAR.</p> <p>2/26/2024 NA #9 documented 1 large loose and watery stool at 10:37 AM and NA #1 large loose and mushy stool at 8:26 PM. Two doses of loperamide 2mg tablet prn were administered by the Staff Development Coordinator (SDC) Nurse one dose at 8:37 AM and was documented as effective and the dose at 7:06 PM the effectiveness was documented as unknown.</p> <p>2/27/2024 NA #13 documented 1 medium formed/normal stool at 1:32 AM. NA #1 documented 1 large loose and watery stool at 11:05 AM and 1 large loose and mushy stool at 9:18 PM. Two doses of loperamide 2 mg tablet prn were administered by the SDC Nurse at 8:29 AM and 4:38 PM and they were documented as effective.</p> <p>An interview was completed with the Staff Development Coordinator (SDC) Nurse on 7/23/2024 at 8:29 AM. The SDC Nurse stated she was working the 7 AM to 7 PM shift on the hall where Resident #86 resided on 2/26/2024 and 2/27/2024. The SDC Nurse reported Resident</p>	F 684			

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F 684	<p>Continued From page 33</p> <p>#86 was only in the facility for 20 days and that she could not recall anything about her. She stated she was unable to recall if a nurse aide (NA) had reported the diarrhea to her or if Resident #86 had requested the antidiarrheal medication herself. The SDC Nurse explained the electronic medical record the facility used for documentation had an alert system on the residents' dashboard (screen with pertinent information), it would display a red bell if the resident was having diarrhea or constipation, but she was unable to recall if the alert had been on the screen. The SDC Nurse indicated she was unable to remember if Resident #86 was having a lot of loose stools or if it had any foul odors. The SDC Nurse was unable to recall why Nurse #15 had contacted the Medical Director instead of her on 2/27/2024, because she was the charge nurse on the hall. She stated she was certain Resident #86's family member had never informed her she thought her mother had C. difficile, and she had not requested her to contact the Medical Director for a C. difficile test.</p> <p>A follow-up interview was completed with the SDC Nurse on 7/25/2024 at 9:10 AM. The SDC Nurse indicated if she administered the loperamide HCL to Resident #86 on 2/26/2024 and 2/27/2024, the NA must have told her she was having loose stools, or the resident requested it. She stated Nurse #15 was the unit manager in February and if Nurse #15 spoke to Resident #86's daughter regarding a C. difficile test, she was not made aware. The SDC Nurse explained if she suspected a resident was positive for C. difficile, she would first contact the Medical Director and get an order to obtain a stool specimen for a stool test. She further explained since C. difficile was highly contagious,</p>	F 684			

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F 684	<p>Continued From page 34</p> <p>she would place the resident in a private room and initiate enteric precautions. The SDC Nurse stated if the stool test was positive the Medical Director would order antibiotics, and the resident would remain on isolation precautions until they completed the course of antibiotics and was not having loose watery stools.</p> <p>2/28/2024 NA #13 documented 1 medium loose and mushy stool at 12:06 AM and NA #9 documented 1 large formed/normal stool. No medication was documented as given for loose stools per the MAR.</p> <p>Resident #86's bowel movement documentation sheets from the date of admission, 2/8/24, through the date of discharge, 2/28/24, revealed she was coded as having 23 loose and watery stools, 19 loose and mushy stools, 1 putty like stool and 5 normal stools.</p> <p>The bowel movement documentation sheets and the daily assignment sheet revealed Resident #86 was assigned to NA #10 on 2/15/2024, 2/17/2024, and 2/24/2024.</p> <p>An interview was conducted with NA #10 on 7/23/2024 at 2:00 PM. NA #10 stated she was able to remember Resident #86 and the resident was incontinent of her bowels and was having frequent large loose foul-smelling stools when the resident was at the facility. NA #10 reported that while the bowel movements did have a terrible odor, she did not believe it smelt like the C. difficile odor she had smelled before when a resident had C. difficile. She indicated she did report the diarrhea to the nurse, but she was not able to remember which one.</p> <p>The bowel movement documentation sheets and</p>	F 684			

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F 684	<p>Continued From page 35</p> <p>the daily assignment sheet revealed NA #9 was assigned to care for Resident #86 on 2/9/2024, 2/10/2024, 2/14/2024, 2/16/2024, 2/22/2024, 2/24/2024, 2/25/2024, 2/26/2024, and 2/28/2024.</p> <p>An interview was conducted with NA #9 on 7/23/2024 at 1:50 PM. NA #9 stated she was frequently assigned to care for Resident #86 when Resident #86 was residing in the facility. She reported Resident #86 was unable to ambulate and was receiving physical therapy. NA #9 stated Resident #86 was incontinent of bowels and had an indwelling catheter. She further stated Resident #86 was having frequent loose and mushy/watery stools with a foul odor and the resident kept asking why she was having so many bowel movements. NA #9 indicated she did report the frequent stools to the nurse, but she was unable to remember which one, because there was usually a different agency nurse assigned to the unit.</p> <p>Review of the bowel movement documentation sheets and daily assignment sheet revealed NA #1 was assigned to care for Resident #86 on 2/19/2024, 2/20/2024, 2/21/2024, 2/25/2024, and 2/26/2024.</p> <p>An interview was conducted with NA #1 on 7/25/2024 at 12:05 PM. NA #1 stated Resident #86 was incontinent of stool and was having very frequent and large loose bowel movements with a foul odor when she was a resident in the facility and the odor was even identifiable in the hallway outside her room. NA #1 stated anytime a resident had more than 1 bowel movement during the shift he would notify the nurse. NA #1 indicated Nurse #16 had been informed Resident #86 was having loose foul-smelling bowel</p>	F 684			

