STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345354	A. BUILDING _____ B. WING _____	C 01/13/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEY GROVE NURSING AND REHABILITATION CENTER	728 PINEY GROVE ROAD KERNERSVILLE, NC 27284

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A complaint survey was conducted from 01/10/2017 through 01/13/2017. Immediate Jeopardy was identified at: CFR 483.10 at tag 157 at a scope and severity (J) CFR 483.25 at tag F329 at a scope and severity (J) Tag F329 constituted Substandard Quality of Care. Immediate Jeopardy began on 01/12/2017 and was removed on 01/13/2017. A partial extended survey was conducted on 1/12/2017. On 1/12/2017 at 1:30 PM, the administrator was notified of the immediate Jeopardy at F157 and F329. The administrator provided a credible allegation of compliance on 1/13/2017 at 1:30 PM. The credible allegation of compliance was validated on 01/13/2017. The tags F157 and F329 remain out of compliance at a lower scope and severity of (D).	F 000		
F 157 SS=J	483.10(g)(14) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) (g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which	F 157		2/3/17

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

Electronically Signed | 02/01/2017

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F 157	Continued From page 1	F 157		

results in injury and has the potential for requiring physician intervention;

(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);

(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

(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).

(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.

(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-

(A) A change in room or roommate assignment as specified in §483.10(e)(6); or

(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.

(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).

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F 157	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician interviews the facility failed to report the lab results for one of two sampled residents on Coumadin (Resident #1). Resident #1 had lab monitoring three times a week due to use of Coumadin (blood thinner) in addition to an antibiotic. The resident had lab results from 1/3/17 that were elevated and not reported to the physician. Resident #1 had two falls with head injury on 1/4/17 resulting in an emergency transport to the hospital. The resident was diagnosed with a subdural hematoma (brain bleed) at the hospital. Immediate Jeopardy began on 1/3/17 when the facility staff failed to obtain the PT/INR results for Resident #1 and report the results to the physician. The PT/INR was " high " and would have required physician evaluation. Resident #1 had two falls on 1/4/17 and sustained head injuries which resulted in an emergency transport to the hospital. The hospital diagnosis was subdural hematoma. Upon discharge Resident #1 was not responding, and one pupil was fixed which indicated brain injury. The immediate jeopardy was removed on 1/13/17 when the facility's acceptable credible allegation of compliance was verified. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate jeopardy) to allow the facility time to monitor and fully implement the new procedure for obtaining lab results, reviewing the lab results and contacting the physician. The findings included: Resident #1 was admitted to the facility on 12/20/16 with diagnoses including liver abscess	F 157	Piney Grove Nursing and Rehabilitation Center acknowledges receipt of the Statement of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Piney Grove Nursing and Rehabilitation's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies nor does it constitute an admission that any deficiency is accurate. Further, Piney Grove Nursing and Rehabilitation Center reserves the right to refute any of the deficiencies on this Statement of Deficiencies through Informal Dispute Resolution, formal appeal procedure and/or any other administrative or legal proceeding. F 157 Notify of changes 1. Residents found to have been affected by the deficient practice. On 1/3/17, the physician was not notified of a PT/INR of 4.9 (high) for Resident #1. On 1/4/17, Resident #1 fell twice. On 1/4/17, Resident #1 fell at approximately 5:30 AM resulting in no injuries assessed as occurring. On 1/4/17, Resident #1 fell	

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F 157	Continued From page 3 with antibiotic treatment by a midline intravenous catheter and Coumadin treatment for a prosthetic heart valve. The admission orders dated 12/20/16 included Coumadin 3 milligrams (mg) orally each day at 5:00 pm, the goal range for treatment with Coumadin was 2.5 to 3.5 due to heart valve replacement. Invanz (antibiotic) 1 gram each day via the midline catheter. The orders included lab work for PT/INR (Prothrombin Time/International Normalized Ratio) to be obtained on Monday, Wednesday and Friday while on the antibiotic therapy. Review of the Admission Minimum Data Set (MDS) dated 12/27/16 indicated Resident #1 had moderate impairment of long and short term memory. Review of the care plan dated 12/27/16 included the use of Coumadin due to prosthetic heart valve. The approaches included to obtain lab work as ordered and to inform the physician of abnormal lab results. Review of Resident #1 ' s orders for dosing the Coumadin for a therapeutic dose for a person with a prosthetic heart valve was an INR of 2.5 to 3.5. The lab results and physician orders were as follows: -The INR dated 12/21/16 was 4.7 (high). The physician was notified and orders were given to hold the medication for 12/21 and 12/22 and then restart it at a lower dose of 2 mg on 12/25. -The INR dated 12/23/14 was 2.5 (in therapeutic range) the physician was notified with no changes	F 157	a second time, exact time unknown, resulting in a laceration to the back of head with bleeding controlled by a pressure dressing. On 1/4/17, after Resident #1□s second fall, the Quality Improvement (QI) nurse notified the physician. On 1/4/17, at 10:30 AM, Resident #1 was transferred to emergency room for evaluation. Resident #1 did not return to the facility. 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. On 1/11/17, for the director of nursing (DON), QI nurse and staff facilitator (SF) who were involved in the deficient practice, the corporate facility consultant reviewed the deficient practice of not monitoring Resident #1□s Coumadin labs draws and lab results. The corporate facility consultant then in-serviced the DON, QI nurse, and staff facilitator on completing the Coumadin Audit tool as PT/INRs are drawn, results received, and new orders obtained, and the Quality Improvement Action Team Laboratory Monitoring tool as laboratory results are received and specimens are drawn. On 1/12/17, the corporate facility consultant also in-serviced the DON on how to match lab results to residents to ensure results are posted timely to the resident electronic health record.	

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F 157	Continued From page 4 in the dose. -The INR dated 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose. The INR dated 1/3/17 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Review of the Medication Administration Record for January 2017 revealed the 2 mg dose was administered on 1/3/17 at 5:00 PM. Record review revealed Resident #1 had a fall on 1/4/17, at 5:30 AM. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor beside the nurse ' s desk and had fallen while ambulating. Resident #1 also had a second fall (exact time unknown) during the morning of 1/4/17 in his room. He was found on the floor, on his right side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital. Review of the hospital records dated 1/4/17 revealed he had a subdural hematoma and was transported to a local hospice care facility. The hospital admission record dated 1/4/17 indicated resident was not responding and one pupil was fixed and did not react to light and one pupil was dilated and did not respond to light. Interview with the primary physician on 1/11/17 at 1:35 PM revealed the Nurse Practitioner (NP)	F 157	On 1/11/17, the corporate facility consultant and corporate clinical director worked with the DON, QI nurse, and SF to perform a root cause analysis of why the physician was not notified of the 4.9 INR result on 1/3/2017. The outcome of the root cause analysis determined: (1) why was the physician not notified of the 4.9 INR on 1/3/2017? Because the DON, QI nurse, and staff facilitator did not inform the physician. (2) Why did the DON, QI nurse, and staff facilitator not inform the physician of the 4.9 INR result on 1/3/17? Because they were not aware of the lab result. (3) Why were the DON, QI nurse, and staff facilitator not aware of the lab result? Because the lab result was on the table in the lab computer room. (4) Why was the lab result on the table in the lab computer room? Because the DON, QI nurse, and staff facilitator did not know to look for the lab result. (5) Why did the DON, QI nurse, and staff facilitator not know to look for the lab result? Because the QI nurse was not at work, the staff facilitator did not know the lab had been drawn and results should be back, and the DON did not know the lab had been drawn and results should be back. (6) Why did the staff facilitator and DON not know that the lab had been drawn and results should be back? Because the QI nurse, staff facilitator, and DON were not using the Coumadin log, and Quality Assurance Laboratory Tracking Log were not being completed as labs were drawn. There was no need to change the process but to first identify a back up to the QI nurse and address weekend/holiday	

