

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345331	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/21/2018
NAME OF PROVIDER OR SUPPLIER SARDIS OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 5151 SARDIS ROAD CHARLOTTE, NC 28270	
(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 554 SS=D	<p>Resident Self-Admin Meds-Clinically Approp CFR(s): 483.10(c)(7)</p> <p>§483.10(c)(7) The right to self-administer medications if the interdisciplinary team, as defined by §483.21(b)(2)(ii), has determined that this practice is clinically appropriate. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review, staff and resident interviews, the facility failed to assess the ability of a resident to self-administer medications (Visine Eye drops) were kept at the bedside for 2 of 2 residents (resident #69, 74) reviewed for self-administration of medications.</p> <p>Findings Included:</p> <p>1. Resident #69 was admitted to the facility on 2/16/18. Diagnoses included anal cancer, dementia, depression, chronic pain and history of deep vein thrombosis.</p> <p>Review of the quarterly MDS (Minimum Data Set) dated 5/16/2018 revealed that resident #69 was cognitively impaired. Resident #69 had adequate hearing, clear speech, able to understand and make herself understood, and had adequate vision (wore corrective lenses). Resident #69 required extensive assistance with bed mobility and toileting, limited assistance with transfers, and supervision with eating.</p> <p>Review of the care plans dated 5/25/2018 revealed that resident #69 was not care planned to self-administer medications.</p>	F 554	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.</p> <p>F554 During the facility's annual survey ending 6/21/18, it was observed that Resident #69 and #74, had Visine eye drops on their over bed tables. Nursing staff did not observe the Visine and were not alerted about the presence of the Visine. Resident #69 and #74 did not have self-administration orders. On 6/20/18, Resident #69's physician was notified that the resident requested to self-administer Visine and a self-administration order was obtained. On 6/20/18, Resident #74's physician was notified that the resident requested to self-administer Visine and a self-administration order was obtained. In accordance with the Self-Administration of Medications Policy/Procedure, the IDT (Interdisciplinary Team) determined that it was safe for Resident #69 and #74, to exercises that right. Resident #69 and #74</p>	7/19/18

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

TITLE

(X6) DATE

Electronically Signed

07/03/2018

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 554	Continued From page 1 An observation on 6/18/18 at 10:33am revealed that resident #69 had eye drops on the over bed table. Review of the electronic medical record (all active orders) on 6/19/18 at 8:56am revealed that resident #69 does not have an order to self-administer medications or to keep at the bedside. Review of the electronic medical record (assessments) on 6/19/18 at 8:58am revealed that there was no self-administration assessment completed for resident #69. An observation and interview on 6/19/18 at 10:13am with resident #69 revealed that the eye drops remained on the over bed table. Resident #69 stated that she had the eye drops since she was admitted to the facility. Resident #69 further stated that she used the eye drops for tired eyes as needed. An observation and interview on 6/20/18 at 7:44am with resident #69's primary nurse revealed that the eye drops remained on the over bed table. The nurse stated that she was not aware that resident #69 had the medication. The nurse revealed that residents that self-administer medications would need a doctor's order and an assessment completed.	F 554	care plans were updated and will be periodically reassessed based on changes in each resident's medical and decision-making status. With permission granted by the resident and/or resident representative, a facility wide visual inspection will be conducted by 7/13/18, to ensure compliance with the Self-Administration of Medications Policy/Procedure. All nurses and nursing assistants will receive in-service education related to the Self-Administration of Medications Policy/Procedure by 7/19/18. With permission granted by the resident and/or resident representative, the Director of Nursing or designee will conduct weekly 10% visual inspection of resident rooms for compliance with the Self-Administration of Medications Policy/Procedure. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee. The Director of Nursing will be responsible for the overall implementation of this plan of correction.		