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F 684	<p>Continued From page 36</p> <p>movements but could not recall the date.</p> <p>A telephone interview was completed with Nurse #16 on 7/25/2024 at 2:34 PM. Nurse #16 stated she was no longer working at the facility, and she could not recall Resident #86 or anything about her. She further stated when she was employed at the facility, she had worked on different halls all the time and she just could not remember the resident or if she was having any issues with diarrhea. Nurse #16 indicated she was unable to recall if NA #1 reported to her that Resident #86 was having diarrhea, because she just couldn't remember that far back.</p> <p>Resident #86's MAR for February 2024 revealed she was administered 3 doses of bismuth subsalicylate and 10 doses of loperamide HCL from 2/13/2024 through 2/27/2024.</p> <p>A nurse's note for Resident #86 revealed the following secure conversation text message from Nurse #15 to the Medical Director dated 2/27/2024 at 3:33 PM which read in part, "[family member] is concerned that resident is having a lot of loose BMs [bowel movements]. I looked through her chart and she does have a lot of watery stools but also a lot of mushy stools. May we have an order to test for C. difficile? The daughter also wants to know what else could be causing it if it were not C. difficile because her medications are the same as they were at home. Please advise." The Medical Director responded back to Nurse #15 on 2/27/2024 at 4:35 PM with the following message, "if not watery they will not do a C. difficile test." Nurse #15's responded back to the Medical Director she would inform the family member.</p>	F 684			

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F 684	<p>Continued From page 37</p> <p>A telephone interview was conducted with Nurse #15 on 7/24/2024 at 9:13 AM. Nurse #15 stated she was a unit manager at the facility in February 2024, but that she was no longer employed by the facility. She further stated Resident #86's name sounded familiar, but she was unable to recall any information about her. Nurse #15 indicated she did not recall Resident #86's family member asking her to request a C. difficile test or recall Resident #86 having frequent loose stools. She stated she was unable to recall messaging the Medical Director or the reason she had contacted him. Nurse #15 stated she did not remember anything about Resident #86.</p> <p>Review of the EMR revealed no documentation in the nurses' progress notes regarding Resident #86's diarrhea for the duration of her stay at the facility. There was also no discovered mention of a family member expressing concern about the resident's diarrhea and inquiring about a test for C. difficile.</p> <p>An interview was completed with the Director of Nursing (DON)/Infection Control Preventionist (ICP) on 7/24/2024 at 1:51 PM. The DON/ICP stated she was unfamiliar with Resident #86 and was not aware that Resident #86 was having loose stools when she was residing in facility. She further stated the facility's standing order for diarrhea was for bismuth subsalicylate and that loperamide HCL required an order from the Medical Director. The DON/ICP indicated after examining the bowel movement documentation sheet, the nursing progress notes, and the MAR for Resident #86, the nursing staff should have assessed the resident for other symptoms of C. difficile infection such as cramping, abdominal pain, and foul-smelling stools. The DON/ICP</p>	F 684			

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F 684	<p>Continued From page 38</p> <p>indicated she expected the nursing staff to provide the Medical Director with an accurate description of the situation, such as the number and amount of loose watery stools and that the antidiarrheal medications were ineffective.</p> <p>A follow-up interview was conducted with the DON/IPC on 7/25/2024 at 9:55 AM. The DON/IPC stated it appeared Resident #86 was having diarrhea from the time she was admitted to the facility, and the nursing staff might have thought that was her normal routine. She further stated MDS Nurse #2, and Nurse #15 were the unit managers at the time, and they were also the staff members that were communicating with the Medical Director. The DON/IPC explained if she was made aware of the loose watery stools, she would have assessed the resident for other signs and symptoms of a C. difficile infection such as abdominal pain and cramping, fever, and foul-smelling stools. The DON/IPC stated the nursing staff had not followed the facility's Clostridium. Difficile Infection Control Policy by not assessing her for other symptoms such as fever, abdominal pain/tenderness, recent hospitalization or antibiotic use, and by not contacting the Medical Director for testing order after she had 3 or more watery stools in 24 hours. She further stated Resident #86's risk factors for C. difficile included she was recently discharged from the hospital, and she was having loose and watery stools. The DON indicated alerts for diarrhea and constipation light up a red bell on the residents' dashboard in the facility's electronic medical record and should have triggered the nursing staff to assess the resident for more information. She stated the text message sent by the MDS Nurse #2, and Nurse #15 to the Medical Director should have been more detailed and</p>	F 684			

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F 684	<p>Continued From page 39</p> <p>informed him of the number of stools she was having, and the antidiarrheal medication was ineffective.</p> <p>Resident #86's electronic medical record (EMR) revealed an Admission History and Physical which was completed by the Medical Director on 2/9/2024 and a progress noted dated 2/23/2024 regarding discharge. There was no mention of diarrhea in the History and Physical or progress note for discharge. There were no other progress notes written by the Medical Director or another health care provider.</p> <p>An interview was conducted with the Medical Director on 7/24/2024 at 10:31 AM. The Medical Director stated that whenever he was informed by the nursing staff that a resident was having loose stools, he would not usually immediately order a C. difficile test. He further stated he would first look at the medications they were taking to see if they could be having an effect on the bowels, such as laxatives or stool softeners, and he would stop the medications for a couple of days to see if the loose stools would clear up. The Medical Director confirmed Resident #86 was not administered any medications that could cause diarrhea during her stay at the facility. The Medical Director reported that constipation with overflow was the most common cause of loose stools in a nursing facility, so a C. difficile test and precautions would not be indicated, unless they had other symptoms. He stated that he was first informed Resident #86 was having diarrhea on 2/13/2024 when MDS Nurse #2 requested an order for loperamide HCL. The Medical Director indicated that if the resident was continuing to have loose stools and antidiarrheal medications were ineffective, he would have expected the</p>	F 684			

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F 684	<p>Continued From page 40</p> <p>nursing staff to contact him within 24-48 hours. He further indicated that part of the diarrhea protocol was if the medication were ineffective then he would order an abdominal x-ray to check for constipation with overflow. The Medical Director stated that there was clearly a communication problem because he had no idea that she was having so many loose and watery stools and the antidiarrheal medications were ineffective. He further stated that just by looking at Resident #86's bowel movement documentation sheets and the amount and frequency of loose and watery stools she was having, that this was a clear indication that she had C. difficile infection. The Medical Director stated that he was unaware that Resident #13 was continuing to have diarrhea after 2/13/ 2024 when he had ordered the loperamide HCL, because the nursing staff had not contacted him until 2/27/2024.</p> <p>A follow-up telephone interview was completed with the Medical Director on 7/25/2024 at 10:36 AM. The Medical Director stated he depended on the nursing staff to make him aware of any changes or concerns involving the residents. He further stated he would have expected the nursing staff to assess the resident for signs of infection if she was continuing to experience diarrhea and the antidiarrheal medications were ineffective. The Medical Director further stated that his protocol for diarrhea was to discontinue any medications that could be contributing to loose stools, and then the next step would be to order antidiarrheal medications, and if they were ineffective, he would order an abdominal x-ray to rule out constipation with overflow. The Medical Director further stated that if the x-ray was negative for constipation, he would then order a</p>	F 684			

