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	345113	A. BUILDING ______ B. WING ______	C 08/17/2021

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WILLOW CREEK NURSING AND REHABILITATION CENTER	2401 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534

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F 000	INITIAL COMMENTS A complaint survey was conducted from 08/11/21 through 08/17/21. Event ID# FZ3S11. Immediate Jeopardy was identified at: CFR 483.25 at tag F684 at a scope and severity J The tags F684 constituted Substandard Quality of Care. Immediate Jeopardy began on 08/01/21 and was removed on 08/16/21. A partial extended survey was conducted.	F 000		
F 684 SS=J	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interviews with staff, pharmacist, physician, and review of facility, Emergency Medical Service (EMS) and hospital records, the facility failed to recognize that blood sugar monitoring was indicated for a resident whose medication for diabetes was increased at a time when July blood sugars and A1C were within normal limits. The facility failed to check the blood sugar on a resident who was diabetic with altered mental status 1 of 1 resident (Resident #1). On August 4, 2021, Resident #1 was found to have	F 684	F 684 On 8/15/2021 the Pharmacist reviewed all residents on diabetic medications and completed a review of the dosing. The Pharmacist reviewed any increases in diabetic medications by the physician to ensure justification was appropriate. The pharmacist contacted the director of nursing with all findings and the director of nursing contacted the physician for any necessary clarifications. The clarification	9/14/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 09/03/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients . (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 684	Continued From page 1 altered mental status. Once EMS arrived, fingerstick was performed and it was 27. Resident #1 was started on an intravenous infusion of glucose and taken to the emergency room. Immediate Jeopardy began on 8/1/21 when the facility failed to monitor blood sugar levels for a resident whose medication for diabetes was increased when the hemoglobin A1C (measurement of blood glucose levels over the past 3-month period) lab results were within normal limits. Immediate Jeopardy was removed as of 8/16/21 when the facility implemented an acceptable allegation of Immediate Jeopardy removal. The facility remains 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) for the facility to continue staff education and ensure monitoring systems put into place are effective. The findings included: Interview with Hospital Pharmacist on 8/13/21 at 11:05 A. M. revealed Resident # 1 was admitted to the hospital on 7/20/21, the Admission Nurse did a medication review with Resident #1 on this day. The order for Glucovance 5-500mg (a combination medication of Glyburide 5mg and Metformin 500mg) two tablets twice a day was reviewed. The Admission Nurse made a note in Resident #1's medical chart that read Resident #1 stated he took the medication differently and stated his physician decreased the medication to 1 tablet daily on 1/7/21. During Resident #1's hospital admission from 7/20/21-7/25/21 for a fracture of the left hip, Resident #1 was ordered Glyburide 5mg twice a day with meals and was	F 684	orders were obtained and/or justification documentation was completed by the physician for any errors identified. On 8/15/2021, Minimum Data Set Nurse and treatment nurse reviewed all diabetic residents to ensure orders are in place for fingersticks as ordered by the physician. The Minimum Data Set Nurse and treatment nurse contacted the physician for any diabetic residents identified without a fingerstick order. A justification note was documented in the clinical record by the Minimum Data Set Nurse and/or treatment nurse for any diabetic resident that the physician does not want a blood sugar obtained. Orders were written for all other diabetic residents that require blood sugars. On 8/15/2021, Minimum Data Set Nurse, Director of Nursing and/or registered nurse facility consultants reviewed medication administration records from 8/1/2021 to 8/14/2021 for all diabetic residents to assure diabetic medications were administered and blood sugar checks were obtained per physician orders. The physician was contacted, and an incident report initiated by MDS, director of nursing, and/or registered nurse facility consultants for any identified areas of concern. On 8/15/2021, Minimum Data Set Nurse, director of nursing, and/or registered nurse facility consultants reviewed meal intake for all diabetic residents per the alert system in Point Click Care from 8/1/21-8/14/21. This review was to identify any diabetic resident in the alert system that ate 25% or less. All identified	

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F 684 Continued From page 2

administered insulin based off a sliding scale. The Hospital Pharmacist revealed a clarification of the frequency for Glucovance was needed from Resident #1's physician had Resident #1 continued Glucovance at the hospital to verify if the physician agreed with the dose change Resident #1 reported.

