

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

PRINTED: 03/24/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345450	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/24/2020
NAME OF PROVIDER OR SUPPLIER WESTWOOD HEALTH AND REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 625 ASHLAND STREET ARCHDALE, NC 27263	
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E 000	Initial Comments	E 000		
F 000	An unannounced Recertification Survey was conducted on 2/17/2020 through 2/20/2020. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #F0ZX11.	F 000		
F 641	INITIAL COMMENTS	F 000		
SS=D	A recert with complaint investigation survey was conducted 2/17/2020 through 2/20/2020. 7 of the 7 complaint allegations were not substantiated.			
	The survey team entered the facility on 2/17/2020 to conduct a recert with complaint survey and exited on 2/20/2020. Additional information was obtained on 2/21/2020 and 2/24/2020. Therefore, the exit date was changed to 2/24/2020.			
	Accuracy of Assessments CFR(s): 483.20(g)	F 641		3/19/20
	§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 observation, record review, and staff interview, the facility failed to code the Minimum Data Set (MDS) assessment accurately in the areas of physical restraints (Resident #45) and nutrition (Residents #26, #39, and #45) for 3 of 18 residents reviewed.			
	The findings included: 1a. Resident #45 was admitted to the facility on 5/14/19 with diagnoses that included cerebral infarction and dementia.		1. On 2/17/20 the Minimum Data Set coordinator modified and transmitted Resident #45's Minimum Data Set to remove physical restraint to accurately reflect the resident's condition due to coding that was in error. On 2/19/20 the MDS coordinator modified and transmitted Resident #45 in the area of therapeutic diet, Resident #26 in the area of weight loss, and on 2/21/20 Resident #39's MDS in the area of swallowing disorder to accurately reflect the resident's condition	

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

TITLE

(X6) DATE

Electronically Signed

03/06/2020

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 641	<p>Continued From page 1</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/22/20 indicated Resident #45 ' s cognition was severely impaired and she a physical restraint in use daily.</p> <p>An observation was conducted of Resident #45 on 2/17/20 at 9:15 AM. She was observed sleeping in bed. There were no physical restraints in use for Resident #45.</p> <p>An interview was conducted with the MDS Nurse on 2/19/20 at 9:30 AM. She revealed the 1/22/20 quarterly MDS for Resident #45 was coded inaccurately in the area of physical restraints. She stated she identified this inaccuracy on 2/17/20 when she reviewed the facility ' s resident matrix. She indicated a modification was made to the assessment on 2/17/20 at 9:31 AM.</p> <p>During an interview with the Director of Nursing and Administrator on 2/20/20 at 10:10 AM they both indicated they expected the MDS to be coded accurately.</p> <p>1b. Resident #45 was admitted to the facility on 5/14/19 with diagnoses that included cerebral infarction and dementia.</p> <p>A physician ' s order dated 8/30/19 indicated Resident #13 ' s diet was changed to a potassium restricted pureed diet.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/22/20 indicated Resident #45 ' s cognition was severely impaired. She was coded with no therapeutic diet.</p>	F 641	<p>of the resident.</p> <p>2. On 3/6/20 the Executive Director completed an MDS quality review of current resident most recent MDS in the areas of Section P restraints and Section K swallowing and nutritional status to ensure areas coded accurately. No additional negative findings were identified.</p> <p>3. On 3/3 20 the Executive Director provided re-education to the facility MDS coordinator on the proper completion of the MDS in the areas of restraints and alarms and swallowing and nutritional status to include interview of staff and resident for accurate coding.</p> <p>4. The Executive Director and or the Director of Nursing will conduct random quality monitoring of 5 residents MDS of section P and K to assure accuracy that include interviews of staff and residents, 2 times per week for 4 weeks then weekly for 3 months. The Executive Director will reports on the results of the quality monitoring to the QAPI committee. Findings will be reviewed by the Quality Assurance Performance Improvement committee monthly and Quality monitoring updated as indicated.</p> <p>5. Date of Compliance 3/19/20.</p>		

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F 641	<p>Continued From page 2</p> <p>Resident #45 ' s February 2020 ' s physician ' s order summary indicated the 8/30/19 order for a potassium restricted diet remained an active order.</p> <p>An interview was conducted with the MDS Nurse on 2/19/20 at 9:30 AM. The 1/22/20 MDS for Resident #45 that indicated she was not on a therapeutic diet was reviewed with the MDS Nurse. The physician ' s orders that indicated Resident #45 was on a potassium restricted diet during the 1/22/20 MDS look back period was reviewed with the MDS Nurse. The MDS Nurse revealed this MDS was coded inaccurately and should have indicated that Resident #45 was on a therapeutic diet.</p> <p>During an interview with the Director of Nursing and Administrator on 2/20/20 at 10:10 AM they both indicated they expected the MDS to be coded accurately.</p> <p>2) Resident #26 was originally admitted to the facility on 7/8/19 with diagnoses that included adult failure to thrive, congestive heart failure and mild cognitive impairment.</p> <p>Resident #26's weight data revealed the following weights during the MDS assessment look back period of July 2019 to December 2019, which showed a weight loss: 7/2019 148.6 pounds (lbs.) 8/1/19 147.60 lbs. 9/4/19 146.40 lbs. 10/1/19 139.40 lbs. 11/5/19 138.60 lbs. 12/3/19 130.60 lbs.</p>	F 641			

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F 641	<p>Continued From page 3</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/2/2020 indicated Resident #26 had moderate cognitive impairment and was able to feed herself with supervision and setup assistance. She was not marked for weight loss or weight gain in the past month or past 6 months.</p> <p>An interview occurred with the MDS Nurse on 2/19/2020 at 3:05pm. She reviewed the MDS assessment dated 1/2/2020 and the weight data adding she had used a weight from 12/10/19 of 134.4 but stated the assessment had been coded incorrectly and weight loss should have been indicated.</p> <p>During an interview with the Administrator and Director of Nursing on 2/20/2020 at 9:15am they indicated it was their expectation for the MDS assessment to be coded accurately.</p> <p>3. Resident # 39 was admitted on 8/27/2019 with most recent readmit on 9/10/2019. The resident was admitted with diagnoses that included chronic kidney disease, dysphagia, and dementia.</p> <p>The resident's most recent Minimum Data Set (MDS) dated 1/15/2020 indicated the resident was cognitively intact and required only supervision for activities of daily living and personal hygiene. The resident was coded as not having any difficulty with swallowing during the assessment period.</p> <p>Resident # 39's most recent comprehensive care plan, last updated on 12/19/2019, indicated the resident had potential nutritional problems related to dysphagia. The care plan revealed the resident failed a fiberoptic endoscopic evaluation of swallowing on 9/30/2019, declined feeding tube</p>	F 641			