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F 554	<p>Continued From page 2</p> <p>An interview on 6/20/18 at 11:57am with the Director of Nursing (DON) revealed that residents who desire to self-administer medications would need a doctor's order and an assessment completed. The facility would track the medication on the medication administration record (MAR) and keep the medication locked on the nursing cart. The resident would ask for the medication they self-administered. The DON stated that her expectation would be for a doctor's order to be in place, the resident to be assessed and the care plan developed.</p> <p>An interview on 6/21/18 at 7:40am with the Administrator revealed that his expectation regarding self-administration of medication would be that staff speak with the residents who desired to self-administer medications, obtain a physician's order, and complete the required assessment.</p> <p>2. Resident #74 was admitted to the facility on 8/24/17. Diagnoses included atrial fibrillation, hypertension, end stage renal disease, hemodialysis status, diabetes, hyperlipidemia, and dementia.</p> <p>Review of the quarterly minimum data set (MDS) dated 5/22/18 revealed that resident #74 was cognitively intact. Resident #74 had adequate hearing, clear speech, able to understand and make himself understood, and had adequate vision (wore corrective lenses). Resident #74 required extensive assistance with bed mobility and toileting, limited assistance with transfers and supervision with eating.</p>	F 554			

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F 554	Continued From page 3 Review of the care plans dated 6/8/18 revealed that resident #74 was not care planned to self-administer medications. An observation on 6/18/18 at 10:21am revealed that resident #74 had eye drops on the over bed table. Review of the electronic medical record (all active orders) on 6/19/18 at 8:46am revealed that resident #74 does not have an order to self-administer medications or keep at the bedside. Review of the electronic medical record (assessments) on 6/19/18 at 8:48am revealed that there was no self-administration assessment completed for resident #74. An observation on 6/19/18 at 10:17am revealed that the eye drops remained on resident #74's over bed table. An observation and interview on 6/20/18 at 7:29am with resident #74's primary nurse revealed that the eye drops continued to remain on the over bed table. The nurse indicated that she was not aware that resident #74 had the medication. The nurse stated that residents that self-administer medications would need a doctor's order and an assessment completed.	F 554			

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F 554	Continued From page 4 An interview on 6/20/18 at 11:57am with the Director of Nursing (DON) revealed that residents who desire to self-administer medications would need a doctor's order and an assessment completed. The facility would track the medication on the medication administration record (MAR) and keep the medication locked on the nursing cart. The resident would ask for the medication they self-administered. The DON stated that her expectation would be for a doctor's order to be in place, the resident to be assessed and the care plan developed. An interview on 6/21/18 at 7:40am with the Administrator revealed that his expectation regarding self-administration of medication would be that staff speak with the residents who desired to self-administer medications, obtain a physician's order, and complete the required assessment.	F 554			
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for	F 565		7/19/18	

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F 565	<p>Continued From page 5</p> <p>providing assistance and responding to written requests that result from group meetings.</p> <p>(iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility.</p> <p>(A) The facility must be able to demonstrate their response and rationale for such response.</p> <p>(B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group.</p> <p>§483.10(f)(6) The resident has a right to participate in family groups.</p> <p>§483.10(f)(7) The resident has a right to have family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, and staff interviews, the facility failed to resolve and communicate the facility's efforts to address concerns verbalized during Resident Council meetings for 5 consecutive months (January 2018, February 2018, March 2018, April 2018 and May 2018) for 6 of 6 residents (resident #98, 74, 35, 6, 24, 21) that participated in the group meeting.</p> <p>Findings Included:</p> <p>Review of the facility policy titled, "Grievances", dated October 2017, read in part:</p>	F 565	<p>F565</p> <p>During the facility's annual survey ending 6/21/18, it was determined that the facility did not have a format to ensure that resolutions of Resident Council concerns were fully documented and continuously communicated back to the residents. A special Resident Council meeting will be held on 7/17/18 to communicate resolutions that were in place for concerns verbalized January 2018 through May 2018.</p> <p>A new form was developed titled, 'Resident Concerns and Follow Up'. This</p>		

