

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

PRINTED: 03/16/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH-ROCKINGHAM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 SOUTH LONG DRIVE</b> <b>ROCKINGHAM, NC 28379</b>		
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F 000	INITIAL COMMENTS  An unannounced onsite complaint investigation was completed 2/17/2022 through 2/18/2022. 3 of the 9 allegations were substantiated resulting in citations at F550, F727, and F755. Event ID#QFV911.	F 000			
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)  §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.  §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.  §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.  §483.10(b)(1) The facility must ensure that the	F 550		3/18/22	

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

TITLE

(X6) DATE

Electronically Signed

03/11/2022

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

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F 550	<p>Continued From page 1</p> <p>resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record reviews, observations, and interviews with residents and staff, the facility failed to maintain residents' dignity by failing to provide privacy covers on urinary drainage bags for 2 of 3 residents (Residents #3, #4) reviewed for urinary catheters.</p> <p>The findings included:</p> <p>1. Resident #3 was admitted to the facility on 5/6/2020. He diagnoses included cerebral vascular accident (stroke), hydronephrosis with obstruction, and urinary retention.</p> <p>Resident #3's quarterly Minimum Data Set (MDS) dated 11/22/2021 indicated the resident had moderate cognitive impairment, adequate hearing and vision, could be understood and could understand others, and was dependent on staff for all activities of daily living, toileting, and personal hygiene. The resident had an indwelling urinary catheter during the assessment period.</p> <p>On 2/17/2022 at 9:24 AM during an initial tour of the facility, Resident #3's urinary catheter bag was observed from the hall. The catheter bag was on the floor and did not have a privacy cover.</p>	F 550	<p>This Plan of Correction is being submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies. Please accept this plan of correction as the center's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date of dates indicated. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction.</p> <p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident #3 and # 4 remains in the facility. Residents #3 and #4 were provided privacy covers on urinary drainage bags on 2/17/22. Certified Nurse</p>		

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F 550	<p>Continued From page 2</p> <p>On 2/17/2022 at 11:00 AM the catheter bag was again visible from the door, did not have a privacy cover, and was on the floor. At 11:05 AM on 2/17/2022 the Assistant Director of Nursing (ADON) was observed on Resident #3's hall. When asked to assess the urinary catheter drainage bag, she entered the room, hung the urinary drainage bag on the bed, and she stated the bag should not be on the floor and should have a privacy cover.</p> <p>On 2/17/2022 at 1:20 PM an interview was conducted with the nurse assistant (NA)#1, who was assigned to Resident #3. She stated she did not know how his catheter bag go on the floor or why he did not have a privacy cover on his urinary catheter drainage bag. She further stated she was aware catheter bags should not be on the floor and should have a privacy cover.</p> <p>2. Resident #4 was admitted to the facility on 5/6/2020 with diagnoses that included neuromuscular dysfunction of the bladder.</p> <p>Resident #4's quarterly Minimum Data Set (MDS) dated 11/4/2021 indicated the resident was cognitively intact, could understand others and be understood by others, and total dependent in all activities of daily living, toileting, eating, and personal hygiene. The resident had an indwelling urinary catheter during the assessment period.</p> <p>On 2/17/2022 at 11:30 AM Resident #4 was observed in the smoking area in his wheelchair with a smoking apron on. His urinary catheter bag was visibly hanging underneath his wheelchair, contained urine, and did not have a privacy cover. When Resident #4 was asked about his urinary</p>	F 550	<p>Assistant (CNA) #1 and #3 was given a 1:1 in-service on ensuring urinary drainage bags is provided privacy covers on 2/17/22.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All residents with urinary catheters have the potential to be affected.</p> <p>However, residents with urinary catheters were assessed by the Director of Nursing to ensure that privacy covers were in place on urinary drainage bags and no issues were identified on 2/17/22.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Director of Nursing and the Assistant Director of Nursing provided an in-service to Licensed Nurses and Certified Nurse Assistants to ensure privacy covers are on urinary drainage bags to maintain residents' dignity on 3/8/22 □ 3/12/22. New hires and new licensed nursing agency staff will be educated during orientation.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</p> <p>The Director of Nursing and The Assistant Director of Nursing will audit urinary</p>		