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F 641	Continued From page 4 placement on 10/3/2019, and was placed on a puree diet with honey thickened liquids on 10/11/2019. On 2/18/2020 3:55 PM an interview was conducted with the resident in which he stated he did have difficulty swallowing and sometimes got choked on food. He stated he did not like the pureed diet but he did not want a feeding tube, and those were the only options he was given. In an interview with Nurse # 4 , on 2/18/2020 at 2:14 PM, she stated Resident # 39 had difficulty swallowing and was on a pureed diet, she further stated he had asked her for items from the vending machine, such as an oatmeal pie, and she had to remind him of his diet order. On 2/20/20 9:00 AM in an interview with the MDS nurse, she reviewed the MDS from 1/15/2020 and stated she did not code the MDS sec K to reflect the resident had difficulty with swallowing. When asked how she determined how to code section K100, she stated she reviewed the nurse's documentation. She further stated she knew the resident was on a pureed diet and was strongly urged to take nothing by mouth (NPO). However, if the nurse did not document any issues with swallowing during the 7 day look back, she did not code it as a problem. An interview was conducted with the DON and administrator on 2/20/2020 at 10:16 AM in which they both expressed they expected MDS to be accurately coded.	F 641			
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)	F 657		3/19/20	

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F 657	<p>Continued From page 5</p> <p>§483.21(b) Comprehensive Care Plans</p> <p>§483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to review and revise a care plan in the area of infections for 1 of 5 residents (Resident #13) reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>Resident #13 was admitted to the facility on 12/12/16 with diagnoses that included</p>	F 657	<p>1. On 2/19/20 Resident #13's care plan was corrected by the MDS coordinator and updated to remove active urinary infection and antibiotic to accurately reflect the resident's current plan of care.</p> <p>2. on 3/6/20 the Executive Director and Director of Nursing completed a quality review of current residents in the last 90 days with infections to ensure care plan accurately reflects active infections.</p>		

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F 657	<p>Continued From page 6</p> <p>cerebrovascular disease and dementia.</p> <p>Resident #13 ' s physician ' s orders and Medication Administration Records (MARs) indicated she had a Urinary Tract Infection (UTI) in October 2019 that was treated with an antibiotic.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 11/27/19 indicated Resident #13 ' s cognition was moderately impaired. Her active diagnoses included no infections and she received no antibiotic medication during the MDS look back period.</p> <p>Resident #13 ' s active care plan was reviewed on 2/19/20 and included the focus area of a UTI related to incontinence. The interventions included, in part, antibiotic therapy as ordered.</p> <p>Resident #13 ' s physician ' s orders and MARs from November 2019 through 2/19/20 indicated her last UTI was in October 2019 and her last antibiotic administration was for an unrelated issue in December 2019.</p> <p>An interview was conducted with the MDS Nurse on 2/19/20 at 11:50 AM. Resident #13 ' s active care plan related to a UTI and antibiotic therapy was reviewed with the MDS Nurse. The MDS Nurse revealed that Resident #13 had no active UTI and she was not on antibiotic therapy. She explained that the facility was in the process of converting from hard copy care plans to electronic care plans. She further explained that she was still learning how to utilize the electronic system and was deciding how best to incorporate care plans that were time limited, such as care plans for antibiotics and infections.</p>	F 657	<p>Residents' care plans were reviewed for past infections for accuracy of active infections with 2 care plans updated to reflect current status.</p> <p>3. The Executive Director provided re-education to the MDS coordinator on 3/3/20 on the revision of care plans in the area of infections.</p> <p>4. The Director of Nursing and or the Executive Director will conduct random quality monitoring of 5 resident's care plans to ensure care plans is reviewed and revised to accurately reflect the area of infections 2 times per week per week for 4 weeks, then weekly for 3 months. The Director of nursing will report on the results of the quality monitoring to the QAPI committee. Finding will be reviewed by the QAPI committee monthly and Quality monitoring updated as indicated.</p> <p>5. Date of Compliacne 3/19/20.</p>		

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F 657	Continued From page 7	F 657			
F 692 SS=E	<p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with the dialysis provider ' s Registered Dietician, facility ' s Registered Dietician, and staff, the facility failed to follow physician ' s orders related to nutritional supplements for 2 of 5 residents (Residents #2 and #49) reviewed for nutrition.</p>	F 692	<p>1. On 2/23/20 a clarification order was received for Resident #2 for Nepro and transcribed to medication administration record. On 2/23/20 and ongoing Resident #49 received and percentage documented on medication administration of 8 pm</p>	3/19/20	

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F 692	<p>Continued From page 8</p> <p>The findings included:</p> <p>1. Resident #2 was admitted to the facility on 6/21/19 with diagnoses that included end stage renal disease.</p> <p>Resident #2 ' s care plan included the focus area of dialysis. This area was initiated on 7/11/19 and included, in part, the intervention of dialysis on Mondays, Wednesdays, and Fridays. This care plan also included the focus area of nutrition/hydration, initiated on 7/11/19, and included, in part, the intervention of administration of medications as ordered.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 9/27/19 indicated Resident #2 ' s cognition was moderately impaired. She was on dialysis and had no significant weight loss.</p> <p>A physician ' s order written by Resident #2 ' s nephrologist dated 10/12/19 and faxed to the facility on 10/14/19 indicated Nepro (liquid nutritional supplement) twice daily and Prostat (liquid nutritional supplement) three times daily due to decreased albumin (a type of protein).</p> <p>A facility telephone order dated 10/14/19 was recorded by Nurse #3 and indicated an increase in nephro-vite (multivitamin) 0.5 milligrams (mg) to 1 tablet twice daily and Prostat 30 cubic centimeters (cc) three times daily due to low albumin. There was a notation on the telephone order that indicated the order was faxed by Resident #2 ' s nephrologist. The faxed physician ' s order from Resident #2 ' s nephrologist that indicated the liquid nutritional supplement Nepro twice daily was not transcribed</p>	F 692	<p>medpass supplement.</p> <p>2. On 2/23/20 the Director of Nursing reviewed current dialysis resident's nephrologist progress notes to ensure residents receiving nutritional supplements as ordered. On 2/23/20 the current physician orders were reviewed by the Director of Nursing to ensure nutritional supplements are administered and percentage documented as ordered. No negative findings noted.</p> <p>3. The Director of Nursing will re-educate licensed nurses, including all shifts, part-time, pro re nata /as needed and weekends, on reviewing nephrologist progress notes and accurately transcribing supplement orders and documentation of supplements and percentage consumed on the medication administration record by 3/11/20. Nurses will not be allowed to return to work until education is complete. The Director of Nursing will review Nephrologist progress notes to ensure orders are followed and transcribed. The Director of Nursing or Assistant Director of Nursing will review medication administration record weekly to ensure supplements documented with percentages.</p> <p>4. The Director of Nursing will conduct quality monitoring of 2 dialysis residents nephrologists progress notes 3 times weekly for 4 weeks, then weekly for 3 months to ensure resident receiving nutritional supplements as ordered. The Director of Nursing will conduct quality monitoring of 5 residents supplements to ensure supplement received and percentage documented on medication</p>		