Hospital Discharge summary dated 7/25/21 under the heading continue taking these medications showed the order Glyburide-Metformin 5-500mg per tablet take one tablet by mouth two times a day with meals. Decreased to 1 tablet daily by physician on 1/7/21.

Resident #1, an 82-year-old, was admitted to the facility on 7/25/21 with a diagnosis that included Type 2 Diabetes Mellitus (DM).

Physician order for Resident #1 dated 7/25/21 stated Glyburide-Metformin 5-500mg by mouth 1 tablet twice a day with meals.

Physician order dated 7/25/21 read regular diet with a bedtime diabetic snack.

An order was written on the July 2021 Medication Administration Record showed finger stick blood sugar twice a day.

Resident #1's care plan dated 7/27/21 revealed a care plan for potential for complications for hyper/hypoglycemia and state of nourishment less than body requirements. Interventions included finger stick blood sugar as ordered by the physician and/or per facility protocol, administer medications as ordered, observe for hypoglycemia/hyperglycemia, report to unit supervisor when 75% of meal not eaten and refer

F 684

residents were referred to Dietary for nutritional management to include snacks between meals.

On 8/15/2021, an in-service was initiated with all nursing assistants, nurses, dietary, housekeeping, medical records, accounts receivable, accounts payable, maintenance, social work, receptionists, admissions, administrator and therapy regarding:

1. Signs and symptoms of hypoglycemia to include but not limited to Per Centers for Disease Control guidelines, signs and symptoms of low blood sugars are palpitations, shaking, diaphoresis, nervous or anxiety, irritability or confusion, dizziness.
2. Monitoring meal intakes for diabetic residents through the alert system, identifying anyone eating 25% or less and to obtain blood sugars per physician orders. The nurse should check alerts on dashboard following each meal. Any resident who eats 25% or less of a meal should be assessed by the nurse to include obtaining a finger stick blood sugar per physician orders and/or when an acute change is noted with documentation in the electronic record. Nurse should ensure a snack is offered with documentation in the electronic record when residents refuse a meal or eats 25% or less. Snacks must be offered at bedtime for all residents to include diabetics.
3. Clarifying orders and/or justification when a physician has increased a diabetic medication when the hemoglobin A1C and blood sugars are normal.

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F 684	Continued From page 3 to dietician for evaluation. On 7/27/21 a Pharmacist sent an Admission Drug Regimen Review for a clarification on Glucovance 5-500mg to be administered daily or twice a day. Pharmacist stated the discharge summary did not read clearly to the administration frequency. Interview with the Pharmacist #1 conducted via telephone on 8/12/21 at 12:15 P.M. revealed after reviewing notes from a coworker who was unreachable, the Pharmacy's responsibility included an Admission Review of each resident within a few days of admission into the facility. After completing an Admission Review of Resident #1's medication, a request was sent to the physician to clarify the dose frequency of Glucovance (a combination pill for Glyburide and Metformin) for either one time or two times a day. During the interview the Pharmacist stated when a resident was prescribed a sulfonylurea (drug class for Glyburide a component of Glucovance) routine blood sugar monitoring was recommended. The Pharmacist revealed she liked to see blood sugar monitoring after a dose change to see if the desired response was achieved, but the frequency of the blood sugar monitoring was left up to the doctor. Lab resulted on 7/28/21 showed hemoglobin A1C 4.5%. (A normal A1C level is below 5.7%, a level of 5.7% to 6.4% indicated prediabetes, and a level of 6.5% or more indicates diabetes). Physician#1 wrote a medication clarification order for Resident #1 on 7/29/21 that read Glyburide-Metformin 2.5-500mg by mouth two tablets twice a day.	F 684	4. Clarifying order for medications and blood sugar monitoring with physician if they are not clear and/or precise prior to transcribing to the MAR. 5. Obtaining blood sugars when an acute change in condition is observed on a diabetic resident and clarification orders to obtain blood sugars if a diabetic resident does not have an order. 6. Snacks are to be offered to all residents including diabetic residents. In-services will be completed by 9/14/2021. All new hires will receive the in-services during orientation from the Staff Development Coordinator. On 8/15/2021, questionnaires were initiated by assistant director of nursing and/or staff facilitator with all nurse's to validate knowledge and understanding of the diabetic management in-services with questions to include: 1. What should you do if a provider increases diabetic medication but the hemoglobin A1C and/or blood sugars are normal? 2. What is the protocol when a diabetic resident does not have an order to check fingersticks? 3. When a diabetic resident has an acute episode, what vital signs should be obtained? 4. If a diabetic medication order is not clear, what should you do? 5. What are signs and symptoms of hypoglycemia to include but not limited to? Any nurse who does not correctly answer the questions, will be immediately	

