

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

PRINTED: 11/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345518	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/04/2018
NAME OF PROVIDER OR SUPPLIER INN AT QUAIL HAVEN VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 155 BLAKE BOULEVARD PINEHURST, NC 28374		
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F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>§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.</p> <p>§483.10(b)(1) The facility must ensure that the 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</p>	F 550		10/19/18	

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

TITLE

(X6) DATE

Electronically Signed

10/19/2018

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 550	<p>Continued From page 1</p> <p>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 observation and staff interviews, the facility failed to provide privacy during insulin administration to the abdomen for 1 of 2 residents observed for insulin administration (Resident #1).</p> <p>Findings included:</p> <p>Resident #1 was admitted to the facility on 11/18/13 with the diagnosis of diabetes.</p> <p>The resident ' s care plan dated 9/21/18 revealed goals and interventions for diabetes mellitus with daily insulin and at risk for complications.</p> <p>A review of the quarterly Minimum Data Set dated 9/27/18 revealed the resident had adequate hearing, clear speech, and was understood and usually understands. The cognition was severely impaired. The resident required extensive assistance of one staff for all activities of daily living except meals were set up.</p> <p>On 10/3/18 at 8:10 am, an observation was done during medication pass of Nurse #2 administer insulin subcutaneously (just below the skin) to Resident #1 in her abdomen. Nurse #2 had lifted the resident ' s shirt up approximately 3 inches and lowered the resident ' s elastic waistband of her pants while the resident was sitting in her room. The privacy curtain was not pulled, and the door was open. The resident ' s roommate and any passerby could observe. The resident ' s roommate was in the room in her bed and looked at the resident to see what was going on during insulin administration.</p>	F 550	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated. F550</p> <p>For the residents involved, corrective action has been accomplished by:</p> <p>On date October 13, 2018, the Director of Nursing spoke with Resident #1, apologized to the resident and discussed /reaffirmed her right to be treated with respect and dignity. She assured her that privacy during insulin administration would be accomplished going forward. . On October 13, 2018 Resident#1 responded by saying "it is okay". Resident did not report to the Director of Nursing any negative feelings during their discussion. Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>On October 18, 2018 the Director of Nursing audited 100% of residents receiving scheduled insulin by observing insulin administration practice, particularly how privacy was maintained. Any issues</p>		

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F 550	Continued From page 2 On 10/3/18 at 8:20 am an interview was conducted with Nurse #2 who stated he forgot to provide privacy for Resident #1 before administering insulin to her abdomen which required moving her clothing to expose the injection site. Nurse #2 stated he should have pulled the privacy curtain before insulin administration. On 10/3/18 at 4:30 pm an interview was conducted with the Director of Nursing who stated she expected staff to provide privacy during insulin administration that was administered at a site that required exposure of any area below clothing.	F 550	noted were corrected at that time. For results of the audit, see exhibit (Exhibit One). Measures put in place or systematic changes made to ensure the alleged deficient practice does not occur: October 11, 2018, the Director of Nursing and Staff development Coordinator (SDC) began an in- service training for all facility Registered Nurses (RN) and Licensed Practical Nurses (LPN), both fulltime and part-time, on resident rights and privacy during medical procedures (Exhibit Two). All nurses employed by the facility were in-serviced by October 19, 2018. As of October 20, 2018, no nursing employee will be allowed to work until the training has been completed. In addition, a laminated sign was placed in the injectable department of each medication cart to remind staff to provide privacy during injectable administration. The facility has implemented a Quality Assurance Monitor: The Director of Nursing will begin weekly observation. She will audit five insulin administrations to assure that resident rights /privacy are being maintained, using the Residents' Right to Privacy Quality Assurance (QA) Monitor (Exhibit One). The monitor will be completed weekly for three months and reported to the Monthly Quality of Life Team at the Monthly Quality of Life Meeting. For any month with less than 100% compliance, the monitor will be extended an additional month and corrective action will be implemented by the Monthly Quality of Life Team at that		

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F 550	Continued From page 3	F 550			
F 641 SS=D	<p>Accuracy of Assessments CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on observations, resident and staff interviews and record review, the facility failed to code the Minimum Data Set (MDS) assessments accurately in the areas of dental status (Resident #33), cognition (Resident #6), diagnoses (Resident #23) and medications (Resident #11). This was for 4 of 13 sampled residents reviewed for MDS accuracy. The findings included:</p> <p>1. Resident #33 was admitted on 5/21/18 and readmitted on 8/9/18. Resident #33's admission diagnosis was Congestive Heart Failure.</p> <p>Resident #33's admission MDS dated 5/28/18 indicated she was cognitive intact and exhibited no behaviors. She was coded under section L as having no broken or loosely fitting full or partial dentures, no missing natural teeth, no obvious or likely cavity and no broken natural teeth.</p> <p>Resident #33's quarterly MDS dated 8/28/18 indicated she was cognitive intact and exhibited no behaviors. She was coded under section L (dental status) as having no broken or loosely fitting full or partial dentures, no missing natural teeth, no obvious or likely cavity and no broken natural teeth.</p> <p>In an observation on 10/1/18 at 12:40 PM,</p>	F 641	<p>time.</p> <p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F641 For the residents involved, corrective action has been accomplished by: On October 5, 2018 the Minimum Data Set Nurse reassessed Resident # 33 and completed and submitted a Significant Change Minimum Data Set. On October 9, 2018 the Social Services Director reassessed Resident #6 in order to assure that the resident's cognitive status is included and accurately coded on the resident's Minimum Data Set. On October 10, 2018 an accurate Minimum Data Set was submitted and accepted for a modification of the admission Minimum Data Set assessment.</p>	10/19/18	