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F 692	<p>Continued From page 9 onto this telephone order.</p> <p>Resident #2 ' s physician ' s orders and Medication Administration Records (MARs) from 10/14/19 through 2/17/20 revealed no order for the nutritional supplement Nepro.</p> <p>Dialysis provider ' s monthly laboratory reports from October 2019 through February 2020 indicated Resident #2 ' s albumin level was low each month, ranging from 3.0 to 3.4 (reference range of albumin is 3.5 to 5.5). Each report included a recommendation from the dialysis provider ' s Registered Dietician (RD) to provide Nepro and Prostat daily.</p> <p>A progress note dated 2/18/20 completed by the facility ' s RD indicated a recommendation for the nutritional supplement Nepro twice daily in addition to Prostat three times daily to address Resident #2 ' s low albumin.</p> <p>A Nutritional Recommendation dated 2/18/20 completed by the facility ' s RD indicated a recommendation to follow the dialysis RD ' s recommendation for Nepro twice daily for low albumin.</p> <p>Nepro twice daily was added to Resident #2 ' s MAR on 2/18/20 and was first administered on 2/19/20.</p> <p>A phone interview was attempted with Nurse #3 on 2/20/20 at 8:40 AM. Nurse #3 was unable to be reached.</p> <p>A phone interview was conducted with an RD from Resident #2 ' s dialysis provider (Dialysis RD #2) on 2/20/20 at 7:55 AM. Dialysis RD #2 stated</p>	F 692	<p>administration record 3 times weekly for 4 weeks then weekly for 3 months. The Director of Nursing will report on the results of the quality monitoring to the QAPI committee. Findings will be reviewed by the Quality Assurance Performance Improvement committee monthly and Quality monitoring updated as indicated.</p> <p>5. Date of Compliance 3/19/20.</p>		

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F 692	<p>Continued From page 10</p> <p>that Nepro was a renal specific protein supplement normally recommended when the albumin level was low.</p> <p>A phone interview was conducted with the facility ' s RD on 2/19/20 at 4:16 PM. She stated that she was new to the facility and that she just completed her first nutritional review for Resident #2 on 2/18/20. She indicated that she identified a recommendation from the dialysis provider for Nepro twice daily that had not been implemented. The RD reported that she followed the dialysis provider ' s recommendation and made her own recommendation to the facility on 2/18/20 to add Nepro twice daily for Resident #2.</p> <p>A phone interview was attempted with Resident #2 ' s nephrologist on 2/20/20 at 9:25 AM. The nephrologist was unable to be reached.</p> <p>An interview was conducted with the Director of Nursing (DON) on 2/20/20 at 9:55 AM. The physician ' s order written by Resident #2 ' s nephrologist dated 10/12/19 and faxed to the facility on 10/14/19 that included Nepro twice daily was reviewed with the DON. The facility ' s telephone order dated 10/14/19 which was recorded by Nurse #3 that included nephro-vite twice daily was reviewed with the DON. The DON reported that she believed Nurse #3 made a transcription error on the order caused by mixing up Nepro with nephro-vite. She acknowledged that Nepro was not provided as ordered by the nephrologist in October 2019 until 2/18/20.</p> <p>During an interview with the DON and Administrator on 2/20/20 at 10:10 AM they indicated they expected physician ' s orders for nutritional supplements to be followed and for</p>	F 692			

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F 692	<p>Continued From page 11</p> <p>orders received from specialists to be transcribed correctly.</p> <p>2. Resident #49 was most recently readmitted to the facility on 9/12/18 with diagnoses that included heart failure.</p> <p>The annual Minimum Data Set (MDS) assessment dated 1/19/20 indicated Resident #49 ' s cognition was moderately impaired. She was coded with no significant weight loss.</p> <p>Resident #49 ' s care plan, last reviewed on 1/28/20, indicated the focus area of the potential for a nutritional problem related to protein calorie malnutrition, anemia, chronic infection, and dysphagia. The interventions included, in part, medications and diet as ordered.</p> <p>A review of the January 2020 physician ' s order summary for Resident #49 indicated an order for the nutritional supplement Med Pass 2.0 (fortified nutritional shake) 120 milliliters (mL) three times daily (10:00 AM, 5:00 PM, and 8:00 PM) with medication pass, document percentage consumed.</p> <p>Resident #49 ' s January 2020 Medication Administration Record (MAR) revealed the 8:00 PM administration of Med Pass 2.0 as well as the documentation of the percentage consumed was blank for 27 of 31 days.</p> <p>An interview was conducted with Nurse #1 on 2/18/20 at 4:20 PM. She stated that she regularly worked with Resident #49 on Monday through Friday during the second shift. Resident #49 ' s January 2020 ' s MAR that revealed 27 of 31 days</p>	F 692			

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F 692	Continued From page 12 had no documentation of the administration or percentage consumed of the 8:00 PM Med Pass 2.0 was reviewed with Nurse #1. She reported that she was certain she administered the Med Pass 2.0 as ordered, but she must have forgotten to document the administration and the percentage consumed. She stated that Resident #49 normally consumed 75-100% of the Med Pass 2.0. A phone interview was conducted with the Registered Dietician (RD) on 2/19/20 at 1:24 PM. She stated it was very important to document the percentage consumed of nutritional supplements in order to be able to evaluate if the supplement was actually being consumed by the resident and to determine if it was effective as an intervention for weight loss. During an interview with the Director of Nursing (DON) and Administrator on 2/20/20 at 10:10 AM they indicated they expected physician 's orders related to nutritional supplements to be followed. The DON reported that the administration of nutritional supplements was to be documented on the MAR and if the order specified documentation of the percentage of intake then this was to be documented on the MAR as well.	F 692			
F 697 SS=E	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced	F 697		3/19/20	