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F 684	<p>Continued From page 41</p> <p>C. difficile test. He reported that people with healthy immune systems were usually able eradicate C. difficile infection on their own, and that most C. difficile infections were usually treated with a 10-day course of antibiotics. The Medical Director indicated the risk factors for developing a C. difficile infection was a recent hospitalization, post antibiotic use, and being immunocompromised. The Medical Director stated that if a C. difficile infection was left untreated, it could develop into pseudomembranous colitis and toxic megacolon (large), and in extreme cases rupture the colon and death. He further stated it just depends on whether the resident was immunocompromised with other comorbidities. The Medical Director indicated that isolation was not necessary unless they had other signs and symptoms of C. difficile infection.</p> <p>The facility's infection Tracking and Trending information for 2024 was reviewed with the DON on 7/24/2024 at 1:51 PM. The Tracking and Trending information revealed no record of residents who were diagnosed with C. difficile during the time of Resident #86 or after up through the date of the review.</p> <p>A telephone interview was completed with Resident #86's Responsible Party (RP) on 7/25/2024 at 3:23 PM. The RP stated when Resident #86 was at the facility the resident was having diarrhea. She further stated when Resident #86 was discharged on 2/28/2024 she had already made an appointment to take her straight to her Primary Care Physician's (PCP) office because of the continued diarrhea. The RP explained the Physician's Assistant (PA) at the PCP's office had ordered a C. difficile test based</p>	F 684			

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F 684	<p>Continued From page 42</p> <p>on the resident's report of diarrhea and the RP's report of the frequent stools with foul odor. She further stated at the appointment a stool sample was obtained and sent to the lab. She said the results were reported as positive on 2/29/2024 and the PA ordered 10 days of antibiotics for Resident #86.</p> <p>A telephone interview was completed with the PA at Resident #86's Primary Care Physician's office on 7/25/2024 3:40 PM. The PA stated that on 2/28/2024 the family had called on 2/27/2024 requesting Resident #86 be seen in the office due to having loose watery stools when she was in the facility. She further stated when Resident #86 was discharged from the facility her family had brought her straight to her office from the facility. The PA stated a stool sample was obtained and sent to the lab and the results were positive for C. difficile infection on 2/29/2024. She further stated she had ordered 10 days of antibiotics for Resident #86 and instructed her to drink lots of fluids because of the risk of dehydration.</p> <p>The lab results for Resident #86 dated 2/29/2024 revealed she was positive for C. difficile infection.</p> <p>The Administrator was notified of the Immediate Jeopardy on 7/25/2024 at 4:45 PM.</p> <p>The Administrator provided the following allegation of Immediate Jeopardy removal plan.</p> <p>Removal Plan F684</p> <p>Identify those recipients who have suffered, or are likely to suffer, a serious adverse outcome as a result of the noncompliance.</p>	F 684			

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F 684	<p>Continued From page 43</p> <p>The facility failed to comprehensively assess Resident #86 to determine the cause and implement interventions to treat repeat loose watery stools or mushy stools from 2/9/24 through 2/27/24. She was administered anti-diarrhea medication that was not effective.</p> <p>The facility did not implement effective systems to ensure that nurses identify the signs and symptoms of C-Diff and communicate with the physician to ensure necessary interventions were implemented.</p> <p>Resident #86 was discharged to home 02/28/2024 and is no longer a resident of the facility. No further corrective action could be completed specific to Resident #86.</p> <p>All residents are at risk for harm related to the deficient practice requiring a comprehensive assessment for signs and symptoms of C. difficile (Clostridium difficile). Signs and symptoms for C. difficile to include: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. On 07/25/2024 the Director of Nursing met with all direct care nurses who were working to initiate an assessment of 100% of current residents. Beginning on 07/25/2024, the Registered Nurse Managers and Licensed Practical Support Nurses completed an audit of all residents. This audit consisted of an assessment of each resident for the following signs and symptoms: watery diarrhea, fever, loss of appetite, nausea, abdominal pain/tenderness in the last 7 days. Included in this assessment was a review of each resident's bowel movement documentation for the last 7 days to identify symptoms of watery diarrhea.</p>	F 684			

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F 684	<p>Continued From page 44</p> <p>This audit was completed on 07/25/2024. The audit identified that 2 of 80 residents had signs or symptoms of C. difficile which are: watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. On 07/25/2024, a corrective action was completed for 2 of 80 residents identified as having signs and symptoms of C. difficile when the provider was notified of the change in condition and orders for the change in condition were carried out by the direct care staff.</p> <p>Specify the actions the entity will take to alter the process or system failure to prevent a serious adverse outcome from occurring or reoccurring and when the action will be completed.</p> <p>On 07/25/2024 the Director of Nursing and the Registered Nurse Managers began in servicing all licensed nurses, Registered Nurses (RN) and Licensed Practical Nurses (LPN) and certified nursing assistants (CNA) (full time, part time, and prn including agency) on signs and symptoms of C. difficile including watery diarrhea, fever, loss of appetite, nausea, malodorous stool and abdominal pain/tenderness. The above staff were educated on the importance of documenting bowel movements including consistency of bowel movements accurately.</p> <p>RN's and LPN's were additionally educated on checking the clinical dashboard in the electronic medical record each shift for bowel movement alerts to identify diarrhea documented. If a resident has 3 or more loose watery stools in 24 hours, then notify the MD for evaluation of C. difficile, initiate Enteric Contact Isolation when C. difficile is known or suspected, when to report changes in condition, completing an assessment,</p>	F 684			