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F 641	<p>Continued From page 4</p> <p>Resident #33 was observed self-propelling her wheelchair in the hall. When Resident #33 smiled and spoke to this surveyor, observed was missing several of her bottom, front teeth. She was wearing an upper full denture.</p> <p>In an interview on 10/2/18 at 2:25 PM, Resident #33 stated she had in her possession a lower, front partial, but she did not like to wear it. She confirmed wearing a full upper denture and stated the upper, full denture was broken in one area. She voiced no dental or oral discomfort and no issues with eating.</p> <p>In an interview on 10/2/18 at 4:20 PM, the MDS Nurse confirmed she completed section L (dental status) of Resident #33's admission MDS dated 5/28/18 and her quarterly MDS dated 8/28/18. The MDS Nurse stated she had an opportunity to visualize Resident #33's actual dental status and stated the MDS dated 5/28/18 and 8/28/18 were both coded incorrectly. She stated it must have been an oversight.</p> <p>In an interview on 10/2/18 at 5:00 PM, the Administrator stated it was her expectation the MDS be coded accurately and reflect the dental status of Resident #33.</p> <p>In an interview on 10/3/18 at 9:39 AM, Nursing Assistant (NA) #1 stated Resident #33 wore her upper full dentures to eat but had missing teeth on the bottom. NA #1 stated she was not aware if Resident #33 had a partial for the bottom.</p> <p>2. Resident # 23 was admitted to the facility on 11/22/17 with multiple diagnoses including hyperlipidemia.</p> <p>The quarterly MDS assessment dated 8/11/18 did</p>	F 641	<p>On date October 2, 2018, the Minimum Data Set Nurse reassessed Resident #23 in order to assure that 100% of resident's active diagnosis are accurately coded on the resident's Minimum Data Set. On October 2, 2018 an accurate Minimum Data Set was completed and submitted for a modification of the last two quarterly assessments since most recent entry to reflect the addition of Hyperlipidemia as a current diagnosis.</p> <p>On date October 3, 2018 the Minimum Data Set Nurse reassessed Resident #11 in order to assure that 100% of resident's medications are included and accurately coded on the resident's Minimum Data Set. On October 3 2018 an accurate Minimum Data Set was completed and accepted on October 4, 2018 for a modification of the last two quarterly assessments to include the administration of a diuretic during the assessment period.</p> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>On October 15, 2018 the facility Director of Nursing completed a 100 % audit of all current residents' medical record review for dental status and verified that it was accurately coded on their most recent Minimum Data Set. For results, please see exhibit (Exhibit Three). Any discrepancies were corrected at that time.</p> <p>On October 12, 2018 the Director of Nursing completed a 100 % audit of all current residents' medical record review</p>		

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F 641	<p>Continued From page 5</p> <p>not indicate that Resident #23 had a diagnosis of hyperlipidemia.</p> <p>Resident #23's physician's orders included Simvastatin (used to treat high cholesterol and triglycerides) 40 milligrams (mgs) 1 tablet by mouth at bedtime for hyperlipidemia.</p> <p>Review of the September 2018 Medication Administration Record (MAR) revealed that Resident #23 had received Simvastatin during the assessment period.</p> <p>On 10/3/18 at 11:05 AM, the MDS Nurse was interviewed. She verified that Resident #23 had received Simvastatin during the assessment period but she had missed to code the diagnosis for hyperlipidemia on the quarterly MDS assessment dated 8/11/18.</p> <p>On 10/3/18 at 11:05 AM the Director of Nursing (DON) was interviewed. She stated that she expected the MDS assessments to be coded accurately.</p> <p>3. Resident # 11 was admitted to the facility on 10/6/17 with multiple diagnoses including hypertension.</p> <p>The quarterly MDS assessment dated 7/13/18 did not indicate that Resident #11 had received a diuretic during the assessment period.</p> <p>Resident #11's physician's orders included chlorthalidone (an antihypertensive/diuretic drug) 25 milligrams (mgs) 1 tablet by mouth daily for hypertension.</p>	F 641	<p>for cognitive status and verified that the current cognitive status is accurately reflected on the Minimum Data Set. For results, please see exhibit (Exhibit Four). Any changes noted were made at that time.</p> <p>On October 12, 2018 the Director of Nursing completed a 100 % audit of all current residents' medical record review for active diagnosis of hyperlipidemia to ensure the diagnosis was appropriately reflected on the Minimum Data Set. For results, please see exhibit (Exhibit Five). Any changes required were completed at that time.</p> <p>On October 12, 2018 the Director of Nursing completed a 100 % audit of all current residents' medical record review for accurate reflection on the use of diuretics on the most current Minimum Data Set. For results, please see exhibit (Exhibit Six). Any changes needed were made at that time.</p> <p>Measures put into place or systematic changes made to ensure the alleged deficient practice does not occur: On October 17, 2018, the Regional Minimum Data Set/Quality Assurance Consultant and Director of Nursing completed an in- service training for both of the Minimum Data Set Nurse and the facility Social Services Director on how to accurately code: dental status, diagnosis, cognition and medications on all Minimum Data Set. Education information was taken directly from the Resident Assessment Instrument (RAI). Education was provided on: Section L, Section I,</p>		