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F 684	Continued From page 4 Interview with Physician #1 on 8/13/21 at 12:14 P.M. revealed based off the pharmacy request for clarification on the Glyburide-Metformin frequency, Resident #1's hemoglobin A1C lab result was reviewed. Physician #1 stated his intention was to write a new order to decrease the Glucovance to the following order Glucovance 2.5-500mg one tablet daily twice a day. Physician #1 mistakenly wrote to administer two tablets instead of one tablet. During the interview Physician #1 revealed the Glyburide dose had stayed the same and the increase dose of Metformin would not cause hypoglycemia in Resident #1. Physician #1 stated in three months a hemoglobin A1C would be ordered to monitor Resident #1's diabetes. Physician #1 stated with a resident with an A1C of 4.5, he would not have ordered blood finger sticks to be completed. Medication Administration Record for July 2021 showed an order for Glyburide-Metformin 5-500mg by mouth take 1 tablet twice a day with meals. Medication was first administered on 7/26/21 at 7 A.M. and discontinued after the 7/29/21 5 P.M. dose. An order for Glyburide-Metformin 2.5-500mg take two tablets by mouth twice a day with meals was started on 7/26/21. Medication Administration Record for July 2021 showed finger stick blood sugars completed twice a day from 7/25/21 4:30 P.M. dose through 7/31/21. The 4:30 P.M. blood sugars readings on 7/30/21 and 7/31/21 were not documented on the MAR. Blood sugar readings ranged from 93-192 mg/dl. (Normal range of blood sugar is 70-120 mg/dl before meals and under 140 mg/dl at two hours after eating).	F 684	retrained by the assistant director of nursing and/or staff facilitator. The questionnaires were completed by 8/15/2021. Any employee who has not worked and not received the questionnaire will complete the questionnaire upon next scheduled shift. The Assistant Director, and/or Unit Managers will audit 10% of diabetic residents weekly x 4 weeks then monthly x 1 month utilizing the Diabetic/Snack Audit Tool to ensure that snacks are being offered. The DON, ADON, and/or Unit Managers will audit 10% of diabetic resident orders weekly x 4 weeks then monthly x 1 month utilizing the Diabetic/Snack Audit Tool to ensure that orders are transcribed to MAR and being followed regarding documentation of blood sugars. The DON will present the findings of the Diabetic/Snack Audit Tool to the Executive Quality Assurance (QA) committee monthly for 2 months. The Executive QA Committee will meet monthly for 2 months and review the Diabetic/Snack Audit Tool to determine trends and/or issues that may need further interventions put into place and to determine the need for further frequency of monitoring.	

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F 684	Continued From page 5 Resident #1 Minimum Data Set (MDS) dated 8/1/21 revealed Resident #1 was alert and oriented. Resident #1 did not refuse care. The MDS further revealed Resident #1 was independent with feeding with help with setup only. Medication Administration Record for August 2021 showed Glyburide-Metformin 2.5-500mg two tablets twice a day with meals. Medication Administration Record for August 2021 showed no order Resident #1 was to receive finger stick blood sugars checks to monitor blood sugar daily. Intake log showed on 8/3/21, Resident #1 ate 100% of breakfast; 100% of lunch and 25% of super. On 8/4/21 Resident #1 ate 25% of breakfast. Interview was conducted by telephone with Nurse Aide (NA) #1 assigned Resident #1 on 8/3/21 on the 3 P.M. to 11 P.M. shift, revealed he did not recall Resident #1. NA#1 was unable to state how much Resident #1 ate for supper or if Resident #1 ate a bedtime snack. During the interview the NA stated diabetic residents were offered a snack each night. The NA further stated when a resident he was assigned care did not eat any of a meal, the information was reported by the NA to the resident's assigned nurse. Unable to reach Nurse #3 assigned Resident #1 on 8/3/21 on the 3 P.M. to 11 P.M. shift by telephone for interview. Interview on 8/11/21 at 11:15 A.M. with Nurse #1 assigned Resident #1 on the 7 A.M. to 3 P.M.	F 684		