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F 157	Continued From page 5 took call from 12/28/16 through 1/2/17 because she was out of town during that timeframe. She explained she was back at work on 1/3/17. Her expectation would have been for the facility to call either her or the NP. Further interview revealed it may have been when the resident had fallen on 1/4/17 that she was notified. If she had been called, the 5:00 PM dose on 1/3/17 would have been held if the INR was above 4.0 and a lower dose could be ordered if it was under 4.0. When asked if bleeding could occur with the lab value of an INR 4.0 she explained, not spontaneous, but with trauma it could occur. Interview with the primary physcian on 1/11/17 at 2:20 PM revealed she spoke with her NP, and she had not been notified of the lab results. Further interview revealed had either the physician or the NP been called, orders would have been given to hold the coumadin dose, usually for 2 days, then recheck the PT/INR. During the interview the primary physician explained she had requested the facility to have the faxed paper results as well as the computer transmitted results that were to be directly in Resident #1 ' s electronic chart. The Nurse practitioner was unavailable for interview. Interview with the Director of Nursing (DON) on 1/11/17 at 1:47 PM revealed if the resident had a PICC (percutaneous indwelling central catheter) the nurse would draw the lab work. If the result was high, the lab would call the nurse and fax the results to the nurse. Further interview revealed the lab results could be reviewed in the electronic chart under " lab reports. " The nurse was to document when the lab results were received. Interview with the QA nurse (Quality Assurance) on 1/11/17 at 2:21 PM revealed the lab would not call the facilityfor a "high" lab result. The process	F 157	coverage. Second, the integration of laboratory results into the electronic health record, allows the physician or nurse practitioners to mark lab results as reviewed onsite or remotely. The facility DON remains responsible for ensuring the overall lab process is completed. On 1/12/17, the corporate facility consultant completed a 100% audit of residents on Coumadin to ensure the last PT/INR was drawn according to the physician□s order, communicated to the physician timely, and new orders received were carried out. The Coumadin audit was documented on the Coumadin Audit tool. The audit resulted in no negative findings for Resident #2, labs were drawn as ordered and communicated to the physician timely with new order received and processed. On 1/12/17, the corporate facility consultant completed an audit of all laboratory orders for the past 30 days to ensure laboratory samples were drawn, received, and communicated to the physician in a timely manner, including PT/INRs. The audit of all laboratory results was completed 1/13/17. The audit was documented on the Quality Improvement Action Team Laboratory Monitoring tool. On 1/12/17, the DON initiated a 100% in-service of all registered nurses (RNs), licensed practical nurses (LPNs) and nursing assistants (NAs) on basic teaching of Coumadin, it□s side effects,	

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F 157	Continued From page 6 for calling the facility was for " Critical " lab values. The lab results were automatically faxed to the facility at the nurse's station. The nurse would check on their shift for labs and call the physician as indicated. The physician would need to be notified of Resident #1's lab results on the same day the results come in on the Fax. When the resident had the second fall, she asked the nurse what were the latest PT/INR results. The nurse did not know and the QA nurse obtained the results from the fax machine. The results were faxed to the facility on 1/3/17 at 2:23 PM. The QA nurse had notified the physician of the lab results and resident's condition after the second fall on 1/4/17. Interview with the QA nurse on 1/11/17 at 2:30 PM revealed this was a new system of obtaining lab results which had been in place for a couple of months. The contracted lab inter-faced with the facility ' s electronic residents ' records. The lab results were to be under a specific " tab " for review by the nurse and the physician. Due to the new system, the primary physician wanted the facility to keep obtaining the results by paper fax in addition to the computer record. The QA nurse was not able to retreive the lab results for Resident #1 in the electronic record for review during the interview. The QA nurse stated the nurses were to check both the fax machine and the computer for lab reports. The lab results for the 1/3/17 PT/INR for Resident #1 were provided by the medical records staff member on 1/11/17 when requested during the survey. Interview with nurse #2, who worked 7:00 AM to 7:00 PM on 1/3/17 and 1/4/7 was conducted by	F 157	the importance of monitoring, how it is monitored, how the dosing depends on the lab results, the importance of fall prevention, assistance with personal care, and monitoring medications and foods. The in-service was completed 1/31/17, no RN, LPN, or NA is allowed to work until the Coumadin in-service is completed. The staff facilitator or DON will provide the Coumadin in-service to RNs, LPNs, and NAs during new employee orientation. On 1/12/17, the corporate facility consultant and corporate clinical director in-serviced the DON, QI nurse, and SF that the QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend supervisor/charge nurse will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for: resident name, lab ordered, type of lab, physician order in place, lab drawn timely,	

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phone on 1/12/17 at 9:57 AM. During the interview, she explained the PT/INR was to be drawn on Monday, Wednesday and Friday. She was not aware it had been obtained on Tuesday and was not checking for the results. The lab results were faxed to the facility and also in the computer. The computer system for obtaining the lab results was a new system and was not working. She would not have known to check for the lab results unless it had been reported to her in the shift to shift report. The Medication Administration Record (MAR) had the checks for the above days of the week. A new order should have been written if it was changed. She did not routinely check the room with the lab fax machine. Nurse #2 explained everyone was to check, but one person was not assigned to check for lab faxes.

On 1/12/17 at 1:30 PM, the administrator was notified of the immediate Jeopardy. The administrator provided the following credible allegation of compliance on 1/13/17 at 1:20 PM:
1. Residents found to have been affected by the deficient practice.

On 1/3/17, the physician was not notified of a PT/INR of 4.9 (high) for Resident #1. The physician was notified on 1/4/17 after residents second fall with head trauma by Quality Assurance Nurse.

On 1/4/17, at 10:30 AM Resident #1 was transferred to emergency room for evaluation post fall with hematoma on back of head and skin tear on right arm which were noted at 8 am, and a laceration to head with all bleeding controlled by pressure dressing prior to transport to emergency room. Resident #1 fell twice the morning of

results in chart, physician notification, date of Coumadin order, date of order for PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator.

3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur.

The QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend supervisor/charge nurse will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for:

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F 157	Continued From page 8 1/4/17. Resident did not return to the facility. On 1/11/17, for the DON, QI nurse and staff facilitator who were involved in the deficient practice, the corporate facility consultant reviewed the deficient practice of not monitoring Resident #1 ' s Coumadin labs draws and lab results. The corporate facility consultant then in-serviced the DON, QI nurse, and staff facilitator on completing the Coumadin Audit as PT/INRs are drawn, results received, and new orders obtained, and Quality Improvement Action Team Laboratory Monitoring including laboratory monitoring tool as laboratory results are received and specimens are drawn. On 1/11/17, the corporate facility consultant also in-serviced the DON on how to match lab results to residents to ensure results are posted timely to the resident electronic medical record. 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. On 1/12/17, the corporate facility consultant completed a 100% audit of residents on Coumadin to ensure the last PT/INR was drawn according to the physician ' s order, communicated to physician timely, and new orders received were carried out. The Coumadin audit was documented on the Coumadin Audit tool. The audit resulted in no negative findings for Resident #2, labs were drawn as ordered and communicated to the physician timely with new order received and processed.	F 157	resident name, lab ordered, type of lab, physician order in place, lab drawn timely, results in chart, physician notification, date of Coumadin order, date of order for PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator. All new laboratory results are listed as un-reviewed in the electronic medical record until marked as reviewed by a medical professional. All un-reviewed laboratory results are easily accessible to the physician and nurse practitioners on the Point-Click-Care dashboard. Laboratory results are integrated with the electronic medical record and transmitted into the electronic medical record from the laboratory services provider immediately as results are available. Since laboratory results are integrated into the electronic medical record, the physician or nurse practitioners look in the electronic medical record for laboratory results instead of paper copies of results. Since the DON trained the physician, the physician has requested to review only the electronic medical record results. The facility DON is responsible for ensuring the physician and/or nurse practitioners find and review each lab result. Point Click Care screen shot handouts were provided to the physician and nurse practitioners for	

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F 157	Continued From page 9 On 1/12/17, the corporate facility consultant completed an audit of all laboratory orders for the past 30 days to ensure laboratory samples were drawn, received, and communicated to physician in a timely manner, including PT/INRs. The audit of all laboratory results will be completed by 1/13/17. This audit will be documented on the Quality Improvement Action Team Laboratory Audit form. On 1/12/17, the DON initiated a 100% in-service of all nurses and nursing assistants on basic teaching of Coumadin, it ' s side effects, the importance of monitoring, how it is monitored, how the dosing depends on the lab results, the importance of fall prevention, assistance with personal care, and monitoring medications and foods. The in-service will be completed by 1/20/17, no nurse or nursing assistant will be allowed to work until this in-service is completed. The staff facilitator or DON will provide the Coumadin in-service to new nurses and nursing assistants during orientation. On 1/11/17 the corporate facility consultant and corporate clinical director worked with the DON, QI nurse, and staff facilitator to perform a root cause analysis of why the physician was not notified of the 4.9 INR result on 1/3/2017. The outcome of the root cause analysis determined: (1) why was the physician not notified of the 4.9 INR on 1/3/2017? Because the DON, QI nurse, and staff facilitator did not inform the physician. (2) Why did the DON, QI nurse, and staff facilitator not inform the physician of the 4.9 INR result on 1/3/17? Because they were not aware of the lab result. (3) Why were the DON, QI nurse, and staff facilitator not aware of the lab result?	F 157	future reference. The physician and nurse practitioners have remote access to Point Click Care. 4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The POC is to be integrated into the quality assurance system of the facility. The DON, QI nurse, and/or staff facilitator will use the Coumadin Audit tool to complete a 100% review of residents on Coumadin weekly x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders were drawn as ordered, lab results obtained, results reviewed, and physician was notified. The results of the audits will be presented by the DON at the monthly QI meeting x 6 months for further review and recommendations. The DON, QI nurse, and/or staff facilitator will use the Quality Improvement Laboratory Monitoring tool to complete a 100% review of laboratory records weekly x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders were drawn as ordered, lab results obtained, results reviewed, and physician was notified. The results of the audits will be presented by the DON at the monthly QI meeting x 6 months for further review and recommendations.	

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Because the lab result was on the table in the lab computer room. (4) Why was the lab result on the table in the lab computer room? Because the DON, QI nurse, and staff facilitator did not know to look for the lab result. (5) Why did the DON, QI nurse, and staff facilitator not know to look for the lab result? Because the QI nurse was not at work, the staff facilitator did not know the lab had been drawn and results should be back, and the DON did not know the lab had been drawn and results should be back. (6) Why did the staff facilitator and DON not know that the lab had been drawn and results should be back? Because the QI nurse, staff facilitator, and DON were not using the Coumadin log, and Quality Assurance Laboratory Tracking Log were not being completed as labs were drawn. There was no need to change the process but to first identify a back up to the QI nurse and address weekend/holiday coverage. Second, the integration of laboratory results into the electronic health record, allows the physician or nurse practitioners to mark lab results as reviewed onsite or remotely. The facility DON remains responsible for ensuring the overall lab process is completed.

On 1/13/2017 the corporate facility consultant and corporate clinical director in-serviced the DON, QI nurse, and staff facilitator that the QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily

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F 157	Continued From page 11 monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for: resident name, lab ordered, type of lab, physician order in place, lab drawn timely, results in chart, physician notification, date of Coumadin order, date of order for PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator. 3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur. On 1/13/2017 the corporate facility consultant and corporate clinical director in-serviced the DON, QI nurse, and staff facilitator that the QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend RN	F 157		

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supervisor will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for: resident name, lab ordered, type of lab, physician order in place, lab drawn timely, results in chart, physician notification, date of Coumadin order, date of order for PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator.

On 1/12/17, the DON completed the " Laboratory Process " in-service for all nurses on all shifts (nurses draw labs when there is an order for a STAT lab or when the contracted lab service is unavailable). The " Laboratory Process " in-service includes the nurse ' s responsibility in notifying the oncoming shift nurses of specimens drawn, by printing a copy of the completed requisitions post draw and placing the requisition with the shift report sheet, the hall nurse ' s responsibility in following up for results and notification of physician. The " Laboratory Process " also includes the DON ' s responsibility to review laboratory results 5 times weekly and follow up with hall nurses to ensure physician notification occurs and Medical Record ' s responsibility to ensure the physician/nurse

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practitioner has marked the laboratory result as reviewed in electronic medical record. The staff facilitator or DON will in-service all newly hired nurses during new employee orientation.

On 1/12/17, the DON, QI nurse, staff facilitator, and weekend supervisor began completing the Coumadin Audit tool as PT/INRs are drawn, results received, and new orders obtained, and Quality Improvement Laboratory Monitoring tool as laboratory results are received and specimens are drawn. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring tool aids in documenting: date of audit, resident ' s name, lab type, date lab results are received, date lab results are marked as reviewed, date physician is notified date physician responded, any new orders, date of responsible party notification, comments, DON signature, DON review date, administrator signature, and administrator review date. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring tool will be kept in labeled binders and maintained in the lab computer room which is accessible 24 hours a day 7 days a week.