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F 641	<p>Continued From page 6</p> <p>Review of the July 2018 Medication Administration Record (MAR) revealed that Resident #11 had received chlorthalidone during the assessment period.</p> <p>On 10/3/18 at 11:05 AM, the MDS Nurse was interviewed. She verified that Resident #11 had received chlorthalidone during the assessment period but she had missed to code the diuretic under medications on the quarterly MDS assessment dated 7/13/18.</p> <p>On 10/3/18 at 11:05 AM the Director of Nursing (DON) was interviewed. She stated that she expected the MDS assessments to be coded accurately.</p> <p>4. Resident #6 was admitted to the facility on 6/28/18 with multiple diagnoses including vascular dementia.</p> <p>Resident #6's admission MDS assessment dated 7/5/18 was reviewed. The brief interview for mental status (BIMs) was blank and the short and long term memory was coded as "not assessed".</p> <p>On 10/3/18 at 9:20 AM, the Social Worker (SW) was interviewed. The SW stated that she was responsible for coding the cognition section of the MDS assessment. She stated that she coded the short and long term memory as "not assessed" because Resident #6 was not interviewable.</p> <p>On 10/3/18 at 11:05 AM, the MDS Nurse was interviewed. She stated that she expected the SW to interview the staff for cognition if a resident was not interviewable.</p>	F 641	<p>Section C, and Section N and specifically the process of accurately coding Minimum Data Set (Exhibit Seven).</p> <p>The facility has implemented a quality assurance monitor: The Accurate Minimum Data Set Coding Quality Assurance Tool will be completed by the DON weekly for four weeks and monthly for three months (Exhibit Eight). The Director of Nursing will audit five current residents' most recent Minimum Data Set for accuracy in coding of cognition, dental status, diagnosis and medications. The results will be reported monthly to the Quality of Life Team at the Monthly Quality of Life Meeting. For each month with less than 100% compliance, the monitor will be extended. Any corrective action required will be made by the Quality of Life Team at that time.</p>		

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F 641	Continued From page 7 On 10/3/18 at 11:05 AM the Director of Nursing (DON) was interviewed. She stated that she expected the MDS assessments to be coded accurately.	F 641			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and	F 756		10/19/18	

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F 756	<p>Continued From page 8</p> <p>maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, and Pharmacy Consultant and staff interview, the facility's Pharmacy Consultant failed to identify and address the long term use of prophylactic antibiotic without an active infection for 2 of 2 sampled residents reviewed on antibiotic therapy (Residents # 6 & # 35).</p> <p>Findings included:</p> <p>1. Resident #6 was admitted to the facility on 6/28/18 with multiple diagnoses including vascular dementia. The admission Minimum Data Set (MDS) assessment dated 7/5/18 indicated that Resident #6 had received an antibiotic drug during the assessment period. Her cognition was coded as "not assessed".</p> <p>The physician's orders for Resident #6 were reviewed. On 6/28//18 (admission date) , Resident #6 had an order for Nitrofurantoin (an antibiotic drug) 50 milligrams (mgs) 1 capsule via gastrostomy (G) tube daily for urinary tract infection (UTI) prophylaxis.</p> <p>The laboratory works for Resident #6 were reviewed and there were no urinalysis nor urine culture reports noted.</p>	F 756	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F756 Drug Regimen Review</p> <p>For the residents involved, corrective action has been accomplished by: On October 12, 2018 the Medical Doctor discontinued Macrochantin for Resident #6. On October 15, 2018 the Medical Doctor discontinued Macrochantin for Resident #35.</p> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: On October 15, 2018 the Director on Nursing audited all current residents receiving antibiotics to ensure that all had appropriate stop dates. For results of the</p>		

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F 756	<p>Continued From page 9</p> <p>The Medication Administration Records (MARs) for June, July, August, September and October 2018 revealed that Resident #6 had received Nitrofurantoin as ordered.</p> <p>The drug regimen review (DRR) notes were reviewed. The notes revealed that the Pharmacy Consultant had conducted the monthly DRR on June 29, July 23, August 21 and September 20, 2018. The monthly DRR notes did not indicate that the Pharmacy Consultant had identified and addressed the prophylactic use of the antibiotic to the attending physician or the Director of Nursing (DON).</p> <p>On 10/2/18 at 4:23 PM, interview with the Physician was conducted. The Physician stated that he expected the Pharmacist to inform him of use of antibiotic without an active signs/symptoms of infection.</p> <p>On 10/3/18 at 1:46 PM, Pharmacy Consultant #1 was interviewed. She stated that the indication for the use of prophylactic antibiotic for Resident #6 was history of UTI. She further indicated that she normally addressed the use of prophylactic antibiotic to the attending physician or DON every 90 days.</p> <p>On 10/3/18 at 8:25 AM, the DON was interviewed. The DON stated that normally the facility didn't use antibiotic for UTI prophylaxis but in this case the family member of Resident #6 wanted the resident on antibiotic.</p> <p>2. Resident #35 was admitted 8/30/18 a diagnosis of a history of Urinary Tract Infections (UTI).</p>	F 756	<p>audit, please see exhibit (Exhibit Nine). Any corrections needed were made at that time.</p> <p>Measures put into place or systematic changes made to ensure the alleged deficient practice does not occur: On October 18, 2018 the Facility Consultant Pharmacist was re-educated on the proper procedure for managing prophylactic use of antibiotics and compliance with the Antibiotic Stewardship Program by Judy Jones Turnage, Doctor of Pharmacy, Board Certified Geriatric Pharmacist, American Society of Consult Pharmacy, Clinical Manager of Jones Professional Services, Inc (Exhibit Ten). Going forward, any resident noted with a prophylactic antibiotic will be flagged during review, referred to the Medical Doctor for further assessment. In addition, all prophylactic antibiotics will be given a stop and review date for a minimum of monthly.</p> <p>The facility has implemented a quality assurance monitor: The Director of Nursing will complete the Prophylactic Use of Antibiotics Quality Assurance Monitor weekly for four weeks and monthly for three months (Exhibit Eleven). The Director of Nursing will evaluate all residents with antibiotics to ensure an appropriate stop date and appropriate documentation from Primary Medical Provider and consulting specialist. The results will be reported monthly to the Quality of Life Team at the Monthly Quality of Life Meeting. For each</p>		