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F 697	<p>Continued From page 13</p> <p>by: Based on record review, observation, and interviews with the resident, staff, and Physician ' s Assistant (PA), the facility failed to consistently assess, monitor, and document the effectiveness of as needed (PRN) narcotic pain medication and also failed to routinely monitor pain severity levels and response to the administration of regularly scheduled pain medications for a resident with chronic pain for 1 of 1 residents (Resident #49) reviewed for pain.</p> <p>The findings included:</p> <p>1a. Resident #49 was most recently readmitted to the facility on 9/12/18 with diagnoses that included heart failure, peripheral vascular disease, and chronic pain.</p> <p>The April physician ' s order summary for Resident #49 included the as needed (PRN) pain medication Hydrocodone-Acetaminophen (opioid/narcotic medication) 5 milligrams (mg)-325 mg twice daily as needed for pain.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 5/13/19 indicated Resident #49 ' s cognition was moderately impaired. She had pain occasionally rated a 6 on a 1 to 10 scale and she received scheduled pain medication. Resident #49 was administered opioid medication on 6 of 7 days.</p> <p>The MARS from April 2019 through 2/16/20 indicated PRN Hydrocodone-Acetaminophen (also known as Norco) was administered 42 times to Resident #49. The back of the MAR required the nurses to document the date/hour of administration, medication provided, reason,</p>	F 697	<p>1. A Pain Evaluation was completed for Resident#49 by the Director of Nursing to assess resident's location of pain, current pain treatment, pain description, effects of pain and non-verbal pain indicators to ensure pain assessed and evaluated on 2/21/20. A Pain Flow sheet was placed on the medication administration record to ensure pain monitored and effectiveness documented on 2/21/20 each time resident complains of pain and a pain intervention is done by the nurse.</p> <p>2. A Pain Evaluation was completed on current residents by the Director of Nursing to ensure pain assessed and pain medication is effective on 3/5/20. A Pain Flow Sheet was added to current resident's medication administration record on 3/5/20. The Pain Flow Sheet will be completed each time resident complains of pain and a pain intervention is done by the nurse.</p> <p>3. The Director of Nursing will provide re-education to licensed nurses, including part-time, pro ne nata/as needed and weekends, on assessment, monitoring and documentation of pain to include documentation on medication administration record to include effectiveness and use of pain flow sheet with intensity scale and effectiveness of by 3/11/20. Nurses will not be allowed to work until education is complete. A Pain Flow Sheet was added to residents' medication administration record to be completed each time resident complains of pain and a pain intervention is implemented by the nurse.</p>		

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F 697	Continued From page 14 results/response, and the time the results/response were noted. There were 22 administrations that had no time provided, no identified medication provided, no reason, no results/response, and no time of response documented on the MAR in relation to the administrations of Norco to Resident #49. There were 6 administrations that were missing documentation of the results/response and the time of results/response on the MAR. There were 7 administrations that were missing the time of results/response on the MAR. There was 1 administration that that was missing results/response on the MAR. There were only 6 administrations that included the time provided, reason, results/response, and time of response. The MAR contained no information as to the resident ' s self-report of her pain severity level prior to or after the administration of PRN Norco. The information from the MARs included the following: - April 2019: Norco was administered 6 times to Resident #49 and the MAR and revealed the following information related to those administrations. 4/1/19: No documentation of time provided, medication, reason, results/response, or time of results/response 4/14/19: No documentation of time provided, medication, reason, results/response, or time of results/response 4/20/19: No documentation of time provided, medication, reason, results/response, or time of results/response 4/23/19 at 9:00 PM; Reason: neck/back pain; Results/Response: Effective; Time Noted: none documented 4/29/19 at 5:00 PM; Reason: shoulder pain;	F 697	4. The Director of Nursing to complete Quality Improvement monitoring of 10 residents receiving pain medication to ensure pain assessed, monitored and effectiveness of pain medication documented on medication administration record and pain flow sheets 3 times weekly for 4 weeks then weekly for 3 months. The Director of Nursing will report on the results of the quality monitoring to the Quality Assurance Performance Improvement committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated. 5. Date of Compliance 3/19/20.		

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F 697	<p>Continued From page 15</p> <p>Results/Response: none documented; Time Noted: none documented 4/30/19 at 8:00 PM; Reason: knee pain; Results/Response: none documented; Time Noted: none documented</p> <p>- May 2019: Norco was administered 6 times to Resident #49 and the MAR revealed the following information. 5/4/19: No documentation of time provided, medication, reason, results/response, or time of results/response 5/12/19: No documentation of time provided, medication, reason, results/response, or time of results/response 5/18/19: No documentation of time provided, medication, reason, results/response, or time of results/response 5/25/19: No documentation of time provided, medication, reason, results/response, or time of results/response 5/26/19 (x2): No documentation of time provided, medication, reason, results/response, or time of results/response</p> <p>- June 2019: Norco was administered 1 time to Resident #49 and the MAR revealed the following information. 6/9/19 at 5:16 PM; Reason: pain in shoulders, neck, back; Results/Response: effective; Time noted: none documented</p> <p>- July 2019: Norco was administered 15 times to Resident #49 and the MAR revealed the following information. 7/4/19 at 8:00 PM; Reason: neck pain; Results/Response: effective; Time noted: none documented 7/6/19: No documentation of time provided,</p>	F 697			

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F 697	Continued From page 16 medication, reason, results/response, or time of results/response 7/7/19 (a): No documentation of time provided, medication, reason, results/response, or time of results/response 7/7/19 (b): No documentation of time provided, medication, reason, results/response, or time of results/response 7/8/19 at 8:00 PM; Reason: back pain; Results/Response: none documented; Time noted: none documented 7/10/19: No documentation of time provided, medication, reason, results/response, or time of results/response 7/12/19: No documentation of time provided, medication, reason, results/response, or time of results/response 7/13/19: No documentation of time provided, medication, reason, results/response, or time of results/response 7/14/19: No documentation of time provided, medication, reason, results/response, or time of results/response 7/20/19 at 10:30 AM; Reason: back, neck pain; Results/Response: effective; Time noted: 11:10 AM 7/21/19 (a) at 10:45 AM; Reason: back, neck pain; Results/Response: effective; Time noted: 11:10 AM 7/21/19 (b) at 8:00 PM; Reason: back, neck pain; Results/Response: effective; Time noted: none documented 7/22/19 (a) at 8:45 AM; Reason: back pain; Results/Response: effective; Time noted: none documented 7/22/19 (b) at 8:00 PM; Reason: back pain; Results/Response: effective; Time noted: none documented 7/26/19: No documentation of time provided,	F 697			

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F 697	<p>Continued From page 17</p> <p>medication, reason, results/response, or time of results/response</p> <p>- August 2019: Norco was administered 7 times to Resident #49 and the MAR revealed the following information. 8/21/19 at 2:23 PM; Reason: left foot pain 5-6; Results/Response: none documented; Time Noted: none documented 8/23/19 at 1:00 AM; Reason: left foot pain; Results/Response: effective; Time Noted: 2:00 AM 8/26/19: No documentation of time provided, medication, reason, results/response, or time of results/response 8/27/19: No documentation of time provided, medication, reason, results/response, or time of results/response 8/29/19 (a) at 12:30 PM; Reason: left shoulder; Results/Response: none documented; Time Notes: none documented 8/29/19 (b): No documentation of time provided, medication, reason, results/response, or time of results/response 8/30/19: No documentation of time provided, medication, reason, results/response, or time of results/response</p> <p>- September 2019: Norco was administered 4 times to Resident #49 and the MAR revealed the following information. 9/8/19 at 5:00 PM; Reason: pain shoulder; Results/Response: none documented; Time Noted: none documented 9/13/19 at 9:00 AM; Reason: neck pain; Results/Response: effective; Time Noted: 10:00 AM 9/17/19 at 12:00 PM; Reason: neck pain; Results/Response: effective; Time Noted: none</p>	F 697			