On 1/12/17 the DON in-serviced the physician/medical director and nurse practitioners on the Point-Click-Care Electronic Medical Record System. The DON in-serviced the physician and nurse practitioners on the process for reviewing laboratory results and marking laboratory results as reviewed in the Point Click Care electronic medical record. All new laboratory results are listed as un-reviewed in the electronic medical record until marked as reviewed by a medical professional. All un-reviewed laboratory results are easily accessible to the physician and nurse practitioners on the Point-Click-Care

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dashboard. Laboratory results are integrated with the electronic medical record and transmitted into the electronic medical record from the laboratory services provider immediately as results are available. Since laboratory results are integrated into the electronic medical record, the physician or nurse practitioners look in the electronic medical record for laboratory results instead of paper copies of results. Since the DON trained the physician, the physician has requested to review only the electronic medical record results. The facility DON is responsible for ensuring the physician and/or nurse practitioners find and review each lab result. Point Click Care screen shot handouts were provided to the physician and nurse practitioners for future reference. The physician and nurse practitioners have remote access to Point Click Care.

The validation of the credible allegation was completed on 1/13/17 at 3:00 M by doing the following:

In-service training material and records were reviewed and included the topics in the allegation of compliance. The Current list of nurse employees was reviewed for completion of the training. Interviews were conducted with administrative nursing staff and floor staff for verification of the in-service training and their understanding of the material. The Administrative staff understood their role in monitoring lab results and training new employees. The floor staff explained the procedure for checking for lab results and follow up with contacting the physician. The primary physician was interviewed and explained she had received training on the computer to access the lab results for her residents. The NP had been trained by the

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F 157	Continued From page 15 physician on the computer access. Five medical records (hard charts and electronic charts) of residents with orders for lab work were reviewed. The paper faxed results were initialed by the physician and the electronic record had been reviewed by the physician. One resident in the facility was on Coumadin with current lab results reviewed by the physician. Audits were reviewed and included verification that all residents' lab results had been received and reviewed by the physician. The physician had been notified of all abnormal lab results. The Coumadin audit notebook was reviewed with the current resident on Coumadin listed with the lab results, the date and physician notification. The lab book was reviewed with the lab work that was due for each day under the date tab. Interviews with the floor nurses and the administration nurses revealed they were aware of the notebooks and how to use them.	F 157		
F 329 SS=J	483.45(d) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS (d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-- (1) In excessive dose (including duplicate drug therapy); or (2) For excessive duration; or (3) Without adequate monitoring; or (4) Without adequate indications for its use; or	F 329		2/3/17

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F 329	Continued From page 16 (5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or (6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record review, staff and physician interviews the facility failed to monitor the Coumadin as ordered by the physician for 1 of 2 residents, Resident #1 reviewed for anticoagulant therapy. The PT/INR (Prothrombin time/International Normalization Ratio) was above the therapeutic range. Resident #1 sustained a subdural hematoma and subsequently was admitted to hospice. The findings included: Immediate Jeopardy began on 1/3/17 when the facility staff failed to obtain the PT/INR results from the FAX system for Resident #1 and report the results to the physician. The PT/INR dated 1/3/7 was " high " (with an INR of 4.9) and the physician did not have the opportunity to evaluate the need for a Coumadin dose adjustment. Resident #1 had two falls on 1/4/17 and sustained head injuries which resulted in an emergency transport to the hospital. The hospital diagnosis was subdural hematoma and Resident #1 was admitted to hospice services. The immediate jeopardy was removed on 1/13/17 when the facility's acceptable credible allegation of compliance was verified. The facility will remain out of compliance at a scope and severity level D (no actual harm with potential for more than minimal harm that is not immediate	F 329	F 329 Free from unnecessary drugs 1. Residents found to have been affected by the deficient practice. On 1/3/17, the physician was not notified of a PT/INR of 4.9 (high) for Resident #1. On 1/4/17, Resident #1 fell twice. On 1/4/17, Resident #1 fell at approximately 5:30 AM resulting in no injuries assessed as occurring. On 1/4/17, Resident #1 fell a second time, exact time unknown, resulting in a laceration to the back of head with bleeding controlled by a pressure dressing. On 1/4/17, after Resident #1□s second fall, the Quality Improvement (QI) nurse notified the physician. On 1/4/17, at 10:30 AM, Resident #1 was transferred to emergency room for evaluation. Resident #1 did not return to the facility. 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. On 1/11/17, for the director of nursing	

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F 329	Continued From page 17 jeopardy) to allow the facility time to monitor and fully implement the new procedure for obtaining lab results, reviewing the lab results and contacting the physician. Resident #1 was admitted to the facility on 12/20/16 with diagnoses including liver abscess with antibiotic treatment by a midline intravenous catheter, diabetes, Coumadin treatment for a prosthetic heart valve and adult failure to thrive. The admission orders dated 12/20/16 included Coumadin 3 milligrams (mg) orally each day at 5#:00 pm. The goal range for treatment with Coumadin was 2.5 to 3.5 due to valve replacement. The orders included lab work for PT/INR (Prothrombin Time/International Normalized Ratio used to determine the bleeding time to keep the blood thinned) to be obtained on Monday, Wednesday and Friday while on the antibiotic therapy. Resident #1 had orders for monitoring the Coumadin three times a week due to receiving an antibiotic Invanz via a midline intravenous catheter. Due to the interactions of the two drugs, the antibiotic would prolong the effects of the Coumadin. Review of the Admission Minimum Data Set (MDS) dated 12/27/16 indicated Resident #1 had moderate impairment of long and short term memory, required extensive assistance with activities of daily living from one staff member, had behaviors of resisting care and physical aggression towards others. Review of the MDS revealed he had two falls without injury. Review of the care plan dated 12/27/16 included the use of Coumadin due to prosthetic heart valve. The approaches included to obtain lab	F 329	(DON), quality improvement (QI) nurse and staff facilitator (SF) who were involved in the deficient practice, the corporate facility consultant reviewed the deficient practice of not monitoring Resident #1□s Coumadin labs draws and lab results. The corporate facility consultant then in-serviced the DON, QI nurse, and staff facilitator on completing the Coumadin Audit tool as PT/INRs are drawn, results received, and new orders obtained, and the Quality Improvement Action Team Laboratory Monitoring tool as laboratory results are received and specimens are drawn. On 1/11/17, the corporate facility consultant also in-serviced the DON on how to match lab results to residents to ensure results are posted timely to the resident electronic health record. On 1/11/17, the corporate facility consultant and corporate clinical director worked with the DON, QI nurse, and staff facilitator to perform a root cause analysis of why the physician was not notified of the 4.9 INR result on 1/3/2017. The outcome of the root cause analysis determined: (1) why was the physician not notified of the 4.9 INR on 1/3/2017? Because the DON, QI nurse, and staff facilitator did not inform the physician. (2) Why did the DON, QI nurse, and staff facilitator not inform the physician of the 4.9 INR result on 1/3/17? Because they were not aware of the lab result. (3) Why were the DON, QI nurse, and staff facilitator not aware of the lab result?	