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F 756	<p>Continued From page 10</p> <p>Review of Resident #35's admission Physician orders dated 8/30/18 included an order for Macrochantin (antibiotic) 100 milligram (mg) capsule by mouth one time a day for UTI prevention.</p> <p>Resident #35's care plan dated 8/30/18 read she had a history of UTI's and an intervention included taking Macrochantin for prophylaxis (prevention).</p> <p>Review of the electronic and written medical record revealed no evidence of a Urinalysis to diagnose the presence of a UTI for Resident #35 from 8/30/18 to present.</p> <p>Review of Resident #35's admission History and Physical (H&P) completed by the Physician dated 8/31/18 read she had a history of UTIs but the H&P did not include Macrochantin as one of Resident #35's prescribed medications.</p> <p>Review of a Physician note dated 9/4/18 at 8:31 AM read Resident #35 was being treated for a current UTI with the plan to finish the Macrochantin for a UTI.</p> <p>Review of a Physician note dated 9/11/18 at 8:41 AM read Resident #35 was finishing up treatment for a UTI. She was experiencing no fevers, chills or abdominal pain or discomfort.</p> <p>Review of a Pharmacy note dated 9/20/18 at 9:53 PM read a medication regimen review for Resident #35 was completed with vital signs reviewed, lab work reviewed, consults reviewed, and medication changes reviewed. The Pharmacy note indicated there was a recommendation made to the Physician.</p>	F 756	<p>month with less than 100% compliance, the monitor will be extended. Any corrective action required will be made by the Quality of Life Team at that time.</p>		

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

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F 756	<p>Continued From page 11</p> <p>Review of two Pharmacy Recommendations dated 9/21/18 did not include the use of Macrochantin for UTI prevention in the absence of an active infection with no stop date.</p> <p>In an interview on 10/2/18 at 11:20 AM, the Director of Nursing (DON) stated she was the facility's Infection Control Preventionist and Resident #35 was admitted with orders for the Macrochantin daily for UTI prevention and it had never been discontinued. The DON confirmed there was no evidence that Resident #35 had a Urinalysis to rule out the presence of a UTI.</p> <p>In an interview on 10/2/18 at 4:23 PM, the Physician stated it was his expectation that the Consultant Pharmacist would have completed a Pharmacy Recommendation for Resident #35 who was admitted with prescribed a prescribed antibiotic (Macrochantin) in the absence of an active infection.</p> <p>In a telephone interview on 10/3/18 at 1:30 PM, Consultant Pharmacist #1 confirmed she completed the medication review for Resident #5 on 9/20/18. She stated Resident #5 was prescribed the Macrochantin on admission from another facility. Consultant Pharmacist #1 stated since Resident #35 had a history of UTIs, the Macrochantin was on her "radar" to make a pharmacy recommendation after "a few months" for the Physician to address. She stated since the Physician reviewed and signed the admission orders for Resident #35, she would not address the Macrochantin immediately. She also confirmed she made no recommendation about the Macrochantin 9/20/18</p>	F 756			

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F 756	Continued From page 12 In an interview on 10/3/18 at 3:07 PM, the DON stated it was her expectation the Consultant Pharmacist would have completed a recommendation for the Physician to address Resident #35's antibiotic for the prevention of a UTI in the absence of an infection.	F 756			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility administered an antibiotic without the presence of active infection and without an adequate indication for use for 2 of 2 sampled residents reviewed on antibiotic therapy (Resident	F 757	The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State	10/19/18	