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F 697	<p>Continued From page 18 documented 9/20/19 at 10:20 AM; Reason: neck pain; Results/Response: effective; Time Noted: 11:30 AM</p> <p>- October 2019: Norco was administered 1 time to Resident #49 and the MAR revealed the following information. 10/26/19: No documentation of time provided, medication, reason, results/response, or time of results/response</p> <p>- November 2019 through January 2020 MARs indicated no PRN Norco was administered to Resident #49.</p> <p>- February 2019: Norco was administered 2 times to Resident #49 and the MAR revealed the following information. 2/8/20 at 11:00 AM; Reason: grimacing with movements; Results/Response: none documented; Time noted: 12:00 PM 2/9/20 at 10:00 AM; Reason: grimacing with movements; Results/Response: effective; Time noted: 11:00 AM</p> <p>Resident #49 ' s active care plan, last reviewed on 1/28/20, included the focus area of the potential for pain related to peripheral vascular disease, frozen right shoulder, bilateral knee pain, bilateral shoulder pain, complaints of feet hurting, and neck pain with a history of surgery. The interventions included, in part, monitor/record pain characteristics as needed: Quality (example: sharp, burning); Severity (1 to 10 scale); Anatomical location; Onset; Duration (example: continuous, intermittent); Aggravating factors; Relieving factors.</p>	F 697			

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F 697	<p>Continued From page 19</p> <p>During an interview on 2/17/20 at 9:51 AM with Resident #49 she reported that she had pain in her neck every time she turned it to the right. She was observed to grimace when she turned her head. She stated that she received pain medication that helped to relieve some of the pain, but that she continued to have chronic pain in her neck.</p> <p>An interview was conducted with Nurse #2 on 2/19/20 at 1:40 PM. She stated that pain monitoring was completed on the MAR for Resident #49 ' s PRN Norco. She stated that this monitoring was to include the pain level reported by the resident, the location of the pain, and the response to pain medication. Nurse #2 reported that there were occasions when she forgot to document this pain monitoring information on the MAR.</p> <p>During an interview with the Director of Nursing (DON) on 2/19/20 at 11:30 AM she stated that pain monitoring was completed on the MAR for Resident ' s on PRN pain medications. She reported the facility had also started to implement pain monitoring flow sheets in conjunction with the MAR to assess and monitor pain for residents on PRN pain medications. She stated that It was the facility ' s policy to assess/evaluate pain on a 0-10 scale for residents who were able to self-report pain. She indicated an assessment of pain was to be completed prior to the administration of PRN pain medication and after the administration in order to monitor the effectiveness of the medication.</p> <p>An interview was conducted with the Physician ' s Assistant for Resident #49 on 2/20/20 at 8:40 AM.</p>	F 697			

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F 697	<p>Continued From page 20</p> <p>He indicated that staff were expected to assess and evaluate pain levels prior to the administration and after the administration of PRN pain medications. He reported that this was important in order to tell if the medication was effective in relieving the resident's pain.</p> <p>A follow up interview was conducted with the DON and Administrator on 2/20/20 at 10:10 AM. They both indicated they expected staff to assess pain severity levels prior to and after the administration of PRN pain medications in order to evaluate the medications effectiveness for pain relief.</p> <p>1b. Resident #49 was most recently readmitted to the facility on 9/12/18 with diagnoses that included heart failure, peripheral vascular disease, anxiety, and chronic pain.</p> <p>Resident #49 ' s August 2019 physician ' s order summary included the routine pain medications: - Fentanyl (opioid/narcotic medication) 25 microgram (mcg) per hour (hr) patch, apply one patch topically every 72 hours - Salonpas patch (topical pain relief patch) to bilateral shoulders and bilateral knees every day</p> <p>Nursing notes from 9/1/19 through 9/19/19 identified no signs or symptoms of pain for Resident #49.</p> <p>A physician ' s order for Resident #49 dated 9/20/19 indicated scheduled acetaminophen 650 milligrams (mg) twice daily for neck pain.</p> <p>A nursing note dated 9/20/19 indicated a new order was received for scheduled acetaminophen</p>	F 697			

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F 697	<p>Continued From page 21 for Resident #49 ' s neck pain.</p> <p>Nursing notes from 9/21/19 through 10/13/19 identified no signs or symptoms of pain for Resident #49.</p> <p>A physician ' s order for Resident #49 dated 10/14/19 indicated a therapy consultation.</p> <p>A nursing note dated 10/14/19 indicated a new order was received for therapy to completed a consultation related to Resident #49 ' s neck pain.</p> <p>A nursing note dated 10/15/19 indicated Resident #49 had not complained of neck pain that morning.</p> <p>A physician ' s order for Resident #49 dated 10/16/19 indicated scheduled Tramadol (opioid/narcotic medication) 25 mg twice daily for pain.</p> <p>Occupational Therapy (OT) was initiated for Resident #49 on 10/23/19 related to polyosteoarthritis, pain in left shoulder, pain in right shoulder, and neck pain.</p> <p>Nursing notes from 10/17/19 through 11/12/19 identified no signs or symptoms of pain for Resident #49.</p> <p>A physician ' s order dated 11/13/19 indicated a decrease in Resident #49 ' s Tramadol from 25 mg twice daily to 12.5 mg twice daily.</p> <p>Resident #49 was discharged from OT services on 11/26/19. The discharge summary indicated that OT services focused on pain management to upper trapezius, paraspinals (muscles adjacent to</p>	F 697			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345450	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/24/2020
NAME OF PROVIDER OR SUPPLIER WESTWOOD HEALTH AND REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 625 ASHLAND STREET ARCHDALE, NC 27263		
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F 697	<p>Continued From page 22 the spinal column), and shoulders.</p> <p>Nursing notes dated 11/13/19 through 12/10/19 identified no signs or symptoms of pain for Resident #49.</p> <p>A physician ' s note dated 12/10/19 indicated Resident #49 had chronic osteoarthritis and chronic complaints of pain in the shoulder, ankles, and knees.</p> <p>Nursing notes dated 12/11/19 through 1/10/20 identified no signs or symptoms of pain for Resident #49.</p> <p>A nursing note dated 1/11/20 indicated Resident #49 repeatedly stated, "help me". She denied respiratory distress and there was no notation of pain for the resident.</p> <p>A nursing note dated 1/12/20 indicated pain medication was given to Resident #49 due to her repeatedly stating, "help me" without specifying what was wrong.</p> <p>The annual Minimum Data Set (MDS) assessment dated 1/19/20 indicated Resident #49 ' s cognition was moderately impaired. She had pain occasionally rated a 1 on a scale of 1 to 10 and she received routine pain medication. Resident #49 was administered opioid medication on 7 of 7 days.</p> <p>The Care Area Assessment (CAA) for the 1/19/20 MDS related to pain indicated Resident #49 had a diagnosis of chronic osteomyelitis, constipation, arthritis, chronic pain, muscle spasms, and a long history of chronic arthritic pain to joints. Resident #49 complained of pain to her bilateral knees, left</p>	F 697			