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F 329	Continued From page 18 work as ordered and to inform the physician of abnormal lab results. Review of Resident #1 ' s lab results revealed blood work was obtained on 12/21/16, 12/23/16, 12/28/16 and 1/3/17. Review of Resident #1 ' s orders for dosing the Coumadin for a therapeutic dose for a person with a prosthetic heart valve was an INR of 2.5 to 3.5. The lab results and physician orders were as follows: -The INR dated Wednesday, 12/21/16 was 4.7 (high). The physician was notified and orders were given to hold the medication for 12/21 and 12/22 and then restart it at a lower dose of 2 mg on 12/25. -The INR dated Friday, 12/23/14 was 2.5 (in therapeutic range) the physician was notified with no changes in the dose. -The INR dated Wednesday, 12/28/16 was 3.4 (in therapeutic range) and the MD was notified and said to continue the same dose The INR dated Tuesday, 1/3/17 was 4.9 (high) and there was no notification to the physician or nurse practitioner. Was the facility drawing PT/INR results on Mondays? Review of the Medication Administration Record for January 2017 revealed the 2 mg dose of Coumadin was administered on 1/3/17 at 5:00 PM. Review of the accident/incident report dated 1/4/17 at 5:30 AM and again sometime after 8:30	F 329	Because the lab result was on the table in the lab computer room. (4) Why was the lab result on the table in the lab computer room? Because the DON, QI nurse, and staff facilitator did not know to look for the lab result. (5) Why did the DON, QI nurse, and staff facilitator not know to look for the lab result? Because the QI nurse was not at work, the staff facilitator did not know the lab had been drawn and results should be back, and the DON did not know the lab had been drawn and results should be back. (6) Why did the staff facilitator and DON not know that the lab had been drawn and results should be back? Because the QI nurse, staff facilitator, and DON were not using the Coumadin log, and Quality Assurance Laboratory Tracking Log were not being completed as labs were drawn. There was no need to change the process but to first identify a back up to the QI nurse and address weekend/holiday coverage. Second, the integration of laboratory results into the electronic health record, allows the physician or nurse practitioners to mark lab results as reviewed onsite or remotely. The facility DON remains responsible for ensuring the overall lab process is completed. On 1/12/17, the corporate facility consultant completed a 100% audit of residents on Coumadin to ensure the last PT/INR was drawn according to the physician□s order, communicated to physician timely, and new orders received were carried out. The Coumadin audit was documented on the Coumadin Audit	

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F 329	Continued From page 19 AM Resident #1 had fallen. There were no injuries assessed as occurring with the fall at 5:30 AM. The resident was found on the floor beside the nurse ' s desk and had fallen while ambulating. The second fall (exact time unknown) occurred in his room. He was found on the floor, on his right side and was bleeding from the back of his head. The bleeding was controlled with a pressure dressing. The nurse called for emergency transport to the hospital. Review of the emergency room admission history and physical dated 1/4/17 revealed Resident #1 was diagnosed with a subdural hematoma. Resident#1 was not responding and one pupil was fixed and did not react to light and one pupil was dilated and did not react to light. Due to the inoperable subdural hematoma, the family agreed with comfort care. He was transported to a local hospice care facility. Interview with the primary physician on 1/11/17 at 1:35 PM revealed the Nurse Practioner (NP) took call from 12/28/16 through 1/2/17 because she was out of town during that timeframe. She explained she was back at work on 1/3/17. Her expectation would have been for the facility to call to either her or the NP. Further interview revealed it may have been when the resident had fallen on 1/4/17 that she was notified. If she had been called, the dose would have been held if the INR was above 4.0 and a lower dose could have been ordered if it was under 4.0. The primary physician stated spontaneous bleeding would not necessarily occur with an INR greater than 4.0, but with trauma " it could. " Interview with the primary physcian on 1/11/17 at 2:20 PM revealed she spoke with her NP, and	F 329	tool. The audit resulted in no negative findings for Resident #2, labs were drawn as ordered and communicated to the physician timely with new order received and processed. On 1/12/17, the corporate facility consultant completed an audit of all laboratory orders for the past 30 days to ensure laboratory samples were drawn, received, and communicated to physician in a timely manner, including PT/INRs. The audit of all laboratory results was completed 1/13/17. This audit was documented on the Quality Improvement Action Team Laboratory Monitoring tool. On 1/12/17, the DON initiated a 100% in-service of all registered nurses (RNs), licensed practical nurses (LPNs) and nursing assistants (NAs) on basic teaching of Coumadin, it□s side effects, the importance of monitoring, how it is monitored, how the dosing depends on the lab results, the importance of fall prevention, assistance with personal care, and monitoring medications and foods. The in-service was completed 1/31/17. The staff facilitator or DON will provide the Coumadin in-service to RNs, LPNs, and NAs during new employee orientation. 3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur. On 1/31/17, the DON and/or staff facilitator completed the Laboratory	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 20 she had not been notified of the lab results. Further interview revealed had either the physician or the NP been called, orders would have been given to hold the coumadin dose, usually for 2 days, then recheck the PT/INR. During the interview the primary physician explained she had requested the facility to have the faxed paper results as well as the computer transmitted results that were to be directly in Resident #1 ' s electronic chart. Interview with the Director of Nursing (DON) on 1/11/17 at 1:47 PM revealed if the resident had a PICC (mildline intravenous catheter) the nurse would draw the blood for the PT/INR and send it to the laboratory. If the result was high, the lab would call and fax the results to the nurse. Further interview revealed the lab results could be reviewed in the electronic chart under " lab reports. " The nurse was to document when the lab results were received. Interview with the QA nurse (Quality Assurance) on 1/11/17 at 2:21 PM revealed the lab would not call the facility for a "high" lab result. The lab results were automatically faxed to the facility at the nurse's station. The nurse would check on their shift for labs and call the physician as indicated. The physician would need to be notified of Resident #1's lab results from 1/3/17. When the resident had the second fall, the physician asked the nurse what were the latest PT/INR results. The nurse did not know and the QA nurse obtained the results from the fax machine. The results were faxed to the facility on 1/3/17 at 2:23 PM. The QA nurse had notified the physician of the lab results and resident's condition after the second fall on 1/4/17.	F 329	Process in-service for all nurses on all shifts (nurses draw labs when there is an order for a STAT lab or when the contracted lab service is unavailable). The Laboratory Process in-service includes the nurse□s responsibility in notifying the oncoming shift nurses of specimens drawn, by printing a copy of the completed requisitions post draw and placing the requisition with the shift report sheet, the hall nurse□s responsibility in following up for results and notification of physician. The Laboratory Process also includes the DON□s responsibility to review laboratory results 5 times weekly and follow up with hall nurses to ensure physician notification occurs and to ensure the physician/nurse practitioner has marked the laboratory result as reviewed in electronic health record. The staff facilitator or DON will in-service all newly hired nurses during new employee orientation. On 1/12/17, the DON, QI nurse, staff facilitator, and weekend supervisor/charge nurse began completing the Coumadin Audit tool as PT/INRs are drawn, results received, and new orders obtained, and Quality Improvement Laboratory Monitoring tool as laboratory results are received and specimens are drawn. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring tool aids in documenting: date of audit, resident□s name, lab type, date lab results are received, date lab results are marked as reviewed, date physician is notified date physician responded, any	