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F 757	<p>Continued From page 13 #6 & #35).</p> <p>Findings included:</p> <p>1. Resident #6 was admitted to the facility on 6/28/18 with multiple diagnoses including vascular dementia. The admission Minimum Data Set (MDS) assessment dated 7/5/18 indicated that Resident #6 had received an antibiotic during the assessment period. Her cognition was coded as "not assessed".</p> <p>The physician's orders for Resident #6 were reviewed. On 6/28//18 (admission date), Resident #6 had an order for Nitrofurantoin (an antibiotic) 50 milligrams (mgs) 1 capsule via gastrostomy (G) tube daily for urinary tract infection (UTI) prophylaxis.</p> <p>The laboratory works for Resident #6 were reviewed and there were no urinalysis nor urine culture reports noted.</p> <p>The Medication Administration Records (MARs) for June, July, August, September and October 2018 revealed that Resident #6 had received Nitrofurantoin as ordered.</p> <p>On 10/3/18 at 1:46 PM, Pharmacy Consultant #1 was interviewed. She stated that the indication for the use of prophylactic antibiotic for Resident #6 was history of UTI.</p> <p>On 10/3/18 at 8:25 AM, the DON was interviewed. The DON stated that normally the facility didn't use antibiotic for UTI prophylaxis but in this case the family member wanted Resident #6 on antibiotic. The DON verified that Resident #6 had no active infection.</p>	F 757	<p>Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F757 For the residents involved, corrective action has been accomplished by: On October 12, 2018 the Medical Doctor discontinued Macrochantin for Resident #6. On October 15, 2018 the Medical Doctor discontinued Macrochantin for Resident #35.</p> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: On October 15, 2018 the Director on Nursing audited all current residents receiving antibiotics to ensure that all had appropriate stop dates. Please see exhibit for results (Exhibit Nine). Any corrections needed were made at that time.</p> <p>Measures put into place or systematic changes made to ensure the alleged deficient practice does not occur: On October 12, 2018 the Staff Development Coordinator began in-servicing all nurses, part-time and fulltime, on the expectation of following the Antibiotic Stewardship Program, specifically ensuring all antibiotic orders have a stop date and that the patient is</p>		

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F 757	<p>Continued From page 14</p> <p>2. Resident #35 was admitted 8/30/18 a diagnosis of a history of Urinary Tract Infections (UTI).</p> <p>Review of Resident #35's admission Physician orders dated 8/30/18 included an order for Macrochantin (antibiotic) 100 milligram (mg) capsule by mouth one time a day for UTI prevention.</p> <p>Resident #35's care plan dated 8/30/18 read she had a history of UTI's and an intervention included taking Macrochantin for prophylaxis (prevention).</p> <p>Review of the electronic and written medical record revealed no evidence of a Urinalysis to diagnose the presence of a UTI for Resident #35 from 8/30/18 to present.</p> <p>Review of the electronic and written medical record revealed Resident #35 has remained afebrile since admission with her temperature ranges from 97.0 to 98.8 degrees Fahrenheit.</p> <p>Review of the electronic and written medical record revealed Resident #35 received Macrochantin 100 mg capsule by mouth one time a day for UTI prevention from 8/30/18 to present.</p> <p>Review of Resident #35's admission History and Physical (H&P) completed by the Physician dated 8/31/18 read she had a history of UTIs but the H&P did not include Macrochantin as one of Resident #35's prescribed medications.</p> <p>Review of the nursing notes from 8/30/18 to present included no documentation regarding the presence of an active UTI but rather read</p>	F 757	<p>experiencing an active infection (Exhibit Twelve) . The in-service was completed by October 19, 2018 at which time all nurses must be in-serviced prior to working. Going forward, in the absence of an active infection, the nurse must request of the doctor a consult from a specialty physician to ensure that the long-term use of the antibiotic is appropriate and provide frequent reassessment as ordered by the physician.</p> <p>The facility has implemented a quality assurance monitor: The Director of Nursing will complete the Prophylactic Use of Antibiotics Quality Assurance Monitor weekly for four weeks and monthly for three months (Exhibit Eleven). The Director of Nursing will evaluate all residents with antibiotics to ensure an appropriate stop date and appropriate documentation from Primary Medical Provider and consulting specialist. The results will be reported monthly to the Quality of Life Team at the Monthly Quality of Life Meeting. For each month with less than 100% compliance, the monitor will be extended. Any corrective action required will be made by the Quality of Life Team at that time.</p>		

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F 757	<p>Continued From page 15</p> <p>Resident #35 remained on Macrochantin for a UTI.</p> <p>Review of a Physician note dated 9/4/18 at 8:31 AM read Resident #35 was being treated for a current UTI with the plan to finish the Macrochantin for a UTI.</p> <p>Review of a Physician note dated 9/11/18 at 8:41 AM read Resident #35 was finishing up treatment for a UTI. She was experiencing no fevers, chills or abdominal pain or discomfort.</p> <p>Review of a Pharmacy note dated 9/20/18 at 9:53 PM read a medication regimen review for Resident #35 was completed with vital signs reviewed, lab work reviewed, consults reviewed, and medication changes reviewed. The Pharmacy note indicated there was a recommendation made to the Physician.</p> <p>Review of two Pharmacy Recommendations dated 9/21/18 did not include the use of Macrochantin for UTI prevention in the absence of an active infection with no stop date.</p> <p>In an interview on 10/2/18 at 11:20 AM, the Director of Nursing (DON) stated Resident #35 was admitted with orders for the Macrochantin daily for UTI prevention and it had never been discontinued. The DON confirmed there was no evidence that Resident #35 had a Urinalysis to rule out the presence of a UTI.</p> <p>In an interview on 10/2/18 at 2:15 PM, Nurse #1 stated Resident #35 exhibited no symptoms of a UTI.</p> <p>In an interview on 10/3/18 at 9:21 AM, the Physician stated it was his practice to wait for a</p>	F 757			