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F 550	Continued From page 3 catheter bag, he stated he was not aware it was not covered, and he did prefer the urinary drainage bag be covered.  At 11:45 AM on 2/17/2022 an interview was conducted with NA#2 who was assigned to Resident #4. She stated she thought the urinary drainage bag did have a privacy cover on it. She was not sure why it did not have a privacy cover.  At 11:05 AM on 2/17/2022 an interview was conducted with the ADON in which she stated urinary drainage bags should have a privacy cover.	F 550	drainage bags to ensure privacy covers are in place weekly x 4 then monthly x 2 and/or until 100% compliance is achieved. Audit results will be reported to the QAPI (Quality Assurance Performance Improvement) Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Director of Nursing and the Assistant Director of Nursing will be responsible in monitoring the compliance of this citation.  The corrective actions will be completed by 03/18/22.		
F 727 SS=D	RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3)  §483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.  §483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.  §483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to provide Registered Nurse (RN) coverage for at least 8 consecutive hours 7 days	F 727	Address how corrective action will be accomplished for those residents found to have been affected by the deficient	3/18/22	

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F 727	<p>Continued From page 4</p> <p>a week for 7 of 30 days reviewed for staffing.</p> <p>The findings included:</p> <p>A review of posted daily Nurse Staffing sheet from 1/15/2022 through 2/14/2022 revealed the facility had not provided the required RN coverage (at least 8 consecutive hours per day 7 days a week) on the following dates:</p> <p>From 7:00 AM 1/19/2022 through 7:00 AM 1/20/2022 there was no RN coverage From 7:00 AM 1/27/2022 through 7:00 AM 1/28/2022 there was no RN coverage From 7:00 AM 2/3/2022 through 7:00 AM 2/4/2022 there was no RN coverage From 7:00 AM 2/5/2022 through 7:00 AM 2/6/2022 there was no RN coverage From 7:00 AM 2/8/2022 through 7:00 AM 2/9/2022 there was no RN coverage From 7:00 AM 2/10/2022 through 7:00 AM 2/11/2022 there was no RN coverage From 7:00 AM 2/12/2022 through 7:00 AM 2/13/2022 there was no RN coverage</p> <p>An interview was conducted with the interim Director of Nursing (DON) on 2/17/2022 at 10:16 AM. She stated it was her second day as interim DON and she had no knowledge scheduling or staffing issues in the facility.</p> <p>An interview was conducted with the scheduler on 2/17/2022 at 1:37 PM. She stated there were days when the facility did not have 8 hours of RN coverage. She further stated the previous Director of Nursing (DON) and the Administrator were aware and the facility was currently hiring and training new staff to provide RN coverage.</p>	F 727	<p>practice;</p> <p>The facility failed to have scheduled a Registered Nurse (RN) for 8 consecutive hours 7 days a week for 7 of 30 days reviewed for staffing. RN staffing coverage was reviewed for the rest of the schedule with the Staffing Coordinator to ensure there was at least 8 consecutive hours of RN coverage 7 days a week on 2/18/22.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>The Administrator, Director of Nursing, Director of Human Resource and Staffing Coordinator will meet daily to review RN coverage on the staffing schedule to ensure 8 hours of RN coverage requirement is met.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Administrator, Director of Nursing, Director of Human Resource and Staffing Coordinator will have weekly calls with the Pruitt Recruiter assigned to the facility to review RN coverage needed for the facility to ensure adequate RN staffing is obtained. The facility will also contact Staffing Agencies if unable to acquire the eight (8) consecutive hours of RN coverage with staffing on the daily schedule and/or acquire RN coverage</p>		

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F 727	Continued From page 5 The Administrator was interviewed on 2/18/2022 at 12:00 PM. He stated the facility was currently using some agency staff but they had recently hired nurses and NAs to fill their open positions.	F 727	from a sister Pruitthealth Facility and Administrative Nurses.  Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and  The Administrator, Director of Nursing and the Scheduler will complete daily staffing audits weekly x 4 then monthly x 2 and/or until compliance is achieved. Audit results will be reported to the QAPI (Quality Assurance Performance Improvement) Committee until such time consistent substantial compliance has been achieved as determined by the committee.  The corrective actions will be completed by 03/18/22		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)  §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.  §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.	F 755		3/18/22	