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F 684	<p>Continued From page 45 and notifying the MD/NP/PA when interventions are not effective.</p> <p>The DON will ensure that all licensed nurses, RN's, LPN's, and CNA's (full time, part time, and prn including agency) who do not complete the in-service training by 07/26/2024 will not be allowed to work until the training is completed.</p> <p>This in-service will be incorporated into the new employee facility and agency orientation for all licensed nurses and certified nursing assistants (full time, part time, and prn including agency.)</p> <p>Alleged date of IJ removal 7/27/2024</p> <p>The immediate jeopardy removal plan of 7/26/2024 was validated on 7/26/2024. Review of the facility's immediate jeopardy removal plan revealed an audit of 100% of current residents for signs and symptoms of C. difficile was conducted by the nursing staff on 7/25/2024. The audit was completed on 7/25/2024 and 2 of 80 residents were identified as exhibiting signs and symptoms of C. difficile. The corrective action plan for 2 of 80 was verified as completed on 2/25/2024. The education sign in sheets were reviewed for the in-services conducted on 7/25/2024 for all nursing staff (NA's and nurses) regarding the signs and symptoms of C. difficile. In addition, the licensed nursing staff were educated regarding checking the clinical dashboard in the electronic medical record for alerts, initiating Enteric Contact Isolation when C. difficile is known or suspected, and assessing residents for signs and symptoms of C. difficile. Staff interviews confirmed education was received on recognizing the signs and symptoms of C. difficile, assessing the residents for signs and symptoms, enteric isolation</p>	F 684			

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F 684	<p>Continued From page 46 precautions, and the clinical dashboard alerts.</p> <p>The facility's immediate jeopardy removal date of 7/27/2024 was validated.</p> <p>2) Resident #2 was admitted to the facility on 5/14/24 with diagnoses that included, in part: Metabolic encephalopathy, stroke, Type 2 Diabetes Mellitus, a history of falls, and dementia.</p> <p>Review of a significant change Minimum Data Set (MDS) assessment dated 06/11/24 revealed Resident #2 had severely impaired cognition. She was always incontinent of bowel and bladder. She had received anticoagulant medication. She had a life expectancy of less than six months to live.</p> <p>Review of a care plan dated 06/11/24 for Resident #2 documented the following focus area: At risk for falls related to dementia, overall weakness and a history of falls. The goal was for risks to be minimized through the current interventions x 90 days. Interventions included, in part: Monitor and document x 72 hours post fall for pain, bruising, mental status change, or a new onset of confusion, sleepiness, inability to maintain posture or agitation and report any symptoms to the physician; anticipate and meet her needs as much as possible; check frequently throughout the shift; ensure the call light is within her reach, ensure her wheelchair is in good condition and properly functioning, keep frequently used objects within her reach as much as possible.</p> <p>Review of the Medication Administration Record for Resident #2 revealed she had been administered a blood thinner twice a day July 1, 2024 through July 24, 2024 per the following</p>	F 684			

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F 684	<p>Continued From page 47</p> <p>physician ' s order: Eliquis 5 Milligrams-give by mouth two times a day for atrial fibrillation (irregular heartbeat).</p> <p>A progress noted written by Nurse #7 on 07/12/24 at 3:27 am documented Resident #2 had an unwitnessed fall on 7/12/2024 at 1:30 am. Resident #2 denied hitting her head. No obvious injury was noted, bruising to her left lower back and left arm were present. Resident denied any pain at present. Currently on Eliquis (a blood thinner). Vital signs were temperature 97.7, heart rate 76, respirations 21, blood pressure 119/62, and oxygen saturation 96% on room air. Neurological checks were started. The medical provider was notified.</p> <p>Review of the assessments completed post fall included: 1) Neurological assessment flow sheet assessment and a falls review and follow up assessment dated 07/12/24 at 1:35 am, and 2) a falls review and follow up assessment dated 07/12/24 at 8:00 am.</p> <p>In an interview with the DON on 7/24/24 at 12:17 PM she stated she had completed a neurological check on Resident #2 on 07/12/24 sometime between 9:30 am and 10:00 am but she had neglected to document her assessment. She could not explain why she had not completed a neurological assessment. She stated the facility policy was to complete neurological checks every hour for the first 4 hours then every shift for a total of 48 hours after an unwitnessed fall. She stated the neurological checks were not completed per the facility policy after Resident #2 fell. She explained she had investigated the fall and reported she watched the following on the facility camera: At 1:16 am Nurse #7 was in the</p>	F 684			

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F 684	<p>Continued From page 48</p> <p>hallway, she heard "help", and immediately got 2 aides from the room across the hall because Resident #2 was on the floor left of the bed facing the door; the bed was in the lowest position. She could not explain why neurological checks were not done by nursing according to their policy at the following times: 07/12/24 at 2:35 am, 07/12/24 at 3:35 am, 07/12/24 at 4:45 am, 07/12/24 on night shift, on 07/13/24 on day shift, and 07/13/24 on night shift.</p> <p>An interview was conducted with Nurse Practitioner #1 on 07/24/24 at 2:07 pm. She stated she assessed Resident #2 around 10:00 am on 07/12/24 because the resident had fallen during the night. She felt the resident could have rolled out of the bed by herself. She noted a bruise on her left upper arm which did not look like a new bruise because it was a dull grayish green color not red like a new bruise. She stated the nurse told her she had bruising to her back, but she was alone in the room during her assessment and could not roll the resident to look so she stuck her hand under the resident's back and palpated the area. The resident denied any pain and actually seemed happy. She stated neurological checks would be very important because it was an unwitnessed fall, and the resident was on a blood thinner (Eliquis 5mg bid). The fall put the resident at risk for an intracranial bleed (subdural hematoma) that could be life threatening. She explained bleeds of this type were not visible but could be detected with a neurological check and that's why they were very important. She did not feel the resident needed to be sent to the ER for assessment, but she felt neurological checks were necessary to determine if something was going on that warranted the resident to be sent out for further testing. It was</p>	F 684			

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F 684	<p>Continued From page 49</p> <p>her understanding that any resident who had an unwitnessed fall was supposed to have neurological checks completed for a certain amount of time. She concluded Resident #2 did not appear to have suffered any injury from the fall.</p> <p>In an interview with Agency Nurse #7 on 07/24/24 at 3:00 pm she stated she vaguely recalled the fall of Resident #2 because she works at many different facilities. She explained that normally she would assess the resident, then call the family and the provider. She then recalled she completed a post fall assessment that included a neurological assessment section. She stated she did not know the neurological check policy for this facility after a fall and stated she had not been educated on protocols for falls by this facility. She stated she vaguely remembered the fall, recalled it was unwitnessed and that the aides were nearby.</p> <p>An interview was conducted with Nurse Aide #5 on 07/24/24 at 3:36 pm. She stated during rounds at the beginning of third shift that started at 11:00 on 07/11/24 Resident #2 was fine. She went across the hall to answer a call bell, changed that resident, but before she could finish the nurse called her for the fall. Resident #2 doesn't move that much but managed to roll herself onto the floor. She got the lift and put her back into bed. She watched Resident #2 closely the rest of the night. She reported she had not seen any bleeding or injuries. She noted Resident #2 told her she wasn't in any pain.</p> <p>In an interview with the SDC (Staff Development Coordinator) Nurse on 07/24/24 at 4:10 pm she stated all agency staff were required to complete</p>	F 684			