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F 329	Continued From page 21 Interview with the QA nurse on 1/11/17 at 2:30 PM revealed this was a new system of obtaining lab results which had been in place for a couple of months. The primary physician wanted the facility to keep obtaining the results by paper fax in addition to the computer record. The QA nurse was not able to retrieve the lab results for Resident #1 in his electronic record for review. During the interview the QA nurse explained the lab did not draw the ordered PT/INR on Monday because it was a holiday. Interview with nurse #2 who worked 7-3 on 1/3/17 and 1/4/17 was conducted by phone on 1/12/17 at 9:57 AM. During the interview, she explained the PT/INR was to be drawn on a Monday, Wednesday and Friday schedule. She was not aware it had been obtained on Tuesday and was not checking for the results. The lab results were faxed to the facility and were also in the computer. The computer system for obtaining the lab results was a new system and it was not working. She would not have known to check for the lab results unless it had been reported to her the PT/INR had been drawn in the shift to shift report. The Medication Administration Record (MAR) had the checks for Mondays, Wednesdays, and Fridays. A new order should have been written if it was changed. She did not routinely check the room with the lab fax machine. Nurse #2 explained everyone was to check for lab results, and one person was not assigned to check for lab faxes. . On 1/12/17 at 1:30 PM, the administrator was notified of the immediate Jeopardy. The administrator provided the following credible	F 329	new orders, date of responsible party notification, comments, DON signature, DON review date, administrator signature, and administrator review date. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring tool will be kept in labeled binders and maintained in the lab computer room which is accessible 24 hours a day 7 days a week. On 1/12/17, the DON in-serviced the physician/medical director and nurse practitioners on the Point-Click-Care Electronic Medical Record System. The DON in-serviced the physician and nurse practitioners on the process for reviewing laboratory results and marking laboratory results as reviewed in the Point Click Care electronic medical record. All new laboratory results are listed as un-reviewed in the electronic medical record until marked as reviewed by a medical professional. All un-reviewed laboratory results are easily accessible to the physician and nurse practitioners on the Point-Click-Care dashboard. Laboratory results are integrated with the electronic medical record and transmitted into the electronic medical record from the laboratory services provider immediately as results are available. Since laboratory results are integrated into the electronic medical record, the physician or nurse practitioners look in the electronic medical record for laboratory results instead of paper copies of results. Since the DON trained the physician, the physician has requested to review only the electronic	

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allegation of compliance on 1/13/17 at 1:20 PM:
1. Residents found to have been affected by the deficient practice.

On 1/3/17, the physician was not notified of a PT/INR of 4.9 (high) for Resident #1. The physician was notified on 1/4/17 after residents second fall with head trauma by Quality Assurance Nurse.

On 1/4/17, at 10:30 AM Resident #1 was transferred to emergency room for evaluation post fall with hematoma on back of head and skin tear on right arm which were noted at 8 am, and a laceration to head with all bleeding controlled by pressure dressing prior to transport to emergency room. Resident #1 fell twice the morning of 1/4/17. Resident did not return to the facility.

On 1/11/17, for the DON, QI nurse and staff facilitator who were involved in the deficient practice, the corporate facility consultant reviewed the deficient practice of not monitoring Resident #1 ' s Coumadin labs draws and lab results. The corporate facility consultant then in-serviced the DON, QI nurse, and staff facilitator on completing the Coumadin Audit as PT/INRs are drawn, results received, and new orders obtained, and Quality Improvement Action Team Laboratory Monitoring including laboratory monitoring tool as laboratory results are received and specimens are drawn.

On 1/11/17, the corporate facility consultant also in-serviced the DON on how to match lab results to residents to ensure results are posted timely to the resident electronic medical record.

medical record results. The facility DON is responsible for ensuring the physician and/or nurse practitioners find and review each lab result. Point Click Care screen shot handouts were provided to the physician and nurse practitioners for future reference. The physician and nurse practitioners have remote access to Point Click Care.

On 1/11/17, the corporate facility consultant and corporate clinical director in-serviced the DON, QI nurse, and SF that the QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend supervisor/charge nurse will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for: resident name, lab ordered, type of lab, physician order in place, lab drawn timely, results in chart, physician notification, date of Coumadin order, date of order for

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F 329	Continued From page 23 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. On 1/12/17, the corporate facility consultant completed a 100% audit of residents on Coumadin to ensure the last PT/INR was drawn according to the physician ' s order, communicated to physician timely, and new orders received were carried out. The Coumadin audit was documented on the Coumadin Audit tool. The audit resulted in no negative findings for Resident #2, labs were drawn as ordered and communicated to the physician timely with new order received and processed. On 1/12/17, the corporate facility consultant completed an audit of all laboratory orders for the past 30 days to ensure laboratory samples were drawn, received, and communicated to physician in a timely manner, including PT/INRs. The audit of all laboratory results will be completed by 1/13/17. This audit will be documented on the Quality Improvement Action Team Laboratory Audit form. On 1/12/17, the DON initiated a 100% in-service of all nurses and nursing assistants on basic teaching of Coumadin, it ' s side effects, the importance of monitoring, how it is monitored, how the dosing depends on the lab results, the importance of fall prevention, assistance with personal care, and monitoring medications and foods. The in-service will be completed by 1/20/17, no nurse or nursing assistant will be allowed to work until this in-service is completed. The staff facilitator or DON will provide the Coumadin in-service to new nurses and nursing	F 329	PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator. 4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The POC is to be integrated into the quality assurance system of the facility. The DON, QI nurse, and/or staff facilitator will use the Coumadin Audit tool to complete a 100% review of residents on Coumadin weekly x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders were drawn as ordered, lab results obtained, results reviewed, and physician was notified. The results of the audits will be presented by the DON at the monthly QI meeting x 6 months for further review and recommendations. The DON, QI nurse, and/or staff facilitator will use the Quality Improvement Laboratory Monitoring tool to complete a 100% review of laboratory records weekly x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders were drawn as ordered, lab results obtained, results reviewed, and physician was notified. The results of the audits will be presented by the DON at the monthly QI meeting x 6 months for further review and	

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F 329	Continued From page 24 assistants during orientation. On 1/11/17 the corporate facility consultant and corporate clinical director worked with the DON, QI nurse, and staff facilitator to perform a root cause analysis of why the physician was not notified of the 4.9 INR result on 1/3/2017. The outcome of the root cause analysis determined: (1) why was the physician not notified of the 4.9 INR on 1/3/2017? Because the DON, QI nurse, and staff facilitator did not inform the physician. (2) Why did the DON, QI nurse, and staff facilitator not inform the physician of the 4.9 INR result on 1/3/17? Because they were not aware of the lab result. (3) Why were the DON, QI nurse, and staff facilitator not aware of the lab result? Because the lab result was on the table in the lab computer room. (4) Why was the lab result on the table in the lab computer room? Because the DON, QI nurse, and staff facilitator did not know to look for the lab result. (5) Why did the DON, QI nurse, and staff facilitator not know to look for the lab result? Because the QI nurse was not at work, the staff facilitator did not know the lab had been drawn and results should be back, and the DON did not know the lab had been drawn and results should be back. (6) Why did the staff facilitator and DON not know that the lab had been drawn and results should be back? Because the QI nurse, staff facilitator, and DON were not using the Coumadin log, and Quality Assurance Laboratory Tracking Log were not being completed as labs were drawn. There was no need to change the process but to first identify a back up to the QI nurse and address weekend/holiday coverage. Second, the integration of laboratory results into the electronic health record, allows the physician or nurse practitioners to mark lab results as reviewed	F 329	recommendations.	