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F 755	<p>Continued From page 6</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews staff, the facility failed to acquire routine medications for administration resulting in the failure to administer medications as ordered for 2 of 3 (Resident #1 and Resident #6) and failed to order medication by the correct administration route for 2 of 3 (Resident #1 and Resident #6) reviewed for the provision of pharmaceutical services to meet residents' needs.</p> <p>The findings included:</p> <p>1a. Resident #1 was admitted to the facility on 3/24/2020 with diagnoses that included cerebral vascular accident (stroke), aphasia, dementia, anxiety, and depression.</p> <p>Resident #1's quarterly Minimum Data Set (MDS) dated 11/15/2021 indicated the resident was severely cognitively impaired, was rarely understood by others and occasionally</p>	F 755	<p>Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>Resident #1 and # 6 remains in the facility. Resident #1 medications were reviewed and received orders for buspirone medication order via feeding tube route on 2/18/22. Resident #6 medications were reviewed, and orders received for clonazepam and folic acid via feeding tube route on 2/18/22. Resident #1 and #6 medications have been reconciled and currently available in the medication carts on 2/18/22. 1:1 in-service was provided by the Director of Nursing to the Assistant Director of Nursing (ADON) regarding entering medication orders via correct route and providing medication end date on 2/18/22.</p>		

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F 755	<p>Continued From page 7</p> <p>understood others. Resident #1 required extensive assistance with all activities of daily living and received antianxiety medications 7 out of 7 days and antidepressant medications 7 out of 7 days during the assessment period. The MDS indicated Resident #1 received nutrition via feeding tube.</p> <p>Resident #1 had an active order for enteral bolus feedings via feeding tube four times daily.</p> <p>Resident #1's active orders revealed a physician's order for buspirone 7.5mg orally three times daily. The order had a start date of 2/12/2022 with no end date and was entered by the ADON. All other medications were ordered via feeding tube route.</p> <p>On 2/18/2022 at 9:00 AM an interview was conducted with Nurse #3. She stated the resident received bolus feedings but was allowed a mechanical soft diet for pleasure eating. When asked, she stated all medication were given via feeding tube. Nurse #3 was asked to review Resident #1's physician's order for buspirone. Nurse #3 stated the order in the electronic medical record indicated 7.5mg of buspirone was ordered via oral route. She stated she did not give the buspirone orally. She gave the buspirone via feeding tube and all other medication were given via feeding tube.</p> <p>An interview was conducted with the ADON on 2/18/2022 at 9:45 AM. She stated she entered the order for Resident #1's buspirone and entered the wrong route of administration. She stated all Resident #1's medications were given by feeding tube. It was her error.</p> <p>1b. Resident #1's Medication Administration</p>	F 755	<p>1:1 in-service was provided by the Director of Nursing to Nurse #1 and #3 regarding accuracy of medication route record and ensuring accurate acquiring, receiving, dispensing and administering of all medication on 2/18/22.</p> <p>Address how the facility will identify other residents having the potential to be affected by the same deficient practice;</p> <p>All residents have the potential to be affected. The Director Director of Nursing/Assistant Director of Nursing and/or Administrative Nurses will conduct a Quality Review Audit of current resident medication orders/medication available to ensure medications stocked/available for use on 2/18/22 and no issues were identified.</p> <p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;</p> <p>The Director of Nursing/ Assistant Director of Nursing and/or Administrative Nurses provided education for Licensed Nurses on process for ensuring medications are ordered with correct route and available for administration per physician orders. Furthermore, ensuring routine and controlled medication are ordered timely and transcribed with correct route and appropriate stop date on 3/8/22 □ 3/12/22. New hires and new licensed nurse agency staff will be educated during orientation.</p>		