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F 684	Continued From page 6 shift on 8/4/21 revealed Resident #1 was an alert, quiet person, who was able to make his needs known to staff. Nurse #1 stated she was unsure how much Resident #1 ate for breakfast. When residents had not eaten a meal, the NA assigned the resident reported the information to the assigned nurse. Nurse #1 revealed no NA had reported to her Resident #1 had not eaten his meal. Nurse #1 revealed she does not specifically remember administering Resident #1 his medications on the morning of 8/4/21, however Resident #1 took his medications as prescribed with no refusals. Nurse#1 stated Resident #1 showed nothing out of character compared with his normal behavior to make Nurse #1 think Resident #1 was having any complications. Nurse #1 was at lunch when Resident #1 was sent to the emergency room. Interview with Physical Therapy (PT) on 8/11/21 at 2:15 P.M. revealed on 8/4/21 PT arrived at Resident #1's room after the lunch trays were passed out, to set up a time for therapy, When PT entered the room, Resident #1 appeared to have been woken up and his speech was a little garbled. PT assisted Resident #1 from lying in his bed to sitting on the side of the bed. After a few seconds, Resident #1 required more assistance from PT to remain upright and Resident #1's speech became slurred. Resident #1 was repositioned to lay back in bed. PT revealed he felt like Resident #1 had a stroke in front of him and left the room to get the first available nurse (Staff Development Coordinator) to assess Resident #1. PT stated Resident #1 was able to follow commands, was never unconscious, not sweating, and was moving both his arms. PT revealed vital signs were obtained and the physician was made aware of Resident #1's	F 684		

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F 684	Continued From page 7 condition and reported to Resident #1's room to evaluate Resident #1. Interview with Staff Development Coordinator (SDC) on 8/11/21 at 2:45 P.M. revealed on 8/4/21 PT told her he needed assistance with Resident #1. SDC arrived in Resident #1's room and completed an assessment. SDC asked Resident #1 to smile and he was unable to. SDC assessed Resident #1's mouth and found his tongue deviated to the left side. SDC completed bilateral upper grip test with Resident #1 and discovered Resident #1 to have left sided weakness. SDC stated she was concerned Resident #1 had a stroke and needed to be sent to the hospital for the stroke reversal therapy. Physician #1 was at the end of the Resident's hallway when SDC stepped out of Resident #1's room and responded to SDC's request to evaluate Resident #1. SDC stated based off her assessment of Resident #1 she thought Resident #1 had a stroke and did not feel like low blood sugar had caused the observed symptoms. Interview conducted by telephone with Nurse Aide (NA) #2 on 8/11/2021 at 1:38 P.M. revealed NA #2 was unsure which nurse aide was assigned Resident #1 on 8/4/21 for the 7 A.M. to 3 P.M. shift, as both NA #2 and NA #3 worked together and completed resident care. NA #2 stated he arrived after breakfast and was unsure how much Resident #1 had eaten. NA#2 helped set Resident #1 up for lunch ten minutes prior to PT telling NA #2 Resident #1 had a stroke. NA#2 revealed Resident #1 was at his baseline when the food tray was set up. NA #2 described Resident #1's baseline as Resident #1 talked low, answered yes/no questions and was alert. NA #2 stated PT told him in the hallways Resident #1	F 684		

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F 684	Continued From page 8	F 684		

was not okay, may have had a stroke, and needed help. NA #2 returned to Resident #1's room and completed vital signs at that time. The vital sign results were Blood Pressure 146/87, Pulse 86, Respirations 16, and Oxygen Saturation Level 99%. NA #2 stated Resident #1 was waving his arms in the air and was not sweaty or clammy. NA#2 further revealed facility staff did not check Resident #1's blood sugar after Resident #1 had a change of condition.