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F 565	Continued From page 6 All written grievance decisions will be provided to the Resident for all grievances and will include: " Date the grievance was received " Summary statement of the resident's grievance " Steps taken to investigate the grievance " Summary of the pertinent findings or conclusions regarding the resident's concern(s) " A statement as to whether the grievance was confirmed or not confirmed " Any corrective action taken or to be taken by the facility as a result of the grievance " The date the written decision was issued The Resident Council minutes for the period January 2018 through May 2018 were reviewed and revealed the following: Resident Council minutes dated January 2018 indicated residents had voiced concerns related to staff assisting residents that were not on their assignment and staffing on weekends. Resident Council minutes dated February 2018 indicated residents had voiced concerns related to call light response on weekends, noise levels at change of shift and third shift, and variety in	F 565	form includes sections for Resident Council concerns, referrals to departments and resolution dates, which will be within 7 days of the voiced concern. The Resident Council President was consulted and agreed to this new form which will be reviewed with Resident Council at each meeting. Activity staff will receive in-service education related to the new form titled, 'Resident Concerns and Follow Up' and the Grievances Policy/Procedure. The Administrator will meet with the Resident Council President quarterly to validate that resolution of Resident Council concerns were communicated back to the residents and that the process is effective. The Administrator or designee will conduct 100% monthly audit of the new 'Resident Concerns and Follow Up' form to ensure that resolution of Resident Council concerns were fully documented and communicated back to the residents. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing monthly and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee. The Administrator will be responsible for the overall implementation of this plan of correction.		

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F 565	<p>Continued From page 7</p> <p>menus. There was no evidence of the facility's response to the concerns voiced during the previous meeting had been reviewed or discussed.</p> <p>Resident Council minutes dated March 2018 indicated residents had voiced concerns related to staff having personal conversations in rooms during care and not with the residents, availability of condiments on the dining room tables, and clothing being delivered to the wrong rooms. Under "Resident Observations/ Concerns" on the Resident Council minutes form, there was a notation that read in part: Noise levels still need to be less on third shift and change of shift, but improved slightly. There was no other evidence of the facility's response to the other identified concerns voiced during the previous meeting had been reviewed or discussed.</p> <p>Resident Council minutes dated April 2018 indicated residents had voiced concerns related to staff returning after turning off the call light, urinals being emptied, more variety in menus and providing staff coverage when breaks were taken. There was no evidence of the facility's response to the concerns voiced during the previous meeting had been reviewed or discussed.</p> <p>Resident Council minutes dated May 2018 indicated residents had voiced concerns related to name badges being visible, straightening resident rooms so that they are presentable to family and visitors, more assistance in the dining rooms at meal times, and less noise in the dining room during meals (staff talking). There was no</p>	F 565			

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F 565	<p>Continued From page 8</p> <p>evidence of the facility's response to the concerns voiced during the previous meeting had been reviewed or discussed.</p> <p>On 6/20/18 at 2:30pm an interview was conducted with the Resident Council group. 6 of 6 residents were in attendance and stated that they do not receive feedback from staff when group concerns are voiced. The Resident Council group stated that menu variety, staff assisting residents that are not on their assignments, staffing on weekends, availability of condiments on dining room tables, staff having personal conversations while providing care, urinals not being emptied and staff returning after turning off the call light remain on-going with no feedback or resolution reviewed or discussed with the group. The Resident Council group stated that individually they have to ask departments for answers to their concerns that were voiced during the resident council meeting.</p> <p>On 6/20/18 at 2:59pm an interview with the Activity Director (AD) revealed that she started following up with other departments after resident council last month (May 2018) and this had not been done since December 2017. The follow up form had each department listed and the concern that was verbalized during resident council in the department's respective section. The AD stated that she would then email the departments and each department was responsible for getting back to her with a response before the next resident council meeting. The AD stated that she verbally informed the departments of their concerns from December 2017 until May 2018. The AD explained that she would verbally update</p>	F 565			

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F 565	Continued From page 9 resident council with any information that she received but had no system in place to determine if prior concerns of the Resident Council were resolved. On 6/21/18 at 7:33am an interview with the Administrator revealed that his expectation regarding follow up to resident council would be that concerns/ follow up would be discussed to address the Resident Council's concerns and report back to that group. A determination would be made as to whether or not the Resident Council group was satisfied with the resolutions. If there were still problems or concerns, then the facility would need to continue addressing the issue until a resolution was reached.	F 565			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(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 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	F 580		7/19/18	