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F 757	Continued From page 16 urine culture result before prescribing an antibiotic for a UTI since a Urinalysis would not specify the organism to treat. He stated if a resident had increased and/or significant urinary tract infection symptoms such as fever or increased pulse the resident would be treated empirically while awaiting the urine culture results. In an interview on 10/3/18 at 9:39 AM, Nursing Assistant (NA) #1 stated Resident #35 could let the staff know if she needs to be changed. NA #1 stated she had not observed any evidence of a UTI when caring for Resident #35. In a telephone interview on 10/3/18 at 1:30 PM, Consultant Pharmacist #1 confirmed she completed the medication review for Resident #5 on 9/20/18. She stated Resident #5 was prescribed the Macrochantin on admission from another facility. Consultant Pharmacist #1 stated since Resident #35 had a history of UTIs, the Macrochantin was on her "radar" to make a pharmacy recommendation after "a few months" for the Physician to address. She stated since the Physician reviewed and signed the admission orders for Resident #35, she would not address the Macrochantin immediately. She also confirmed she made no recommendation about the Macrochantin 9/20/18. In an interview on 10/3/18 at 3:07 PM, the DON stated it was her expectation that the Resident #35 not receive an antibiotic for the prevention of a UTI in the absence of an active infection.	F 757			
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5)	F 758		10/19/18	

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F 758	<p>Continued From page 17</p> <p>§483.45(e) Psychotropic Drugs.</p> <p>§483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories:</p> <ul style="list-style-type: none"> (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic <p>Based on a comprehensive assessment of a resident, the facility must ensure that---</p> <p>§483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record;</p> <p>§483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs;</p> <p>§483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and</p> <p>§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their</p>	F 758			

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F 758	<p>Continued From page 18</p> <p>rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to transcribe and to administer the correct dose of antidepressant drug as ordered for 1 of 5 sampled residents reviewed for unnecessary medications (Resident #11).</p> <p>Findings included:</p> <p>Resident #11 was admitted to the facility on 10/6/17 with multiple diagnoses including major depressive disorder.</p> <p>Resident #11's physician's orders were reviewed. Resident #11 had a doctor's order dated 11/5/17 for Zoloft (antidepressant drug) 125 milligrams (mgs) by mouth daily for depression.</p> <p>On 8/21/18, the Pharmacy Consultant had conducted a drug regimen review (DRR) and had recommended a gradual dose reduction (GDR) for Zoloft.</p> <p>On 8/23/18, the Physician had responded and agreed to the recommendation and ordered Zoloft 75 mgs by mouth daily for 30 days and then reassess.</p> <p>Review of the August, September and October 2018 Medication Administration Records (MARS)</p>	F 758	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F758</p> <p>For the residents involved, corrective action has been accomplished by: For Resident # 11, the anti-depressant order was corrected to reflect the recommendation of the Pharmacist and subsequent order of the Medical Doctor.</p> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: On October 19, 2018 the Director on Nursing audited all Pharmacy Recommendations for the preceding</p>		

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F 758	<p>Continued From page 19 revealed that Resident #11 continued to receive Zoloft 125 mgs by mouth daily.</p> <p>On 10/3/18 at 8:20 AM, the Director of Nursing (DON) was interviewed. The DON stated that she was responsible in making sure the recommendations from the Pharmacy Consultant were acted upon. She indicated that after the physician responded to the recommendation, she signed the form and had to write the order. The DON further revealed that after the physician responded to the recommendation to reduce the Zoloft to 75 mgs on 8/23/18, the form went straight to the medical records for filing and therefore the order was missed.</p> <p>On 10/3/18 at 11:05 AM the Director of Nursing (DON) was interviewed. She stated that she expected the physician's order to be transcribed to the MAR and the medication to be administered as ordered.</p>	F 758	<p>month for accurate completion, including transcription of Medical Doctor orders (Exhibit Thirteen).</p> <p>Measures put into place or systematic changes made to ensure the alleged deficient practice does not occur: On October 18, 2018 the Director of Nursing re-educated the Health Information Manager on the process of not up-loading Pharmacy Consultations prior to being signed off by the Medical Doctor or Physician's Assistant and a nurse as being completed (Exhibit Fourteen). Going forward, the Health Information Manager will only upload once both the nurse and the Medical Doctor or Physician's Assistant have initialed, noting the consultation has been acknowledged and any changes warranted have been made. In addition, the Director of Nursing will compare the completed Pharmacy Consultant Recommendations to the master Pharmacy Report to ensure each one has been addressed and completed prior to sending to the Health Information Manager for uploading.</p> <p>The facility has implemented a quality assurance monitor: The Director of Nursing will complete the Unnecessary Psychotropic Medication Quality Assurance Monitor weekly for four weeks and monthly for three months (Exhibit Fifteen). The Director of Nursing will review each Pharmacy Recommendation to ensure the recommendation is addressed and any</p>		