Unable to reach NA #3 by telephone for interview.

Physician Assistant Progress Note dated 8/4/21 written by Physician Assistant #1 read in part "Physical Therapy was with patient and noticed a change in patient's mental status. Patient became confused, incoherent, and had left side facial drooping. Patient was in bed when provider came into room lying supine with arms extended. He was unable to provide an accurate history. Transport to ED via EMS".

Interview with Nurse #2 on 8/13/21 at 4:22 P.M. revealed when Nurse #2 returned to the hallway Resident #1 resided on, she saw several staff members gathered around Resident #1's room. Nurse #2 stated she was informed Resident #1 had a stroke and Emergency Medical Service (EMS) were called. Nurse #2 stated when EMS arrived Resident #1's blood sugar was taken by EMS. When Nurse #2 heard Resident #1's blood sugar was 27 she went to retrieve Glucagon (used to treat very low blood sugar). When Nurse #2 arrived back at Resident #1's room, EMS had Resident #1 loaded onto the stretcher and were transporting him down the hall.

Emergency Medical Service (EMS) report dated

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8/4/21 revealed EMS received a call at 1:38 P.M. and dispatched to the facility at 1:39 P.M. The EMS crew arrived at the resident at 1:46 P.M. and left the facility at 2:00pm. The EMS crew arrived at the emergency room at 2:04 P.M. and transferred care of the resident at 2:15 P.M. The EMS notes stated they were dispatched for a stroke. When they arrived, the patient was moving all limbs slowly, erratically and moaning. Patient was in a semi-fowlers position (usually on their back with the head of the bed angled between 30 degrees and 45 degrees) with cool clammy pale skin. Patient was confused and only responded to painful stimuli. Medic was suspicious of a low blood glucose level and asked staff if the patient was diabetic, and it was confirmed. Blood glucose level was assessed to be 27. When patient was secured in the truck an IV (intravenous) access gained and dextrose administered IV. Patient became alert and oriented, with warm, pink, dry, skin and stated he felt much better.

A telephone interview with Emergency Medical Services (EMS) #1 on 8/16/21 at 9:39 A. M. revealed on initial entrance into Resident #1's room she suspected Resident #1 had low blood sugar and stated the symptoms did not resemble a stroke. EMS stated Resident #1 presented with sweaty, clammy, pale, combative but not directed towards anyone, and was moving both of his upper extremities. EMS further stated the presentation of a stroke is one side of the patient is flaccid and unmoving. Staff were asked if Resident #1 was a diabetic and when facility staff confirmed Resident #1 was diabetic, EMS asked had a blood sugar been obtained. EMS stated the facility staff became confused and kept repeating a blood pressure reading to them. EMS heard

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F 684	Continued From page 10 facility staff state the blood sugar must not have been taken. EMS stated the facility staff argued over why a blood sugar wasn't completed and facility staff were heard by EMS to state a blood sugar should have been completed. A telephone interview with EMS #2 on 8/16/21 at 9:59 A.M. stated EMS was dispatched on 8/4/21 to Resident #1 for a stroke. When EMS arrived on scene, Resident #1 was found to be moving both of his arms in the air and swaying back and forth. EMS #2 revealed Resident #1 was able to pull on both of her arms and showed no deficient to one side of his body. Stroke victims presented as unable to speak and unresponsible, EMS stated Resident #1 did not present as a stroke victim. Resident #1 had full motion of bilateral upper extremities and was moving back and forth. EMS #2 revealed she felt Resident #1 had displayed signs of a low blood sugar. During the interview EMS #2 stated the facility confirmed Resident #1 was diabetic after being asked. The facility was unable to provide a recent blood sugar result. EMS checked Resident #1's blood sugar and discovered the blood sugar was in the 20's. EMS transferred Resident #1 to the EMS truck for treatment. Hospital Discharge Summary dated 8/9/21 showed the primary problem diagnosed as hypoglycemia. Hospital Course showed Resident #1 arrived at the emergency room on 8/4/21 feeling mildly dizzy, denied any chest pain, sweating, shakiness, or any other symptoms. At the emergency room his blood glucose was 29. Resident #1 was given multiple ampules of D50 (25 grams of glucose in a 50-milliliter syringe) without improvement and was started on D10 (10% dextrose) drip. Resident #1 hospital records	F 684		