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F 580	<p>Continued From page 10</p> <p>resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on an observation, resident interview, physician interview, pharmacy consultant interview, staff interviews, and medical record review, the facility failed to notify the physician that pain medication was unavailable for administration per the physician's order for 1 of 2 sampled residents reviewed for pain management (Resident #50).</p>	F 580	<p>F580</p> <p>During the facility's annual survey ending 6/21/18, it was determined that Nurse #2 did not follow the protocol to contact the on-call physician for direction when unable to obtain a topical pain patch from pharmacy.</p>		

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F 580	<p>Continued From page 11</p> <p>The findings included:</p> <p>Resident #50 was admitted to the facility 4/17/18. Diagnoses included right tibia plateau fracture, right knee pain, and bilateral leg pain.</p> <p>An admission minimum data set dated 4/24/18 assessed Resident #50 with clear speech, able to be understood/understand, intact cognition, and frequent pain with intensity of 10 on a 0 -10 numeric scale.</p> <p>Medical record review revealed two physicians' orders for Resident #50, both dated 5/17/18 for Capsaicin-Menthol (Salonpass) topical, 1 patch apply daily for pain and 1 patch apply daily for left leg pain.</p> <p>Review of Resident #50's June 2018 medication administration record revealed Nurse #2 documented that on 6/17/18 Capsaicin-Menthol (Salonpass) topical patches were not administered due to the patches were not available.</p> <p>Review of a pain assessment dated 6/17/18 at 4:30 PM revealed Nurse #2 documented Resident #50's bilateral knee pain with an intensity of 6 on a 0 - 10 numeric scale, also described by the Resident as "aching."</p> <p>Resident #50 was observed in bed on 6/18/18 at 11:22 AM with topical patches to her bilateral knees. Resident #50 stated that the patches had not been changed because "they ran out." Resident #6 complained she was in pain from her ankles to her knees. She stated that the pain "shoots up" my legs and rated her pain an</p>	F 580	<p>On 6/18/18, the physician reassessed the resident's medication regimen for pain and wrote new orders to adjust pain medications.</p> <p>All nurses will receive in-service education by 7/19/18, related to the protocol when a medication is not available for administration which includes: nurse checking the facility's automated medication dispensing system (AMDS), then, if needed, contacting the back-up pharmacy; if still unavailable, contacting the physician for direction.</p> <p>The Nurse Manager/Supervisor will conduct 100% weekly audit using a Cerner report of doses not given, for compliance. In addition, during the monthly pharmacy observations of nurses conducting medication administration, pharmacy will observe for compliance when a medication is not available for administration. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.</p> <p>The Director of Nursing will be responsible for the overall implementation of this plan of correction.</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 580	<p>Continued From page 12</p> <p>intensity of 6 on a 0 - 10 numeric scale. Resident #50 stated that she was given other pain medication per physician's order which helped, but stated that "the patches help to alleviate the leg pain better."</p> <p>An interview with Nurse #1 on 6/18/18 at 11:24 AM revealed that Resident #50 had a lot of pain in her legs because they were broken in a recent car accident. Nurse #1 stated that the topical pain patches were not available for administration yet because "they ran out of patches over the weekend" and that he was waiting for the pharmacy to deliver them.</p> <p>The director of nursing was interviewed on 6/20/18 at 11:56 AM and stated that if a medication was unavailable for administration, the nurse should check the facility's automated medication dispensing system (AMDS), then if needed, contact the back-up pharmacy, if still unavailable, the nurse should contact the on-call physician for direction.</p> <p>During a telephone interview on 6/20/18 at 12:03 PM, Nurse #2 stated that she administered the last two topical pain patches to Resident #50 on Saturday (6/16/18) and then called the pharmacy to re-order. Nurse #2 stated when she arrived to work at 7:00 AM on Sunday, 6/17/18 the pain patches had not arrived, she checked the facility's AMDS, but the topical patches were not available. Nurse #2 stated she then called the 24 hour pharmacy and was told that the topical patches were not available. Nurse #2 then stated that since she ordered the topical pain patches on Saturday, but they did not arrive yet, she monitored Resident #50's pain and the Resident appeared comfortable because the Resident</p>	F 580			