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F 697	<p>Continued From page 23</p> <p>hip, bilateral shoulders, and her right shoulder was frozen. Resident #49 was able to communicate complaints of pain. She was on bowel aids, fentanyl patch, salonpas patch to bilateral knees and bilateral shoulders, tramadol, and acetaminophen.</p> <p>Resident #49 ' s care plan, last reviewed on 1/28/20, included the focus area of the potential for pain related to peripheral vascular disease, frozen right shoulder, bilateral knee pain, bilateral shoulder pain, complaints of feet hurting, and neck pain with a history of surgery. The interventions included, in part, monitor/record pain characteristics as needed: Quality (example: sharp, burning); Severity (1 to 10 scale); Anatomical location; Onset; Duration (example: continuous, intermittent); Aggravating factors; Relieving factors.</p> <p>Nursing notes dated 1/13/20 through 2/16/20 identified no signs or symptoms of pain for Resident #49.</p> <p>During an interview on 2/17/20 at 9:51 AM Resident #49 reported that she had pain in her neck every time she turned it to the right. She was observed to grimace when she turned her head. She stated that she received pain medication that helped to relieve some of the pain, but that she continued to have chronic pain in her neck.</p> <p>An interview was conducted with Nurse #2 on 2/19/20 at 1:40 PM. She stated that pain monitoring was completed on the MAR for residents on PRN pain medications. She explained that this pain monitoring was completed only when the PRN pain medication</p>	F 697			

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F 697	<p>Continued From page 24</p> <p>was administered. Nurse #2 stated there was no routine pain monitoring completed for residents on regularly scheduled pain medications. She further stated that no assessment/evaluation was completed for pain severity levels for residents who were not on PRN pain medications. She explained that if a resident who was on scheduled pain medications complained of pain (verbal or non-verbal) then it would be documented in the nursing notes. Nurse #2 reported that she regularly worked with Resident #49. She stated that Resident #49 had chronic pain and she frequently complained about pain in various areas of her body. She revealed that Resident #49 ' s complaints of pain were not always documented in the nursing notes.</p> <p>During an interview with the Director of Nursing (DON) on 2/18/20 at 3:30 PM she stated that pain monitoring documentation was on the MAR for PRN pain medications. She reported there was no pain monitoring completed for regularly scheduled pain medications. She stated if a resident who was on scheduled pain medications complained of pain (verbal or non-verbal) then it would be documented in the nursing notes. The DON revealed no routine monitoring was completed to assess for pain severity levels and the response to the administration of regularly scheduled pain medications.</p> <p>An interview was conducted with the Physician ' s Assistant for Resident #49 on 2/20/20 at 8:40 AM. He indicated that he expected nursing documentation to include signs or symptoms of pain reported by the resident and/or observed through non-verbal signs of pain. He explained that this documentation was important in order to tell if a resident ' s pain was relieved with the</p>	F 697			

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F 697	Continued From page 25	F 697			
F 698	Dialysis	F 698		3/19/20	
SS=E	CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on record review and interviews with the dialysis provider ' s Registered Dietician (RD), facility ' s RD, Nurse Practitioner (NP), and staff, the facility failed to review nutrition monitoring forms and lab results from the dialysis provider for Resident #2 and also failed to implement nutritional supplements as recommended by the dialysis RD and ordered by the nephrologist for 1 of 1 residents reviewed for dialysis. The findings included: Resident #2 was admitted to the facility on 6/21/19 with diagnoses that included end stage renal disease. The admission Minimum Data Set (MDS) assessment dated 6/28/19 indicated Resident #2 ' s cognition was moderately impaired, and she was on dialysis. Resident #2 ' s care plan included the focus area of dialysis. This area was initiated on 7/11/19 and included, in part, the intervention of dialysis three times per week, communication with dialysis as needed, and monitoring labs.				
			1. On 2/23/20 a clarification order was received for Resident #2 for Nephro ad transcribed to medication administration record. 2. On 2/23/20 the Director of Nursing reviewed current dialysis resident's nephrologist progress notes, nutrition monitoring forms and lab results to ensure resident's nutritional supplements as ordered. No negative findings were identified. 3. The Director of Nursing will re-educate licensed nurses, including part-time, prn and weekends, on reviewing nutrition monitoring forms, lab results, and implementation of nutritional supplements as recommended by the dialysis RD and ordered by the nephrologist by 3/11/20. Nurses will not be allowed to work until education completed. The Director of Nursing or Assistant Director of Nursing will review Dialysis Registered Dietician and Nephrologist progress notes will attending MD to ensure recommendations and orders followed to include documentation mailed as received from		

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F 698	Continued From page 26 Dialysis provider ' s Nutrition Update form dated 8/8/19 completed by Dialysis Registered Dietician (RD) #1 included lab results dated 8/7/19 that indicated Resident #2 ' s albumin level (a type of protein) was low at 3.0 (reference range of albumin: 3.5 to 5.5). This form recommended the dietary supplements of Nepro (liquid nutritional supplement) twice daily and Prostat (liquid nutritional supplement) three times daily. Dialysis provider ' s Nutrition Update form dated 9/5/19 completed by Dialysis RD #1 included lab results dated 9/4/19 that indicated Resident #2 ' s albumin level was low at 3.2. This form recommended the nutritional supplements of Nepro twice daily and Prostat three times daily. Dialysis provider ' s Nutrition Update form dated 10/3/19 completed by Dialysis RD #1 included lab results dated 10/2/19 that indicated Resident #2 ' s albumin level was low at 3.2. This form recommended the nutritional supplements of Nepro twice daily and Prostat three times daily. A physician ' s order written by Resident #2 ' s nephrologist dated 10/12/19 and faxed to the facility on 10/14/19 indicated Nepro twice daily and Prostat three times daily due to decreased albumin. A facility telephone order dated 10/14/19 was recorded by Nurse #3 and indicated an increase in nephro-vite (multivitamin) 0.5 milligrams (mg) to 1 tablet twice daily and Prostat 30 cubic centimeters (cc) three times daily due to low albumin. There was a notation on the telephone order that indicated the order was faxed by Resident #2 ' s nephrologist. The faxed	F 698	dialysis. 4. The Director of Nursing will conduct quality monitoring of 2 dialysis residents nephrologist progress notes, nutrition monitoring forms, lab results to ensure implementation of nutritional supplements as recommended by the dialysis RD and ordered by the nephrologist 3 times weekly for 4 weeks, then weekly for 3 months to ensure resident receiving nutritional supplements as ordered. The Director of Nursing will report on the results of the quality monitoring to the Quality Assurance Performance Improvement committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated. 5. Date of Compliance 3/19/20.		