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F 758	Continued From page 20	F 758	order changes are transcribed correctly. The results will be reported monthly to the Quality of Life Team at the Monthly Quality of Life Meeting. For each month with less than 100% compliance, the monitor will be extended. Any corrective action required will be made by the Quality of Life Team at that time.		
F 881 SS=D	<p>Antibiotic Stewardship Program CFR(s): 483.80(a)(3)</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: Based on record review and Pharmacy Consultant and staff interview, the facility failed to follow their Antibiotic Stewardship program as evidenced by the use of an antibiotic drug without the presence of active infection and without adequate indication for use for 2 of 2 sampled residents reviewed on antibiotic therapy (Residents #6 & #35).</p> <p>Findings included:</p> <p>The facility's Antibiotic Stewardship program dated November 2017 was reviewed. The program read in part "Antibiotics are powerful tools for fighting and preventing infections. However, widespread use of antibiotics had</p>	F 881	<p>The statements made on this Plan of Correction are not an admission to and do not constitute an agreement with the alleged deficiencies. To remain in compliance with all Federal and State Regulations the facility has taken or will take the actions set forth in this Plan of Correction. The Plan of Correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>F881</p> <p>For the residents involved, corrective</p>	10/19/18	

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F 881	<p>Continued From page 21</p> <p>resulted in an alarming increase in antibiotic -resistant infection and a subsequent need to rely on broad -spectrum antibiotic that might be more toxic and expensive. In addition to the development of antibiotic resistance, antibiotic use is associated with an increased risk of Clostridium difficile infection and adverse drug reaction. Since antibiotics are frequently over and inappropriately prescribed, a concerted effort to decrease or eliminate inappropriate use can make a big impact on resident safety and the reduction of adverse events. Antibiotic stewardship consists of coordinated interventions aimed at treating infections while promoting appropriate antibiotic use". The program further revealed "it is the policy of this facility to maintain an Antibiotic Stewardship Program with the mission of promoting the appropriate use of antibiotics to treat infections and reduce possible adverse events associated with antibiotic use".</p> <p>1. Resident #6 was admitted to the facility on 6/28/18 with multiple diagnoses including vascular dementia. The admission Minimum Data Set (MDS) assessment dated 7/5/18 indicated that Resident #6 had received an antibiotic during the assessment period. Her cognition was coded as "not assessed".</p> <p>The physician's orders for Resident #6 were reviewed. On 6/28//18 (admission date), Resident #6 had an order for Nitrofurantoin (an antibiotic drug) 50 milligrams (mgs) 1 capsule via gastrostomy (G) tube daily for urinary tract infection (UTI) prophylaxis.</p> <p>The laboratory works for Resident #6 were</p>	F 881	<p>action has been accomplished by: On October 12, 2018 the Medical Doctor discontinued Macrochantin for Resident #6. On October 15, 2018 the Medical Doctor discontinued Macrochantin for Resident #35.</p> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: On October 15, 2018 the Director on Nursing audited all current residents receiving antibiotics to ensure that all had appropriate stop dates and appropriate indications for use. For results, please see the exhibit (Exhibit Nine). Any corrections needed were made at that time.</p> <p>Measures put into place or systematic changes made to ensure the alleged deficient practice does not occur: On October 18, 2018 the Facility Consultant Pharmacist was re-educated on the proper procedure for managing prophylactic use of antibiotics and compliance with the Antibiotic Stewardship Program by Judy Jones Turnage, Doctor of Pharmacy, Board Certified Geriatric Pharmacist, American Society of Consult Pharmacy, Clinical Manager of Jones Professional Services, Inc (Exhibit Ten). Going forward, any resident noted with a prophylactic antibiotic will be flagged during review, referred to the Medical Doctor for further assessment. In addition, all prophylactic antibiotics will be given a stop and review date for a minimum of monthly.</p>		

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F 881	<p>Continued From page 22</p> <p>reviewed and there were no urinalysis nor urine culture reports noted.</p> <p>The Medication Administration Records (MARs) for June, July, August, September and October 2018 revealed that Resident #6 had received Nitrofurantoin as ordered.</p> <p>On 10/3/18 at 1:46 PM, Pharmacy Consultant #1 was interviewed. She stated that the indication for the use of prophylactic antibiotic for Resident #6 was history of UTI.</p> <p>On 10/3/18 at 8:25 AM, the DON was interviewed. The DON verified that Resident #6 had no active infection. She also indicated that the indication for the use of the antibiotic for Resident #6 was UTI prophylaxis and per family request. The DON revealed that she expected the facility's Antibiotic Stewardship program be followed.</p> <p>2. Resident #35 was admitted 8/30/18 a diagnosis of a history of Urinary Tract Infections (UTI).</p> <p>Review of Resident #35's admission Physician orders dated 8/30/18 included an order for Macrochantin (antibiotic) 100 milligram (mg) capsule by mouth one time a day for UTI prevention.</p> <p>Resident #35's care plan dated 8/30/18 read she had a history of UTI's and an intervention included taking Macrochantin for prophylaxis (prevention).</p> <p>Review of the electronic and written medical</p>	F 881	<p>On October 12, 2018 the Staff Development Coordinator began in-servicing all nurses, part-time and fulltime, on the expectation of following the Antibiotic Stewardship Program, specifically ensuring all antibiotic orders have a stop date and that the patient is experiencing an active infection (Exhibit Twelve) . In the absence of an active infection, the nurse must request of the doctor a consult from a specialty physician to ensure the longtime use of the antibiotic is appropriate and provide reassessment as ordered by the physician. The in-service was completed by October 19, 2018 at which time all nurses must be in-serviced prior to working.</p> <p>The facility has implemented a quality assurance monitor: The Director of Nursing will complete the Prophylactic Use of Antibiotics Quality Assurance Monitor weekly for four weeks and monthly for three months (Exhibit Eleven). The Director of Nursing will evaluate all residents with antibiotics to ensure an appropriate stop date and appropriate documentation from Primary Medical Provider and consulting specialist. The results will be reported monthly to the Quality of Life Team at the Monthly Quality of Life Meeting. For each month with less than 100% compliance, the monitor will be extended. Any corrective action required will be made by the Quality of Life Team at that time.</p>		