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F 684	Continued From page 50 orientation for Agency Staff prior to starting their first shift at the facility. She explained she personally went through the book and explained each section topic and asked the agency staff member to read the details in each section and sign off that that it was done and understood. She noted staff had the opportunity to ask questions after reading the orientation materials. She recalled Nurse #7 did sign she had completed the agency orientation and had not asked her any questions. She concluded Nurse #7 signed the orientation book on 07/10/24 in acknowledgement that she had read and understood the facility policies.	F 684			
F 727 SS=F	Review of the Agency Orientation Book verified Nurse #7 had initialed the agency orientation sign in sheet on 07/10/24 indicating she had read and understood the facility policies that included the in-service, "Falls", that documented neurological follow up assessments were completed every hour x 4 then every shift x 72 hours after a fall. RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3) §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week. §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis. §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an	F 727		8/18/24	

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F 727	<p>Continued From page 51</p> <p>average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews and staff interview, the facility failed to schedule a Registered Nurse (RN) for at least 8 consecutive hours 12 of 122 days reviewed. The days included 06/10/23, 06/11/23, 06/24/23, 07/02/23, 07/09/23, 07/23/23, 10/29/23, 11/11/23, 11/12/23, 11/18/23, 11/19/23, and 11/26/23.</p> <p>Findings included:</p> <p>A review of the facility's daily schedules for the month of June 2023, July 2023 and from October 1, 2023, through November 30, 2023, was conducted on 07/26/24. The daily schedules indicated the resident census ranged from 75 to 88 from June 2023 through November 2023. The daily schedules revealed a Registered Nurse (RN) was not scheduled for at least 8 consecutive hours a day on the following dates: 06/10/23, 06/11/23, 06/24/23, 07/02/23, 07/09/23, 07/23/23, 10/29/23, 11/11/23, 11/12/23, 11/18/23, 11/19/23, and 11/26/23.</p> <p>An interview was conducted on 07/26/24 at 12:55 PM with the facility 's Administrator. During the interview, inquiry was made in regards to the RN hours indicated on the staffing schedule. The Administrator reported she was aware RN coverage was a problem at the facility and confirmed there were multiple days in 2023 where no RN coverage was provided and that the facility was not meeting the expectation to be in compliance with the regulations. The Administrator stated as of January 2024 the facility had been able to provide RN coverage 8 consecutive hours each day.</p>	F 727	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F727</p> <p>The plan of correcting the specific deficiency. The plan should address the processes that lead to the deficiency cited:</p> <p>The facility failed to staff Registered Nurse coverage for 8 consecutive hours daily.</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>At least eight consecutive hours of registered nurse staffing will be maintained daily by 8/18/2024.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>8/15/2024, staffing sheets were reviewed by the Director of Nurses for the last 30 days to monitor that at least eight consecutive hours of registered nurse staffing was in place daily. 30 out of 30</p>		

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F 727	Continued From page 52	F 727	<p>days had at least 8 consecutive hours of registered nurse hours in place. An oncall process to maintain eight consecutive hours of registered nurse staffing daily and use of a contracted agency for registered nurses will be developed and in use by 8/18/2024.</p> <p>3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice:</p> <p>On 08/15/2024, the Nurse Consultant educated the Administrator and Director of Nurses on the requirement of the facility to staff Registered Nurse Coverage for at least 8 consecutive hours daily. Coverage by a Registered nurse for a least eight consecutive hours will be maintained by 8/18/2024.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nurses will monitor compliance utilizing the F272 Quality Assurance Tool weekly for staffing of registered nurse hours daily x 2 weeks then monthly x 3 months. The Director of Nursing will monitor staffing for compliance with the requirement for at least 8 hours of registered nurse staffing daily. Reports will be presented to the weekly Quality Assurance committee by the Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored</p>		

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F 727	Continued From page 53	F 727	and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager. Date of Compliance: <u>8/18/2024</u>		
F 756 SS=E	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 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. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any,	F 756		8/18/24	

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F 756	<p>Continued From page 54</p> <p>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, staff interviews, Pharmacist Consultant and Physician interviews the Pharmacy Consultant failed to identify that a resident (Resident #59) received 10 units of Novolog Insulin before meals for diabetes for an order to "hold if glucose (blood sugar level) was less than 120 milligrams per deciliter (mg/dl)" 10 times during two monthly drug regimen reviews (June 2024 and July 2024) for 1 of 5 residents reviewed for unnecessary medications.</p> <p>Findings included:</p> <p>Resident #59 was admitted to the facility on 12/07/21. Diagnoses included type 2 diabetes mellitus.</p> <p>The Minimum Data Set quarterly assessment dated 06/11/24 revealed Resident #59 was cognitively intact and she received insulin and hypoglycemic (medications to treat diabetes) medications.</p> <p>A review of the Physician's order revealed an order was written for Novolog Insulin, inject 10</p>	F 756	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F756 The Pharmacy Consultant failed to identify that a resident (Resident #59) received 10 units of Novolog Insulin before meals for diabetes for an order to "hold if glucose (blood sugar level) was less than 120 milligrams per deciliter (mg/dl)" 10 times during two monthly drug regimen reviews (June 2024 and July 2024) for 1 of 5 residents reviewed for unnecessary medications.</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: On 7/24/2024 Resident #59 was</p>		