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F 698	<p>Continued From page 27</p> <p>physician ' s order from Resident #2 ' s nephrologist that indicated the liquid nutritional supplement Nepro twice daily was not transcribed onto this telephone order.</p> <p>Prostat three times daily was added to Resident #2 ' s Medication Administration Record (MAR) as ordered on 10/14/19. Nepro was not added to the MAR.</p> <p>Dialysis provider ' s Nutrition Update form dated 11/13/19 completed by Dialysis RD #1 included lab results dated 11/6/19 that indicated Resident #2 ' s albumin level was low at 3.0. This form recommended the nutritional supplements of Nepro twice daily and Prostat three times daily.</p> <p>Dialysis provider ' s Nutrition Update form dated 12/5/19 completed by Dialysis RD #1 included lab results dated 12/4/19 that indicated Resident #2 ' s albumin level was low at 3.2. This form recommended the nutritional supplements of Nepro twice daily and Prostat three times daily.</p> <p>Dialysis provider ' s Nutrition Update form dated 1/8/20 completed by Dialysis RD #1 included lab results dated 1/8/20 that indicated Resident #2 ' s albumin level was low at 3.4. This form recommended the nutritional supplements of Nepro and Prostat.</p> <p>Dialysis provider ' s Nutrition Update form dated 2/6/20 completed by Dialysis RD #1 included lab results dated 2/5/20 that indicated Resident #2 ' s albumin level was low at 3.1. This form recommended the nutritional supplements of Nepro and Prostat.</p> <p>Resident #2 ' s physician ' s orders and</p>	F 698			

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F 698	<p>Continued From page 28</p> <p>Medication Administration Records (MARs) from 10/15/19 through 2/17/20 revealed Prostat three times daily remained in place for Resident #2, but the nutritional supplement Nepro had not been provided as ordered by the nephrologist.</p> <p>A progress note dated 2/18/20 completed by the facility ' s RD indicated a recommendation for the nutritional supplement Nepro twice daily in addition to Prostat three times daily to address Resident #2 ' s low albumin.</p> <p>A Nutritional Recommendation dated 2/18/20 completed by the facility ' s RD indicated a recommendation to follow the dialysis RD ' s recommendation for Nepro twice daily for low albumin.</p> <p>Nepro twice daily was added to Resident #2 ' s MAR on 2/18/20 and was first administered on 2/19/20.</p> <p>A phone interview was attempted with Nurse #3 on 2/20/20 at 8:40 AM. Nurse #3 was unable to be reached.</p> <p>A phone interview was conducted with an RD from Resident #2 ' s dialysis provider (Dialysis RD #2) on 2/20/20 at 7:55 AM. Dialysis RD #2 reported that Dialysis RD #1 was unavailable for interview. Dialysis RD #2 stated that Nepro was a renal specific protein supplement normally recommended when the albumin level was low. She indicated that they recommend nutritional supplements based on the results of the labs. She stated that after the lab results are received, the RD completes the Nutrition Update form and mails the form and the labs to the facility. Dialysis RD #2 reported that this mailing is</p>	F 698			

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F 698	<p>Continued From page 29</p> <p>generally completed within a week of the labs being completed.</p> <p>A phone interview was conducted with the facility ' s RD on 2/19/20 at 4:16 PM. She stated that she was new to the facility and that she just completed her first nutritional review for Resident #2 on 2/18/20. She indicated that she identified a recommendation from the dialysis provider for Nepro twice daily that had not been implemented. The RD reported that she followed the dialysis provider ' s recommendation and made her own recommendation to the facility on 2/18/20 to add Nepro twice daily for Resident #2.</p> <p>An interview was conducted with Resident #2 ' s Nurse Practitioner (NP) on 2/20/20 at 8:29 AM. She indicated that typically recommendations for nutritional supplements received from the dialysis provider were implemented. The Dialysis provider ' s Nutrition Update forms as well as Resident #2 ' s lab results related to low albumin levels from August 2019 through February 2020 were reviewed with the NP. She stated that she had not known these forms and the lab results were mailed to the facility. She indicated that if she had known a recommendation was repeatedly made for Nepro BID by the dialysis RD that she would have ordered this nutritional supplement for Resident #2.</p> <p>A phone interview was attempted with Resident #2 ' s nephrologist on 2/20/20 at 9:25 AM. The nephrologist was unable to be reached.</p> <p>An interview was conducted with the Director of Nursing (DON) on 2/20/20 at 9:55 AM. The Dialysis provider ' s Nutrition Update forms that repeatedly recommended Nepro twice daily as</p>	F 698			

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F 698	<p>Continued From page 30</p> <p>well as Resident #2 ' s lab results related to low albumin levels from August 2019 through February 2020 were reviewed with the DON. She stated that when these forms were received in the mail they were put on the hard copy chart by Medical Records staff. She revealed there was no process in place for nursing staff to review the forms and report the recommendations to the physician and/or NP. The DON further revealed that they have had several RDs at the facility over the last several months and this recommendation for Nepro twice daily had not been identified by the previous RDs. The DON provided the facility ' s policy and procedures, last revised 7/2/19, for the Coordination of Hemodialysis Services. She indicated that this policy indicated the nursing staff would review information sent by the dialysis center and implement interventions as appropriate. The DON acknowledged this process was not followed as the Nutrition Update forms and lab results were placed on the chart without being reviewed by a nurse.</p> <p>This interview with the DON continued. The physician ' s order written by Resident #2 ' s nephrologist dated 10/12/19 and faxed to the facility on 10/14/19 that included Nepro twice daily was reviewed with the DON. The facility ' s telephone order dated 10/14/19 which was recorded by Nurse #3 that included nephro-vite twice daily was reviewed with the DON. The DON reported that she believed Nurse #3 made a transcription error on the order caused by mixing up Nepro with nephro-vite. She acknowledged that Nepro was not provided as ordered by the nephrologist in October 2019 until 2/18/20.</p> <p>During an interview with the DON and</p>	F 698			

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F 698	Continued From page 31 Administrator on 2/20/20 at 10:10 AM they both indicated that their expectation was for nursing staff to review monitoring forms and lab results sent to the facility and report information as needed to the resident ' s NP and/or physician. The DON additionally indicated that she expected physician ' s orders for nutritional supplements to be followed and for orders received from specialists to be transcribed correctly.	F 698			
F 756 SS=E	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	F 756		3/19/20	