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F 580	<p>Continued From page 13</p> <p>continued her normal routine. Nurse #2 further stated that Resident #50 rated her pain which was documented, but since the Resident had other pain medications available for use, Nurse #2 did not see the unavailability of the pain patches as "an urgent concern," otherwise she would have notified the physician to obtain something else to give the Resident for pain.</p> <p>An interview occurred on 6/20/18 at 12:28 PM with the pharmacy consultant who stated that nurses were trained to check the facility's AMDS when a medication was not available for administration, and if unavailable the nurse should contact the 24 hour pharmacy to see if it is available there. The pharmacy consultant further stated that if the medication was still not available, the physician should be notified for further direction whenever the nurse was unable to follow a physician's order.</p> <p>The physician for Resident #50 was interviewed on 6/20/18 at 2:45 PM. During the interview the physician stated that he was not notified that the topical pain patches for Resident #50 were unavailable for administration on 6/17/18 and stated "that would be the expectation." The physician further stated that this was the first he was hearing of this incident, but had he been informed, he would have possibly ordered something in the interim to manage the Resident's pain.</p>	F 580			
F 755 SS=D	<p>Pharmacy Srvc/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain</p>	F 755		7/19/18	

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F 755	<p>Continued From page 14</p> <p>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.</p> <p>§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.</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 an observation, interviews with a resident, a physician, a consultant pharmacist, facility staff and review of the medical record, the facility failed to maintain a sufficient supply and administer pain medication as ordered by the physician for 1 of 2 sampled residents reviewed for pain management (Resident #50).</p> <p>The findings included:</p>	F 755	<p>F755</p> <p>During the facility's annual survey ending 6/21/18, it was determined nursing staff did not re-order medication in sufficient time to ensure availability of a topical pain patch for administration.</p> <p>On 6/18/18, the physician reassessed the</p>		

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F 755	<p>Continued From page 15</p> <p>Resident #50 was admitted to the facility 4/17/18. Diagnoses included right tibia plateau fracture, right knee pain, and bilateral leg pain.</p> <p>An admission minimum data set dated 4/24/18 assessed Resident #50 with clear speech, able to be understood/understand, intact cognition, and frequent pain with intensity of 10 on a 0 -10 numeric scale.</p> <p>Review of the 5/9/18 pain care plan for Resident #50 identified the Resident was at risk for pain related to a fracture. Interventions included to administer pain medication as ordered and document the effectiveness.</p> <p>Medical record review revealed two physicians' orders for Resident #50, both dated 5/17/18 for Capsaicin-Menthol (Salonpass) topical, 1 patch apply daily for pain and 1 patch apply daily for left leg pain.</p> <p>Review of Resident #50's June 2018 medication administration record (MAR) revealed Nurse #2 documented that on 6/17/18 (Sunday) Capsaicin-Menthol (Salonpass) topical patches were not administered due to the patches were not available.</p> <p>Review of a pain assessment dated 6/17/18 at 4:30 PM revealed Nurse #2 documented Resident #50's bilateral knee pain with an intensity of 6 on a 0 - 10 numeric scale, also described by the Resident as "aching."</p> <p>Resident #50 was observed in bed on 6/18/18 at 11:22 AM with topical patches to her bilateral knees. Resident #50 stated that the patches had</p>	F 755	<p>resident's medication regimen for pain and wrote new orders to adjust pain medications.</p> <p>All nurses will receive in-service education by 7/19/18, related to re-ordering medication in sufficient time to ensure availability for administration.</p> <p>The Nurse Manager/Supervisor will conduct 100% weekly audit using a Cerner report of doses not given, for compliance. In addition, during the monthly pharmacy observations of nurses conducting medication administration, pharmacy will observe for compliance with re-ordering medication in sufficient time to ensure availability for administration. Any identified issues will be corrected at that time. Results of the monitoring will be shared with the Administrator and Director of Nursing on a weekly basis and with QAPI monthly for a period of 90 days at which time frequency of monitoring will be determined by the QAPI Committee.</p> <p>The Director of Nursing will be responsible for the overall implementation of this plan of correction.</p>		