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F 756	<p>Continued From page 55</p> <p>units subcutaneously with meals and hold if glucose is less than 120 mg/dl.</p> <p>A review of the June 2024 Medication Administration Record revealed an order Novolog Insulin, inject 10 units subcutaneously with meals and hold if glucose is less than 120 mg/dl. Resident #59's blood sugar reading was 109 mg/dl on 06/22/24, 104 mg/dl on 06/24/24, and 114 mg/dl on 06/30/24. The Medication Administration Record revealed Resident #59 was documented as receiving the Novolog Insulin 10 units on 06/22/24, 06/24/24, and 06/30/24 as evidenced by a checkmark and nursing initials.</p> <p>A review of the June 2024 drug regimen review conducted by the Consultant Pharmacist revealed there was no recommendation recognizing that the Novolog Insulin order to hold if blood glucose was less than 120 mg/dl was administered even though the blood sugar reading was less than 120 mg/dl on 06/22/24, 06/24/24, and 06/30/24.</p> <p>A review of the July 2024 Medication Administration Record revealed an order for Novolog Insulin, inject 10 units subcutaneously with meals and hold if glucose is less than 120 mg/dl. Resident #59's blood sugar reading was 107 mg/dl on 07/01/24, 113 mg/dl on 07/03/24, and 109 mg/dl on 07/06/24, 114 mg/dl on 07/10/24, 117 mg/dl on 07/21/24, 100 mg/dl on 07/22/24, and 116 mg/dl on 07/24/24. The Medication Administration Record revealed Resident #59 was documented as receiving the Novolog Insulin 10 units on 07/01/24, 07/03/24, 07/06/24, 07/10/24, 07/21/24, 07/22/24, and 07/24/24 as evidenced by a checkmark and nursing initials.</p>	F 756	<p>assessed by the Director of Nursing for any adverse events related to hypoglycemia. There were no identified concerns. On 7/24/2024 resident #59 Novolog order was reviewed by the medical director with clarification orders received and initiated.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents in the facility who take medications have the potential to be affected. On 08/15/2024 the DON began auditing 100% of resident medication administration records of residents with active orders for Insulin with parameters to identify any administration of medications outside of the parameters within the past 14 days. On 8/15/2024 The Director of Nurses and nursing team completed corrective action for those residents including review of audit findings with medical director, clarification in orders and updating orders per medical director direction.</p> <p>3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: Beginning on 8/15/2024 the Pharmacist Manager educated the Pharmacy Consultant The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to the attending physician and the facility's</p>		

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F 756	<p>Continued From page 56</p> <p>A review of the July 2024 drug regimen review conducted by the Consultant Pharmacist revealed there was no recommendation recognizing that the Novolog Insulin order to hold if blood glucose was less than 120 mg/dl was administered even though the blood sugar reading was less than 120 mg/dl on 07/01/24, 07/03/24, 07/06/24, 07/10/24, 07/21/24, 07/22/24, and 07/24/24.</p> <p>A phone interview was conducted with the facility's Pharmacist Consultant on 07/24/24 at 1:28 PM. The Pharmacist Consultant reported she was at the facility on 07/23/24 and completed the medication regimen review for the month of July for Resident #59. The Pharmacist reviewed Resident #59's electronic record for June and July and noticed that the nursing staff had documented they had administered the ordered insulin on 10 occasions even though the order stated to hold if the blood glucose level was less than 120 mg/dl. She stated she had overlooked that the medication was documented as being given despite the order to hold it when she was doing her drug regimen reviews and as a result, she did not alert the nursing staff regarding the error. The Pharmacist Consultant stated it was important for the nursing staff to follow the prescribed order when administering insulin to prevent the resident from getting hypoglycemia (a fall in blood sugar to levels below normal).</p> <p>An interview was conducted with the facility Physician on 07/24/24 at 10:17 AM. The Physician stated he had the parameter for holding the insulin in place because he did not want Resident #59's blood sugar level to get too low. The Physician stated if the facility was alerted to this order not being followed than the resident may not have received the insulin unnecessarily.</p>	F 756	<p>medical director and director of nursing. Beginning on 8/14/2024 the Staff development Coordinator began education to all full time, part time, prn RN, LPN, Med aide, Med tech staff on the following topics: Unnecessary medication administration and Preventing medication errors by following Hold medication per ordered parameters.</p> <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any staff who does not receive scheduled in-service training by 8/18/2024 will not be allowed to work until training has been completed.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nurses or designee will monitor compliance utilizing the F756 Quality Assurance Tool for compliance with the Drug Regimen Review Process related to Medications with Hold Parameters. Reports weekly x 2 weeks then monthly x 3 month or until resolved. The Director of Nursing will monitor 5 residents requiring Hypoglycemic medications with parameters to ensure orders were followed per medical provider direction. Reports will be presented to the weekly Quality Assurance committee by</p>		

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F 756	Continued From page 57	F 756	the Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager. Date of Compliance: __8/18/2024_____		
F 757 SS=E	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.	F 757		8/18/24	

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F 757	<p>Continued From page 58</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, Pharmacist Consultant and Physician interviews the facility failed follow a physician's order when a resident (Resident #59) received 10 units of Novolog Insulin before meals for diabetes when the order read to "hold if glucose (blood sugar level) was less than 120 milligrams per deciliter (mg/dl). Resident received the medication 6 times between June 22, 2024, and July 24, 2024, for 1 of 5 residents reviewed for unnecessary medications.</p> <p>Findings included:</p> <p>Resident #59 was admitted to the facility on 12/07/21. Diagnoses included type 2 diabetes mellitus.</p> <p>The Minimum Data Set quarterly assessment dated 06/11/24 revealed Resident #59 was cognitively intact and she received insulin and hypoglycemic (medications to treat diabetes) medications.</p> <p>A review of the physician's order revealed an order was written for Novolog Insulin, inject 10 units subcutaneously with meals and hold if glucose is less than 120 mg/dl.</p> <p>A review of the June 2024 Medication Administration Record revealed an order for Novolog Insulin, inject 10 units subcutaneously with meals and hold if glucose is less than 120 mg/dl. Resident #59's blood sugar reading was 109 mg/dl on 06/22/24. The Medication Administration Record revealed Resident #59 received the Novolog Insulin on 06/22/24 as</p>	F 757	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F757 The facility failed follow a physician's order when a resident (Resident #59) received 10 units of Novolog Insulin before meals for diabetes when the order read to "hold if glucose (blood sugar level) was less than 120 milligrams per deciliter (mg/dl).</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice: On 7/24/2024 Resident #59 was assessed by the Director of Nursing for any adverse events related to hypoglycemia. There were no identified concerns. On 7/24/2024 resident #59 Novolog order was reviewed by the medical director with clarification orders received and initiated.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice. All residents in the facility who take medications have the potential to be affected. On 08/15/2024 the DON began auditing</p>		