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onsite or remotely. The facility DON remains responsible for ensuring the overall lab process is completed.

On 1/13/2017 the corporate facility consultant and corporate clinical director in-serviced the DON, QI nurse, and staff facilitator that the QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for: resident name, lab ordered, type of lab, physician order in place, lab drawn timely, results in chart, physician notification, date of Coumadin order, date of order for PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator.

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F 329	Continued From page 26 3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur. On 1/13/2017 the corporate facility consultant and corporate clinical director in-serviced the DON, QI nurse, and staff facilitator that the QI nurse will be responsible for daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. When the QI nurse is not in the facility the staff facilitator will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. On Saturday and Sunday the weekend RN supervisor will be responsible for the daily monitoring and completion of the Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tool. The Coumadin Audit and Quality Improvement Action Team Laboratory Monitoring tools will be kept lab computer room in labeled binders for 24 hour 7 day a week access. The completed Coumadin Audit and Quality Assurance Action Team Laboratory Monitoring tools will be reviewed for: resident name, lab ordered, type of lab, physician order in place, lab drawn timely, results in chart, physician notification, date of Coumadin order, date of order for PT/INR, Coumadin order on MAR, date of next scheduled lab, lab results received, lab results called/faxed to physician/designee, lab results with orders in chart, adverse effects on chart, reviewed nurses note, on care plan, and Coumadin available in cart; in the daily clinical meeting by the DON, QI nurse, and staff facilitator. On 1/12/17, the DON completed the " Laboratory Process " in-service for all nurses on all shifts	F 329		

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F 329	Continued From page 27	F 329		

(nurses draw labs when there is an order for a STAT lab or when the contracted lab service is unavailable). The " Laboratory Process " in-service includes the nurse ' s responsibility in notifying the oncoming shift nurses of specimens drawn, by printing a copy of the completed requisitions post draw and placing the requisition with the shift report sheet, the hall nurse ' s responsibility in following up for results and notification of physician. The " Laboratory Process " also includes the DON ' s responsibility to review laboratory results 5 times weekly and follow up with hall nurses to ensure physician notification occurs and Medical Record ' s responsibility to ensure the physician/nurse practitioner has marked the laboratory result as reviewed in electronic medical record. The staff facilitator or DON will in-service all newly hired nurses during new employee orientation.

On 1/12/17, the DON, QI nurse, staff facilitator, and weekend supervisor began completing the Coumadin Audit tool as PT/INRs are drawn, results received, and new orders obtained, and Quality Improvement Laboratory Monitoring tool as laboratory results are received and specimens are drawn. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring tool aids in documenting: date of audit, resident ' s name, lab type, date lab results are received, date lab results are marked as reviewed, date physician is notified date physician responded, any new orders, date of responsible party notification, comments, DON signature, DON review date, administrator signature, and administrator review date. The Coumadin Audit tool and Quality Improvement Laboratory Monitoring tool will be kept in labeled binders and maintained in the lab computer room which is accessible 24 hours a

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F 329	Continued From page 28 day 7 days a week. On 1/12/17 the DON in-serviced the physician/medical director and nurse practitioners on the Point-Click-Care Electronic Medical Record System. The DON in-serviced the physician and nurse practitioners on the process for reviewing laboratory results and marking laboratory results as reviewed in the Point Click Care electronic medical record. All new laboratory results are listed as un-reviewed in the electronic medical record until marked as reviewed by a medical professional. All un-reviewed laboratory results are easily accessible to the physician and nurse practitioners on the Point-Click-Care dashboard. Laboratory results are integrated with the electronic medical record and transmitted into the electronic medical record from the laboratory services provider immediately as results are available. Since laboratory results are integrated into the electronic medical record, the physician or nurse practitioners look in the electronic medical record for laboratory results instead of paper copies of results. Since the DON trained the physician, the physician has requested to review only the electronic medical record results. The facility DON is responsible for ensuring the physician and/or nurse practitioners find and review each lab result. Point Click Care screen shot handouts were provided to the physician and nurse practitioners for future reference. The physician and nurse practitioners have remote access to Point Click Care. The validation of the credible allegation was completed on 1/13/17 at 3:00 PM as follows: In-service training material and records were reviewed and included the topics in the allegation of compliance. The Current list of nurse	F 329		

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F 329	Continued From page 29 employees was reviewed for completion of the training. Interviews were conducted with administrative nursing staff and floor staff for verification of the in-service training and their understanding of the material. The Administrative staff were able to provide feedback they understood their roles in monitoring lab results and training new employees. The floor staff explained the procedure for checking for lab results and follow up with contacting the physician. The primary physician was interviewed and explained she had received training on the computer to access the lab results for her residents. The NP had been trained by the physician on the computer access. Five medical records (hard charts and electronic charts) of residents with orders for lab work were reviewed. The paper faxed results were initialed by the physician and the electronic record had been reviewed by the physician. One resident in the facility was on Coumadin with current lab results reviewed by the physician. Audits were reviewed and included verification that all residents ' lab results had been received and reviewed by the physician. The physician had been notified of all abnormal lab results. The Coumadin audit notebook was reviewed with the current resident on Coumadin listed with the lab results, the date and physician notification. The lab book was reviewed with the lab work that was due for each day under the date tab. Interviews with the floor nurses and the administration nurses revealed they were aware of the notebooks and how to use them.	F 329		
F 514 SS=D	483.70(i)(1)(5) RES RECORDS-COMPLETE/ACCURATE/ACCESSIB	F 514		2/3/17

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F 514	Continued From page 30 LE (i) Medical records. (1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized (5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility a. failed to keep current lab results on Resident #1 ' s chart and b. failed to document	F 514	F514 Resident records □ complete/accurate/accessible	