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F 755	<p>Continued From page 8</p> <p>Record (MAR) for February 2022 revealed the resident had a physician's order for alprazolam 0.25mg via gastric tube three times daily with a start date of 1/27/2022 and end date of 2/8/2022. The MAR revealed the resident did not receive the medication on 2/3/2022 at 2:00pm or on 2/6/2022 at 2:00pm. There was no documentation on the MAR as to why the medication was not administered.</p> <p>A second order for alprazolam for 0.25mg via gastric tube twice daily had a start date of 2/8/2022 with no end date. The MAR indicate the medication was not administered on 2/16/2022 at 5:00 PM. Documentation by Nurse #2 indicated the medication was not available. On 2/17/2022 the 9:00 AM dose of alprazolam was documented as not administered by Nurse #4. Documentation by Nurse #4 indicated the medication was enroute from the pharmacy.</p> <p>Resident #1's February 2022 MAR revealed the resident had an order for clobazam 10mg tablet, give half a table via gastric tube twice daily for convulsions. Nursing documentation indicated the resident did not get the medication on 2/3/2022 at 8:00PM, 2/4/2022 at 8:00 AM, 2/11/2022 at 8:00 AM or 8:00 PM, 2/14/2022 at 8:00 AM or 8:00 PM, 2/15/2022 8:00 AM or 8:00 PM. Each time the medication was documented as unavailable.</p> <p>An interview was conducted with Nurse #3 on 2/18/2022 at 9:00 AM. She was the nurse assigned to Resident #1 on 2/11/2022 and 2/14/2022. She stated narcotics or controlled drugs require a hard script signed by the physician so when they were not in the facility, they place a request in the physician's log at the nurse's station to reorder the medication. She</p>	F 755	<p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</p> <p>The Director of Nursing and the Assistant Director of Nursing will conduct Quality Improvement Monitoring audits of resident routine and controlled substance medication to ensure controlled substance and routine medications are available for administering as ordered weekly x 4 then monthly x 2 and/or until 100% compliance is achieved. Audit results will be reported to the QAPI (Quality Assurance Performance Improvement) Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Director of Nursing and the Assistant Director of Nursing will be responsible for monitoring the compliance of this citation.</p> <p>Include dates when corrective action will be completed. The corrective actions will be completed by 03/18/22.</p>		

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F 755	<p>Continued From page 9</p> <p>stated some administrations were missed for Resident #1 because the medication was not available. When asked if the resident experienced any adverse effects from not receiving the medications, she stated the resident had other medications ordered for anxiety and the resident had not experienced any convulsions. She did not believe the missing doses harmed the resident.</p> <p>Attempts to contact Nurse #4, an agency nurse, assigned to Resident #1 on 2/10/2022 and 2/15/2022 were not successful.</p> <p>An interview was conducted with the interim DON and the ADON on 2/18/2022 at 11:00 AM. The ADON stated controlled drugs required a hard script signed by the physician. The nurses should have written a request to reorder in the physician's log prior to the medication running out. When asked if a Physician or Nurse Practitioner were in the facility every day, she stated they were not. She acknowledged she had provided education on missed medication administrations to all the nurses in January of 2022 and she was unaware residents were still missing medication administrations. The interim DON stated she expected residents to receive medications as ordered by the physician.</p> <p>2a. Resident #6 was admitted to the facility on 4/23/2021 with diagnoses that included anoxic brain injury, seizures, and dysphagia.</p> <p>Resident #6's quarterly Minimum Data Set (MDS) dated 1/3/2022 indicated the resident was cognitively intact, had adequate hearing and vision, and could be understood and could</p>	F 755			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345378</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/18/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRUITTHEALTH-ROCKINGHAM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>804 SOUTH LONG DRIVE</b> <b>ROCKINGHAM, NC 28379</b>		
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F 755	<p>Continued From page 10</p> <p>understand others. The resident received nutrition via feeding tube and received antianxiety medications 7 out of 7 days during the assessment period.</p> <p>Resident #6 had an active physician's order that indicated she was NPO (nothing by mouth). The order had a start date of 4/26/2021 and had no end date.</p> <p>Resident #6 's active orders included a physician's order for clonazepam 2 milligram (mg) tablet orally as needed three times daily with a start date of 2/13/2022. A physician's order for 800mg folic acid once daily was also ordered via oral route. The folic acid had a start date of 2/14/2022 with no end date.</p> <p>On 2/18/2022 at 9:00 AM an interview was conducted with Nurse #1. When asked about Resident #6's dietary order, she stated the resident received nutrition and medications via feeding tube. When asked to review the orders for folic acid and clonazepam in the resident's electronic medical record, she stated the medications were ordered via oral route, but she did not administer them or any of the resident's medication via oral route. She stated the order was entered incorrectly.</p> <p>An interview was conducted with the ADON on 2/18/2022 at 9:45 AM. She stated she entered the order for Resident #6's clonazepam and folic acid. She stated she entered the wrong route of administration. She further stated all Resident #6's medications were given by feeding tube. It was her error.</p> <p>2b. Grievance log for January of 2022 revealed a</p>	F 755			