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F 757	<p>Continued From page 59</p> <p>evidenced by a checkmark and nursing initials.</p> <p>A review of the July 2024 Medication Administration Record revealed an order for Novolog Insulin, inject 10 units subcutaneously with meals and hold if glucose is less than 120 mg/dl. Resident #59's blood sugar reading was 107 mg/dl on 07/01/24, 113 mg/dl on 07/03/24, and 109 mg/dl on 07/06/24, 114 mg/dl on 07/10/24, and 116 mg/dl on 07/24/24. The Medication Administration Record revealed Resident #59 received the Novolog Insulin on 07/01/24, 07/03/24, 07/06/24, 07/10/24, and 07/24/24 as evidenced by a checkmark and nursing initials.</p> <p>An interview was conducted with Nurse #1 on 07/24/24 at 9:45 AM. Nurse #1 confirmed the initials on the Medication Administration Record on 06/22/24, 07/01/24, 07/03/24, 07/10/24, and 07/24/24 were hers. She stated the checkmark under each of the dates meant that the medication was administered. Nurse #1 stated she administered the Novolog Insulin even though the order read to hold the insulin if the blood sugar level was less than 120 mg/dl because the resident stated she wanted it. Nurse #1 stated the resident had rights and if she wanted the medication, then she would administer it.</p> <p>An interview with Nurse #2 on 07/26/24 at 10:10 AM. Nurse #2 confirmed the initials on the Medication Administration Record on 07/06/24 was hers. She stated the checkmark under the date the medication was administered meant that the medication was administered. She stated she could not remember if she administered the medication or not and she may have signed it as</p>	F 757	<p>100% of resident medication administration records of residents with active orders for Insulin with parameters to identify any administration of medications outside of the parameters within the past 14 days.</p> <p>On 8/15/2024 The Director of Nurses and nursing team completed corrective action for those residents including review of audit findings with medical director, clarification in orders and updating orders per medical director direction.</p> <p>3. Measures /Systemic changes to prevent reoccurrence of alleged deficient practice: Beginning on 8/14/2024 the Staff development Coordinator began education to all full time, part time, PRN, RN, LPN, Med aide, Med tech staff on the following topics: Unnecessary medication administration and Preventing medication errors by following Hold parameters per Medical provider orders.</p> <p>This information has been integrated into the standard orientation training and in the required in-service refresher courses for all staff identified above and will be reviewed by the Quality Assurance process to verify that the change has been sustained. Any staff who does not receive scheduled in-service training by 8/18/2024 will not be allowed to work until training has been completed.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected</p>		

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F 757	Continued From page 60 given in error. She was not certain if she held the insulin or not. An interview was conducted with the facility Physician on 07/24/24 at 10:17 AM. The Physician stated he had the parameter for holding the insulin in place because he did not want Resident #59's blood sugar level to get too low. He stated he would have expected the nursing staff to follow the order as written and hold the insulin when the glucose reading was below 120 mg/dl so that the resident would not receive a medication unnecessarily.	F 757	and/or in compliance with regulatory requirements. The Director of Nurses or designee will monitor compliance utilizing the F757 Quality Assurance Tool for compliance with the Drug Regimen Review Process related to Medications with Hold Parameters. Reports weekly x 2 weeks then monthly x 3 month or until resolved. The Director of Nursing will monitor 5 residents requiring medications with parameters to ensure orders were followed per medical provider direction. Reports will be presented to the weekly Quality Assurance committee by the Director of Nurses to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Health Information Manager, and the Dietary Manager. Date of Compliance: __8/18/2024__		
F 880 SS=E	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.	F 880		8/18/24	

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F 880	<p>Continued From page 61</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct</p>	F 880			

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F 880	<p>Continued From page 62</p> <p>contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on record review, observations and staff interviews, the facility failed to maintain infection control prevention by: (1) touching medications with bare hands during medication preparation for 1 of 3 medication administration observations completed; and (2) failed to follow enhanced barrier precautions while caring for a resident ' s feeding tube for 1 of 2 residents observed for tube feeding care (Resident #37).</p> <p>Finding Included:</p> <p>The facility policy for Medication Administration effective 12/2023 under Administration of Oral Medications reads: "Never touch pills or tablets with bare hands."</p> <p>1) During an observation of a medication administration pass on 07/23/24 at 8:46 am Medication Aide #4 was observed handling the</p>	F 880	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F880 the facility failed to maintain infection control prevention by: (1) touching medications with bare hands during medication preparation for 1 of 3 medication administration observations completed; and (2) failed to follow enhanced barrier precautions while caring</p>		

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F 880	<p>Continued From page 63</p> <p>following medications with her bare hands: Lasix, Protonix, Docusate, Carvedilol, Micro K, Preservision, and Zolof. She popped the pills out of the bubble packs into her bare hand then placed them in a medication cup. She was not observed to use hand sanitizer or wash her hands prior to preparing the medications. During medication preparation she touched the computer keyboard, and multiple pill bottles and bubble packs. She was stopped after she crossed the threshold of the door into the resident ' s room.</p> <p>In an interview with Medication Aide #4 on 07/23/24 at 8:55 am she stated she intended to administer the medications to the resident. She reported she usually used her bare hands to handle medications and she was not aware she should not because she always did. She concluded she thought it was fine to handle the pills and tablets without wearing gloves and that she had seen others do it as well. The Director of Nursing (DON) was in the hallway and present during the interview with Medication Aide #4.</p> <p>In an interview with the DON on 7/23/24 at 9:40 am she stated nurses are taught in orientation to pop medications into the cap of the bottle or into the medication cup, not into a bare hand. She explained because Medication Aide #4 was hired as a Nurse Aide and not a Medication Aide, she did not get the same orientation as a Medication Aide. She concluded medications should never be handled with bare hands then given to a resident.</p> <p>In an additional interview with the DON on 07/23/24 at 10:00 am she recanted her statement that Medication Aide #4 had not been trained on how to handle medications and provided</p>	F 880	<p>for a resident ' s feeding tube for 1 of 2 residents observed for tube feeding care (Resident #37).</p> <p>" Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; Medication aide #4 was immediately redirected and educated by the director of nursing on medication administration policy to include never touch pills or tablets with bare hands. The medications were discarded at time of education.</p> <p>Nurse #5 was received immediately 1:1 education on Enhanced Barrier Precautions by the Staff development coordinator to include: Perform hand hygiene with alcohol based hand rub or wash with soap and water before entering and leaving room ...Wear gown and gloves for the following High-Contact Resident Care Activities which include: Dressing, bathing/showering, Transferring, Changing linens, changing briefs or assisting with toileting, and Device Care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound Care: any skin opening requiring a dressing.</p> <p>" Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All residents receiving oral medication are at risk to be affect by the deficient</p>		