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F 881	<p>Continued From page 23</p> <p>record revealed no evidence of a Urinalysis to diagnose the presence of a UTI for Resident #35 from 8/30/18 to present.</p> <p>Review of the electronic and written medical record revealed Resident #35 has remained afebrile since admission with her temperature ranges from 97.0 to 98.8 degrees Fahrenheit.</p> <p>Review of the electronic and written medical record revealed Resident #35 received Macrochantin 100 mg capsule by mouth one time a day for UTI prevention from 8/30/18 to present.</p> <p>Review of Resident #35's admission History and Physical (H&P) completed by the Physician dated 8/31/18 read she had a history of UTIs but the H&P did not include Macrochantin as one of Resident #35's prescribed medications.</p> <p>Review of the nursing notes from 8/30/18 to present included no documentation regarding the presence of an active UTI but rather read Resident #35 remained on Macrochantin for a UTI.</p> <p>Review of a Physician note dated 9/4/18 at 8:31 AM read Resident #35 was being treated for a current UTI with the plan to finish the Macrochantin for a UTI.</p> <p>Review of a Physician note dated 9/11/18 at 8:41 AM read Resident #35 was finishing up treatment for a UTI. She was experiencing no fevers, chills or abdominal pain or discomfort.</p> <p>Review of a Pharmacy note dated 9/20/18 at 9:53 PM read a medication regimen review for Resident #35 was completed with vital signs reviewed, lab work reviewed, consults reviewed,</p>	F 881			

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F 881	<p>Continued From page 24 and medication changes reviewed. The Pharmacy note indicated there was a recommendation made to the Physician.</p> <p>Review of two Pharmacy Recommendations dated 9/21/18 did not include the use of Macrochantin for UTI prevention in the absence of an active infection with no stop date.</p> <p>In an interview on 10/2/18 at 11:20 AM, the Director of Nursing (DON) stated she was the facility's Infection Control Preventionist and Resident #35 was admitted with orders for the Macrochantin daily for UTI prevention and it had never been discontinued. The DON confirmed there was no evidence that Resident #35 had a Urinalysis to rule out the presence of a UTI.</p> <p>In an interview on 10/2/18 at 2:15 PM, Nurse #1 stated Resident #35 exhibited no symptoms of a UTI.</p> <p>In an interview on 10/2/18 at 4:23 PM, the Physician stated it was his expectation that the Consultant Pharmacist would have completed a Pharmacy Recommendation for Resident #35 who was admitted with prescribed a prescribed antibiotic (Macrochantin) in the absence of an active infection.</p> <p>In a second interview on 10/3/18 at 9:21 AM, the Physician stated it was his practice to wait for a urine culture result before prescribing an antibiotic for a UTI since a Urinalysis would not specify the organism to treat. He stated if a resident had increased and/or significant urinary tract infection symptoms such as fever or increased pulse the resident would be treated empirically while awaiting the urine culture</p>	F 881			

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F 881	<p>Continued From page 25 results.</p> <p>In an interview on 10/3/18 at 9:39 AM, Nursing Assistant (NA) #1 stated Resident #35 could let the staff know if she needs to be changed. NA #1 stated she had not observed any evidence of a UTI when caring for Resident #35.</p> <p>In a telephone interview on 10/3/18 at 1:30 PM, Consultant Pharmacist #1 confirmed she completed the medication review for Resident #5 on 9/20/18. She stated Resident #5 was prescribed the Macrochantin on admission from another facility. Consultant Pharmacist #1 stated since Resident #35 had a history of UTIs, the Macrochantin was on her "radar" to make a pharmacy recommendation after "a few months" for the Physician to address. She stated since the Physician reviewed and signed the admission orders for Resident #35, she would not address the Macrochantin immediately. She also confirmed she made no recommendation about the Macrochantin 9/20/18. Consultant Pharmacist #1 stated she was aware of the Antibiotic Stewardship Program and Consultant Pharmacist #2 participated in the quarterly Antibiotic Review Committee.</p> <p>In a telephone interview on 10/3/18 at 1:57 PM, Consultant Pharmacist #2 stated she agreed the use of an antibiotic as preventive with no stop dated would be considered a "red flag" but the dose would also be considered, and that Resident #35 was on a low dose of Macrochantin. She stated it was her practice to continue to monitor a resident for 3 months before addressing the use of preventive antibiotics with the Physician if it was not already done by the facility. Consultant Pharmacist stated the</p>	F 881			

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F 881	<p>Continued From page 26</p> <p>Physician reviewed the medications prescribed for Resident #35 on her admission and he obviously ordered her to be on the antibiotic for UTI prevention. She confirmed she attended the quarterly Antibiotic Stewardship Review Committee quarterly.</p> <p>In an interview on 10/3/18 at 3:07 PM, the DON stated it was her expectation the Antibiotic Stewardship program be followed, and Resident #35 not be prescribed an antibiotic in the absence of an active infection with no stop date.</p>	F 881			