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F 755	<p>Continued From page 16</p> <p>not been changed because "they ran out." Resident #6 complained she was in pain from her ankles to her knees. She stated that the pain "shoots up" my legs and rated her pain an intensity of 6 on a 0 - 10 numeric scale. Resident #50 stated that she was given other pain medication per physician's order which helped, but stated that "the patches help to alleviate the leg pain better."</p> <p>An interview with Nurse #1 on 6/18/18 at 11:24 AM revealed that Resident #50 had a lot of pain in her legs because they were broken in a recent car accident. Nurse #1 stated that the topical pain patches were not available for administration yet because "they ran out of patches over the weekend" and that he was waiting for the pharmacy to deliver them via a stat (immediate) order that day. A follow up interview and review of the June 2018 MAR for Resident #50 on 6/18/18 at 1:30 PM with Nurse #1 revealed the pain patches arrived on 6/18/18 at 1:00 PM and had been applied.</p> <p>The director of nursing (DON) was interviewed on 6/20/18 at 11:56 AM and stated that if a medication was unavailable for administration, the nurse should check the facility's automated medication dispensing system (AMDS), then if needed, contact the back-up pharmacy, if still unavailable, the nurse should contact the on-call physician for direction. The DON stated she expected nurses to re-order medication in sufficient time to ensure availability for administration.</p> <p>During a telephone interview on 6/20/18 at 12:03 PM, Nurse #2 stated that she administered the last two topical pain patches to Resident #50 on</p>	F 755			

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F 755	<p>Continued From page 17</p> <p>Saturday (6/16/18) and then called the pharmacy to re-order. Nurse #2 stated when she arrived to work at 7:00 AM on Sunday, 6/17/18 the pain patches had not arrived, she checked the facility's AMDS, but the topical patches were not available. Nurse #2 stated she then called the 24 hour pharmacy and was told that the topical patches were not available. Nurse #2 then stated that since she ordered the topical pain patches on Saturday, but they did not arrive yet, she monitored Resident #50's pain and the Resident appeared comfortable because the Resident continued her normal routine. Nurse #2 further stated that Resident #50 rated her pain which was documented, but since the Resident had other pain medications available for use, Nurse #2 did not see the unavailability of the pain patches as "an urgent concern."</p> <p>An interview occurred on 6/20/18 at 12:28 PM with the pharmacy consultant who stated that nurses were trained to re-order medication in sufficient time to ensure availability for administration. She stated re-orders usually took up to 2 business days, unless the medication was ordered for immediate (stat) delivery. The pharmacy consultant stated that if a medication was unavailable for administration, the nurse should check the facility's AMDS, and if unavailable the nurse should contact the 24 hour pharmacy. The pharmacy consultant further stated that if the medication was still not available, the physician should be notified for further direction whenever the nurse was unable to follow a physician's order. During the interview, the pharmacy consultant reviewed the delivery tracking record for the pain patches which documented 10 pain patches were delivered on 6/11/18. The pharmacy consultant stated nurses</p>	F 755			

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F 755	Continued From page 18 should have reviewed the physician's order for Resident #50 and known that with the application of 2 patches per day the last application would have occurred on Saturday, 6/16/18 and ensured a sufficient supply of pain patches was available for administration on Sunday, 6/17/18. The physician for Resident #50 was interviewed on 6/20/18 at 2:45 PM. During the interview the physician stated that he was not notified that the topical pain patches for Resident #50 were unavailable for administration on 6/17/18 and stated "that would be the expectation." The physician further stated that this was the first he was hearing of this incident, but had he been informed, he would have possibly ordered something in the interim to manage the Resident's pain.	F 755			