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F 880	<p>Continued From page 64</p> <p>documentation that showed Medication Aide #4 had been educated to not touch pills or tablets with her bare hands and had passed a return demonstration skills test.</p> <p>Review of the Medication Aide Technician (SNF) Skills Checklist revealed that on 8/15/23 Medication Aide #4 was observed one time in a return demonstration to administer PO medications per the facility policy successfully. Medication Aide #4 had signed the facility policy that stated to "never touch pills or tablets with bare hands" on 08/15/23.</p> <p>In an interview with the facility physician on 07/24/24 at 10:50 am he stated he would not expect staff to handle medications with their bare hands prior to administration to a resident in an effort to prevent the spread of infection.</p> <p>2) A blue Enhanced Barrier Precautions sign was noted outside Resident 37's door. The sign read in part, "Perform hand hygiene with alcohol based handrub or wash with soap and water before entering and leaving room ...Wear gown and gloves for the following High-Contact Resident Care Activities which include: Dressing, bathing/showering, Transferring, Changing linens, changing briefs or assisting with toileting, and Device Care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound Care: any skin opening requiring a dressing.</p> <p>An observation of Nurse #5 performing bolus feeding for Resident #37 was conducted on 7/22/2024 at 11:59 AM. Nurse #5 applied gloves and was observed providing bolus feeding through Resident #37's gastrostomy tube without a protective gown on.</p>	F 880	<p>practice.</p> <p>On 8/15/2024 the Director of Nursing and Nurse management team began auditing staff compliance with adhering to infection control practices during medication administration by completing 5 staff observations to include all shifts. This completed on 8/16/2024. The results included: <u>5</u> of <u>5</u> staff followed the Medication Administration policy to include never touching pills or tablets with bare hands. No corrective action required.</p> <p>All residents requiring Enhanced Barrier Precautions (EBP) are at risk to be affect by the deficient practice.</p> <p>On 8/15/2024 the Director of Nursing and Nurse management team began auditing staff adherence to EBP by completing 10 observations of staff to include all shifts during high contact resident care activities. This completed on 8/16/2024. The results included: <u>10</u> of <u>10</u> staff were in compliance with following Enhanced Barrier Precautions. No Corrective action required.</p> <p>" Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>On 8/14/2024, the Director of Nursing and the Staff Development Coordinator (SDC) began in-servicing all clinical staff to include agency staff on Medication Administration Policy with focus on</p>		

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F 880	<p>Continued From page 65</p> <p>An interview with Nurse #5 was completed on 7/22/2024 at 12:20 PM. Nurse #5 stated that she was supposed to have worn a protective gown when performing tube feeding. She further stated that she just forgot because she was nervous, and the use of enhanced barrier precautions was new.</p> <p>An interview with the Staff Development Coordinator (SDC) Nurse was conducted on 7/23/2024 at 8:30 AM. The SDC stated the facility staff were educated multiple times regarding the Enhance Barrier Precautions that went into effect on 4/1/2024. She further stated that the prior SDC Nurse had educated the staff on Enhanced Barrier Precautions on 3/2/2024 and that the education was continued on 3/21/2024 and 3/26/2024. The SDC Nurses indicated that the Assistant Director of Nursing (ADON) had assisted her in providing additional staff in-services regarding Enhanced Barrier Precautions on 4/24/2024, 4/25/2024, 5/8/2024 and 5/31/2024. She further indicated that she was continuing to monitor the progress of the staff by conducting audits and providing continuing education regarding Enhanced Barrier Precautions. The SDC Nurse stated that Nurse #5 was supposed to have been wearing a gown while performing bolus feeding for Resident #37.</p> <p>An interview with Director of Nursing (DON) and the Assistant Director of Nursing was completed on 7/24/2024 at 2:09 PM. The DON stated that Nurse #5 was supposed to follow the Enhanced Barrier Precautions that were put in place 4/1/2024 while performing bolus tube feeding for Resident #37. She further stated that Nurse #5 was supposed to have worn a gown while performing hands on care for a resident with</p>	F 880	<p>Infection Control and Enhanced Barrier Precautions. The Director of Nursing and the Staff Development Coordinator (SDC) will ensure that any of the above identified staff who does not complete the in-service training will not be allowed to work on 8/18/2024 or until the training is completed. Education on Infection Control during Medication Administration and Enhanced Barrier Precautions is incorporated in the new employee facility orientation for clinical staff and also provided to agency staff working in the facility. This will be reviewed by the Quality Assurance process to verify that the change has been sustained.</p> <p>" Indicate how the facility plans to monitor its performance to make sure that solutions are sustained</p> <p>The Administrator and Director of Nursing and/or designee will monitor tag F880 to ensure Enhanced Barrier Precautions and Infection control during Medication Administration weekly for 2 weeks and monthly for 3 months or until resolved. Reports will be presented to the weekly Quality Assurance committee by the Administrator and/or Director of Nursing to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy, Health Information Manager, and the Dietary Director.</p>		

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

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F 880	Continued From page 66 feeding tube. The DON and the ADON indicated the staff had received multiple in-services and that they would have to continue auditing for compliance. An interview with Administrator was completed on 7/26/2024 at 12:51 PM. The Administrator stated that Enhanced Barrier Precautions were new to the facility and that she felt Nurse #5 was just nervous and forgot to apply her gown while administering bolus tube feeding to Resident #37. She further stated that at the end of the day, she expected the staff to follow policies and procedures, and the proper use of personnel protective equipment (PPE).	F 880	" Date of Compliance 8/18/2024		