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	345113	A. BUILDING ______ B. WING ______	C 08/17/2021

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F 684	Continued From page 11 stated associated hypo-osmolar hyponatremia, most likely due to volume depletion and multiple electrolyte abnormalities including hypokalemia and hypophosphatemia. Resident #1's medical records indicated a "precipitous drop in hematocrit without ongoing GI blood loss. This was thought to be multifactorial including nutritional and iron deficiency." On discharge the hospital stopped Resident #1's order for Glucovance. On 8/14/21 at 8:02 P.M, the facility's Administrator was informed of the immediate jeopardy. The facility provided an acceptable credible allegation of Immediate Jeopardy removal on 8/16/21. The allegation of immediate jeopardy removal indicated: Credible Allegation of Immediate Jeopardy Removal for F684 Recipients who have suffered or are likely to suffer, a serious adverse outcome as a result of the non-compliance Resident # 1 is alert and oriented to self with a diagnosis Fracture of Unspecified part of left femur; hypertension, type II diabetes, hyperlipidemia, a-fib, dysphagia, long term use of oral hypoglycemic drugs. On 7/25/2021, Resident #1 was admitted to the facility with an order for glyburide - metformin 5-500 mg per tab, 1 tab by mouth 2 x daily with meals. The order was transcribed to the medication administration record by the admitting nurse per the hospital discharge summary. On 7/27/2021, the pharmacist consultant conducted an admission drug regimen review and requested a clarification of glucovance 5-500 mg. On 7/29/2021 the	F 684		

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F 684	Continued From page 12 physician reviewed the metformin order per the pharmacy recommendation. On 7/29/21 the physician wrote a clarification order that shows an increase of the metformin. There was no justification as to why physician #2 increased the medication. There was no order from the provider to check finger stick blood sugars related to the increase in the diabetic medication. On 8/4/21, during the physical therapy treatment, resident #1 became unable to speak. The nurse was notified and assessed the resident. Resident's blood pressure, pulse, and oxygen saturation were obtained by the nurse and were within normal limits. No blood sugar was obtained at this time. The Physician Assistant was on site and made aware of resident's condition. The Physician Assistant examined the resident and noted that resident was confused, incoherent, and had left facial drooping. When the provider arrived in the room, the resident was in supine position with left facial drooping, arm extended and unable to provide an accurate history. A new order was received to send resident to the emergency department STAT. No additional orders were given by the Physician Assistant to include obtaining a blood sugar. 911 was called and resident was transferred to the emergency room per provider's order. EMS arrived and obtained blood sugar at 27 and administered dextrose. Resident was admitted to hospital for hypoglycemia associated with Type II diabetes, Type II diabetes with other specified complications without insulin, hypertension. Medications ordered during encounter: IV dextrose. Resident discharged home from the hospital after 5 day stay. On 8/15/2021 the Pharmacist reviewed all residents on diabetic medications and completed a review of the dosing. The Pharmacist reviewed	F 684		