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F 514	Continued From page 31 the nursing assessments of Resident #1 after he had fallen for one of five sampled residents. The findings included: Resident #1 was admitted to the facility on 12/20/16 with diagnoses including liver abscess with antibiotic treatment by a midline intravenous catheter, diabetes, Coumadin treatment for a prosthetic heart valve and adult failure to thrive. a.The admission orders dated 12/20/16 included Coumadin 3 milligrams (mg) orally each day at 5:00 pm, the goal range for treatment with Coumadin was 2.5 to 3.5 due to valve replacement. Invanz (antibiotic) 1 gram each day via the midline catheter. The orders included lab work for PT/INR (Prothrombin Time/International Normalized Ratio) to be obtained on Monday, Wednesday and Friday while on the antibiotic therapy. Review of the hard chart and the electronic chart revealed no lab results for the PT/INR that was obtained on 1/3/17. Review of the nurse ' s notes revealed no mention of the lab results or notification of the physician of the abnormal results. Interview on 1/12/17 at 9:30 AM with nurse #2 revealed she was not aware of the lab drawn on 1/3/17, did not know to check for the results and the process for the lab results from the lab directly to the electronic chart was not " working. " Further interview revealed she had checked the resident about 8:00 AM after she was informed Resident #1 had a hematoma on the back of his head. She did not do neuro checks because he fell again soon after she had given him his morning medications. She had the aide to check his vital signs after the hematoma	F 514	1. Residents found to have been affected by the deficient practice. On 1/3/17, the physician was not notified of a PT/INR of 4.9 (high) for Resident #1. On 1/4/17, Resident #1 fell twice. On 1/4/17, Resident #1 fell at approximately 5:30 AM resulting in no injuries assessed as occurring. On 1/4/17, Resident #1 fell a second time, exact time unknown, resulting in a laceration to the back of head with bleeding controlled by a pressure dressing. On 1/4/17, after Resident #1□s second fall, the Quality Improvement (QI) nurse notified the physician. On 1/4/17, at 10:30 AM, Resident #1 was transferred to emergency room for evaluation. Resident #1 did not return to the facility. 2. Address how the corrective actions will be accomplished for those residents having the potential to be affected by the same deficient practice. On 1/16/17, the Quality Improvement (QI) nurse and Director of Nursing (DON) completed an audit of all falls in the last 30 days to ensure neurological checks were completed and documented in the electronic health record (EHR) when head, or face injury was noted. The audit also ensured notification of physician and resident□s responsible party (RP) and resident assessment was documented in the EHR. The DON immediately	

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	345354	A. BUILDING _____ B. WING _____	C 01/13/2017

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was assessed. Further interview revealed " everything happened so fast, " another nurse had called 911 and the physician, and she did not know the time frames of the event to document.

Interview on 1/12/17 at 9:30 AM with nurse #2 revealed she was not aware of the lab drawn on 1/3/17, did not know to check for the results and the process for the lab results from the lab directly to the electronic chart was not " working. "

b.Review of the nurse ' s notes dated 1/4/17 revealed no documentation in the electronic chart of neurological checks after Resident #1 fell at 5:30 AM. A paper flowsheet entitled Neurological Assessments recorded the vital signs per the times a neurological assessment would have been completed, but lacked the pupil reaction to light, hand grips and mental alertness checks. The flowsheet did not have any further assessments from 8:00 AM to 10:00 AM when 911 was called due to a second fall. The nurse ' s notes did not document the physician was notified of the fall at 5:30 AM. A hematoma was found on the back of Resident # ' s head after 8:00 AM. The assessment of the resident and the hematoma was not documented in the nurse ' s notes.

Review of the nurse ' s notes dated 1/4/17 revealed documentation for the second fall that included when the resident was found on the floor, when the physician was notified, when the ambulance staff arrived and when the resident left the facility was not in the notes. The first aid measures and the injury of lacerations to the back of the head were not documented. The assessment of the resident ' s condition was not

corrected any negative findings.

3. Address what measures will be put in place or systemic changes made to ensure that the deficient practice will not occur.

On 1/12/17, the corporate facility consultant in-serviced the DON on how to match lab results to residents to ensure results are posted timely to the resident□s EHR.

On 1/12/17, the DON, QI nurse, staff facilitator (SF), and weekend supervisor/charge nurse initiated an in-service of all registered nurses (RN) and licensed practical nurses (LPN) on the laboratory process. The in-service was completed 1/31/17. After 1/31/17, no registered nurse (RN) or licensed practical nurse (LPN) is allowed to work until the laboratory in-service is completed. All RN and LPN new hires will receive the laboratory in-service during new employee orientation by the SF or DON.

On 1/13/17, the DON, QI nurse, SF, and weekend supervisor/charge nurse began in-servicing all RNs and LPNs on the importance of performing neurological checks, how to document the neurological check, where to document the neurological check, a neurological check schedule, and when neurological checks are to be started. The in-service was completed 1/31/17. After 1/31/17, no RN or LPN is allowed to work until the neurological check in-service is

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F 514	Continued From page 33 found in the electronic or hard chart after the resident was found on the floor. Interview on 1/12/17 at 9:30 AM with nurse #2 revealed she had checked the resident about 8:00 AM after she was informed Resident #1 had a hematoma on the back of his head. She did not do neuro checks because he fell again soon after she had given him his morning medications. She had the aide to check his vital signs after the hematoma was assessed. Further interview revealed " everything happened so fast, " another nurse had called 911 and the physician, and she did not know the time frames of the event to document. Interview on 1/12/17 at 9:40 AM with nurse #1 revealed he had completed the neurological checks which were documented on a separate flow sheet. The flow sheet was stapled to the incident form he had completed about the fall. He had given the two forms to the Director of Nursing on the morning of 1/4/17. Interview with the Director of Nursing on 1/12/17 at 1:30 PM revealed she did not have the forms and the QA (Quality Assurance) nurse would have them. She did not know why he had not documented the checks in the electronic chart. Interview with the QA nurse on 1/12/17 at 2:00 PM revealed she had the incident form, but did not have the neurological assessment form. She did not have it when it was given to her. The neurological checks should be documented in the electronic chart. The QA nurse explained she had notified the physician and responsible party and documented a note in the electronic record. She did not document for the floor nurse the	F 514	completed. All RN and LPN new hires will receive the neurological check in-service during new employee orientation by the SF or DON. On 2/1/17, the DON, QI nurse, SF, and weekend supervisor/charge nurse began in-servicing all RNs and LPNs on completing and documenting resident assessment in the EHR after an incident, including times of notifications, interventions taken and first aid provided. This in-service will be completed by 2/3/17. After 2/3/17, no RN or LPN is allowed to work until the documentation in-service is completed. All RN and LPN new hires will receive the documentation in-service during new employee orientation by the SF or DON. 4. Indicate how the facility plans to monitor its performance to make sure solutions are sustained. The POC is to be integrated into the quality assurance system of the facility. Using the Incident Report Audit tool the DON, QI nurse, SF, MDS nurse and/or corporate consultant will audit 100% of falls weekly x 8 weeks then 3 x weekly x 4 weeks to ensure neurological checks were initiated when a fall involving a head or face injury is observed or suspected, and an assessment is performed including times of notifications, interventions taken, and first aid provided and all are documented in the EHR. The DON will present the findings to the QI	

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F 514	Continued From page 34 events surrounding the fall, the assessment and transfer. Interview with the Corporate Nurse Consultant on 1/12/17 at 4:00 PM revealed the nurses would be expected to document the assessments of residents, incidents, transfers to a hospital and vital signs in the electronic chart. The electronic record had a tab for lab results the nurses were to review.	F 514	improvement committee monthly for review for 3 months. The DON, QI nurse, SF, MDS nurse, and/or corporate consultant will review 100% of laboratory records weekly x 8 weeks then every-other-week x 4 weeks to ensure laboratory orders are available in the EHR. The review will be indicated and verified by DON initialing the Quality Improvement Laboratory Monitoring tool. The results of the audits will be presented by the DON to the monthly QI meeting for recommendations.	