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F 755	<p>Continued From page 11</p> <p>grievance by Resident #6's responsible party dated 1/6/2022 regarding staff not administering medications due to medications not being available. The grievance was investigated by Nurse #2. The resolution indicated education on reordering medications was provided to all nursing staff.</p> <p>Resident #6's active orders for January 2022 indicated the resident had a physician's order for Zonisamide 100 milligrams (mg) via gastric tube twice daily for epilepsy (seizures). The order had a start date of 10/23/2021 and no end date.</p> <p>The resident's Medication Administration Record (MAR) for January 2022 indicated the resident did not receive the medication on 1/3/2022 at 8:00 AM or 8:00 PM. Nurse #1 documented the medication was not available for both scheduled administrations.</p> <p>On 12/18/2022 at 9:30 AM an interview was conducted with Nurse #1. She stated the medication was not in the facility for either administration. She stated she did reorder the drug when she became aware the medication was out. She stated the resident did miss both scheduled administrations on 1/3/2022. When asked if the resident had any seizure activity as a result of missing scheduled medication, she stated the resident did not have any adverse effects due to missing the medication.</p> <p>An interview was conducted with the interim DON and the ADON on 2/18/2022 at 11:00 AM. The ADON stated the nurses should have reordered the medication prior to it running out. When She acknowledged she had provided education on missed medication administrations to all the nurses in January of 2022 and she was unaware</p>	F 755			

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F 755	Continued From page 12 residents were still missing medication administrations. The interim DON stated she expected residents to receive medications as ordered by the physician.	F 755			
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)  The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record reviews and staff interviews, the facility failed to administer 2 doses of a prescribed anticonvulsant (Zonisamide) for 1 of 3 residents (Resident # 6) reviewed for medication administration.  The findings included:  Resident #6 was admitted to the facility on 4/23/2021 with diagnoses that included anoxic brain injury, seizures, and dysphagia. Resident #6 ' s quarterly Minimum Data Set (MDS) dated 1/3/2022 indicated the resident was cognitively intact, had adequate hearing and vision, and could be understood and could understand others. The resident received nutrition via feeding tube and received antianxiety medications 7 out of 7 days during the assessment period.  Resident #6 ' s active orders for January 2022 indicated the resident had a physician ' s order for Zonisamide 100 milligrams (mg) via gastric tube twice daily for epilepsy (seizures). The order had a start date of 10/23/2021 and no end date.	F 760	Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;  Resident # 6 remains in the facility. Resident has been assessed by physician post receipt of not receiving medication on 3/1/22. No adverse effects noted. 1:1 in-service was provided to Nurse #1 regarding ensuring accurate acquiring, receiving, dispensing and administering of all medication on 2/18/22.  Address how the facility will identify other residents having the potential to be affected by the same deficient practice;  All residents have the potential to be affected. The Director of Nursing and the Assistant Director of Nursing conducted a Quality Review audit of current resident medication orders/medication available to ensure medications stocked/available for use on 2/18/22 and no issues were identified.	3/18/22	

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F 760	<p>Continued From page 13</p> <p>The resident ' s Medication Administration Record (MAR) for January 2022 indicated the resident did not receive the medication on 1/3/2022 at 8:00 AM or 8:00 PM. Nurse #1 documented the medication was not available for both scheduled administrations.</p> <p>On 12/18/2022 at 9:30 AM an interview was conducted with Nurse #1. She stated the medication was not in the facility for either administration. She stated she did reorder the drug when she became aware the medication was out. She stated the resident did miss both scheduled administrations on 1/3/2022. When asked if the resident had any seizure activity as a result of missing scheduled medication, she stated the resident did not have any adverse effects due to missing the medication.</p> <p>An interview was conducted with the interim DON and the ADON on 2/18/2022 at 11:00 AM. The ADON stated the nurses should have reordered the medication prior to it running out. The interim DON stated she expected residents to receive medications as ordered by the physician.</p>	F 760	<p>Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur</p> <p>The Director of Nursing and the Assistant Director of Nursing provided re-education to Licensed Nurses regarding medication administration, medication unavailable and use of cubex on 3/8/22 <input type="checkbox"/> 3/12/22. New hires and new licensed nurse agency staff will be educated during orientation.</p> <p>Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and</p> <p>The DON and the Assistant Director of Nursing will review medication administration record weekly x 4 then monthly x 2 and/or until 100% compliance is achieved. Audit results will be reported to the QAPI (Quality Assurance Performance Improvement) Committee until such time consistent substantial compliance has been achieved as determined by the committee. The Director of Nursing and the Assistant Director of Nursing will be responsible for monitoring the compliance of this citation.</p> <p>Include dates when corrective action will be completed. The compliance date will be 03/18/22.</p>		