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F 684	Continued From page 13 any increases in diabetic medications by the physician to ensure justification was appropriate. The pharmacist will contact the director of nursing with all findings and the director of nursing will contact the physician for any necessary clarifications. The clarification orders will be obtained and/or justification documentation will be completed by the physician for any errors identified. On 8/15/2021, MDS and treatment nurse will review all diabetic residents to ensure orders are in place for fingersticks as ordered by the physician. The MDS and treatment nurse will contact the physician for any diabetic residents identified without a fingerstick order. A justification note will be documented in the clinical record by the MDS and/or treatment nurse for any diabetic resident that the physician does not want a blood sugar obtained. Orders will be written for all other diabetic residents that require blood sugars. On 8/15/2021, MDS, director of nursing and/or registered nurse facility consultants will review medication administration records from 8/1/2021 to 8/14/2021 for all diabetic residents to assure diabetic medications were administered and blood sugar checks were obtained per physician orders. The physician will be contacted, and an incident report initiated by MDS, director of nursing, and/or registered nurse facility consultants for any identified areas of concern. On 8/15/2021, MDS, director of nursing, and/or registered nurse facility consultants will review meal intake for all diabetic residents per the alert system in PCC from 8/1/21-8/14/21. This review is to identify any diabetic resident in the alert system that ate 25% or less. All identified residents will be referred to Dietary for nutritional management to include snacks between meals.	F 684		

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F 684	Continued From page 14 Actions taken to alter the process or system failure to prevent a serious adverse outcome for occurring or recurring On 8/15/2021, an in-service was initiated with all nursing assistants, nurses, dietary, housekeeping, medical records, accounts receivable, accounts payable, maintenance, social work, receptionists, admissions, administrator and therapy regarding: 1. Signs and symptoms of hypoglycemia to include but not limited to Per CDC guidelines, signs and symptoms of low blood sugars are palpitations, shaking, diaphoresis, nervous or anxiety, irritability or confusion, dizziness. 2. Monitoring meal intakes for diabetic residents through the alert system, identifying anyone eating 25% or less and to obtain blood sugars per physician orders. The nurse should check alerts on dashboard following each meal. Any resident who eats 25% or less of a meal should be assessed by the nurse to include obtaining a finger stick blood sugar per physician orders and/or when an acute change is noted with documentation in the electronic record. Nurse should ensure a snack is offered with documentation in the electronic record when residents refuse a meal or eats 25% or less. Snacks must be offered at bedtime for all residents to include diabetics. 3. Clarifying orders and/or justification when a physician has increased a diabetic medication when the hemoglobin A1C and blood sugars are normal. 4. Clarifying order for medications and blood sugar monitoring with physician if they are not clear and/or precise prior to transcribing to the MAR. 5. Obtaining blood sugars when an acute	F 684		

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F 684	Continued From page 15 change in condition is observed on a diabetic resident and clarification orders to obtain blood sugars if a diabetic resident does not have an order. 6. Snacks are to be offered to all residents including diabetic residents. In-services will be completed by 8/15/2021. After 8/15/2021, the Administrator will ensure the remaining in-services for staff who have not worked or have not received the in-services are mailed certified mail with instructions to review, sign the in-service, and return to the staff facilitator and/or director of nursing prior to next scheduled work shift. On 8/15/2021, questionnaires were initiated by assistant director of nursing and/or staff facilitator with all nurses to validate knowledge and understanding of the diabetic management in-services with questions to include: 1. What should you do if a provider increases diabetic medication but the hemoglobin A1C and/or blood sugars are normal? 2. What is the protocol when a diabetic resident does not have an order to check fingersticks? 3. When a diabetic resident has an acute episode, what vital signs should be obtained? 4. If a diabetic medication order is not clear, what should you do? 5. What are signs and symptoms of hypoglycemia to include but not limited to? Any nurse who does not correctly answer the questions, will be immediately retrained by the assistant director of nursing and/or staff facilitator. The questionnaires will be completed by 8/15/2021. Any employee who has not worked and not received the questionnaire will complete upon next scheduled shift.	F 684		

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F 684	Continued From page 16 Date of corrective action completion Immediate Jeopardy Removal date will be. 8/16/2021 The facility's credible allegation of Immediate Jeopardy removal was validated on 8/17/21 1:20 P.M. The validation was evidenced by interviews with both licensed nursing staff and unlicensed staff about the signs and symptoms of hypoglycemia, monitoring meal intake, clarifying physician orders when increased diabetic medication for residents with normal A1C results, obtaining blood sugars, and offering snacks. Review of the pharmacy review, meal intake audit, orders in place for glucose finger sticks, and ensuring documentation on the medication administration record is accurate and effective 8/16/21.	F 684		