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F 756	<p>Continued From page 32</p> <p>be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and 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 staff, resident, physician and pharmacist interviews and record reviews, the consult pharmacist failed to identify and address the facility's failure to monitor appropriate targeted behaviors for the use of an antidepressant medication for 1 (Resident #27) of 5 residents reviewed for unnecessary medications.</p> <p>Findings included:</p> <p>Resident #27 was admitted to the facility on 4/30/2015 with most recent readmit on 2/20/2017 with diagnoses that included major depressive disorder.</p> <p>Resident #27's annual Minimum Data Set (MDS) dated 1/3/2020 revealed the resident was coded for mild cognitive impairment with functional vision and hearing. She was also coded as having unplanned weight loss and receiving antidepressants 7 out of 7 days during the assessment period.</p> <p>The resident's comprehensive care plan identified the resident as having major depressive disorder</p>	F 756	<ol style="list-style-type: none"> 1. An appropriate target behavior of crying was added to Resident #27 behavior monitoring sheets on 2/20/20 by the Director of Nursing. 2. The Director of Nursing completed a quality review of current residents on antidepressants medication, to ensure an appropriate targeted behavior was identified on 2/29/20. No negative findings were identified. 3. Brad McKee, Pharmacy manager of Omnicare of Hickory re-educated the pharmacist Greg Buie on identifying and addressing appropriated targeted behaviors on 3/4/20. Pharmacist to review irregularities in target behaviors for antidepressants with the DON upon exit and documented on the consultation monthly reports. 4. The Director of Nursing will conduct quality monitoring of 5 residents receiving antidepressants behavior monitoring sheets 3 times per week for 4 weeks, then weekly for 3 months to ensure appropriate target behavior identified. The Director of Nursing will report on the results of the 		

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F 756	<p>Continued From page 33</p> <p>with interventions to monitor, record, and report episodes or feelings of sadness. Additional interventions included monitoring, recording, and reporting mood patterns, and monitoring for side effects of antidepressant medication.</p> <p>The resident's medication administration record for November and December of 2019 as well as January and February of 2020 indicated the resident was administered 15 milligrams (mg) of Remeron by mouth at bedtime. The indication associated with this medication was for the treatment of depression.</p> <p>Review of the resident's behavior monitoring documentation for November and December of 2019 as well as January and February of 2020 revealed the behavior being monitored was inability to sleep.</p> <p>On 2/19/2020 at 9:15 AM an interview was conducted with Resident #27 in which she stated she was doing well. She stated she was sad some days and she did see behavioral services for her depression. She denied having any difficulty sleeping.</p> <p>In an interview with the facility's Physician Assistant (PA) on 02/19/20 at 10:05 AM, he stated he was familiar with resident #27 and the fact she had received Remeron as an antidepressant. He stated the antidepressant Remeron was chosen because not only did it treat depression but it also had the added advantage of improving appetite, and the resident was noted to be losing weight due to poor appetite. When asked what behaviors he expected to be monitored, he stated crying and mood swings. The PA was not aware the resident</p>	F 756	<p>quality monitoring to the Quality Assurance Performance Improvement committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated.</p> <p>5. Date of Compliance 3/19/20.</p>		

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F 756	<p>Continued From page 34</p> <p>was being monitored for inability to sleep and he was not certain who chose that behavior to be monitored or why it was chosen.</p> <p>On 2/19/20 at 4:22 PM an interview was conducted with Nurse #5 in which she stated she worked with resident #27 often and was familiar with her. Nurse #5 stated the resident was on an antidepressant and they were monitoring her for crying and mood swings. When Nurse #5 reviewed the behavioral monitoring tool, she reported inability to sleep as the behavior listed on the behavior monitoring tool. When asked who determined what behaviors were to be monitored, she stated the nurse who filled out the Medication Administration Record (MAR) at the end of the month also filled out the behavior monitoring tool. She further stated she was uncertain how the behavior, inability to sleep, was chosen for this resident.</p> <p>On at 2/19/20 at 3:07 PM an interview was conducted with the consultant Pharmacist in which he stated the resident was on Remeron most likely for antidepressant and appetite stimulant effects. The Pharmacist indicated he did not review behavior monitoring and did not know what behaviors were being monitored by staff. He further stated the behaviors he expected this medication to treat would be poor appetite and depression and those should have been the behaviors monitored to determine if treatment was effective.</p> <p>During an interview with the DON on 2/19/20 at 4:25 PM she stated the nurses should be monitoring those behaviors indicated in the physician or psychiatric practitioner's notes which were crying and mood swings. She stated she</p>	F 756			

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F 756	Continued From page 35 was not sure why inability to sleep was listed on the behavior monitoring sheet for Resident #27. On 2/20/20 at 10:14 AM in an interview with the facility Administrator and the DON, they both stated they expected the behavior monitoring tool to include those behaviors being targeted as determined by the physician or psychiatric provider	F 756			
F 758 SS=E	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §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: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §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; §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;	F 758		3/19/20	

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F 758	<p>Continued From page 36</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 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: Based on observations, record review, and interviews with staff, pharmacy consultant, and physician assistant, the facility failed to identify appropriate target behavioral symptoms and monitor those symptoms to support the clinical rationale for the use of antidepressant medication for 1 of 5 residents (Resident #27) reviewed for unnecessary medications.</p> <p>The findings included:</p> <p>Resident #27 was admitted to the facility on 4/30/2015 with most recent readmit on 2/20/2017 with diagnoses that included major depressive disorder.</p> <p>Resident #27's annual Minimum Data Set (MDS)</p>	F 758	<ol style="list-style-type: none"> 1. An appropriate target behavior of crying was added to Resident #27 behavior monitoring sheet on 2/20/20. 2. The Director of Nursing completed a quality review of current residents on antidepressant medication, to ensure an appropriate targeted behavior was identified on 3/1/20. No negative findings were identified. 3. The Director of Nursing will provide re-education to licensed nurses, including part-time and prn to ensure appropriate targeted behaviors are identified and addressed on the behavior monitoring sheet by 3/11/20. Nurses will not be allowed to return to work until education is complete. 		

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F 758	<p>Continued From page 37</p> <p>dated 1/3/2020 revealed the resident was coded for mild cognitive impairment with functional vision and hearing. She was also coded as having unplanned weight loss and receiving antidepressants 7 out of 7 days during the assessment period.</p> <p>The resident's comprehensive care plan identified the resident as having major depressive disorder with interventions to monitor, record, and report episodes or feelings of sadness. Additional interventions included monitoring, recording, and reporting mood patterns, and monitoring for side effects of antidepressant medication.</p> <p>The resident's medication administration record for November and December of 2019 as well as January and February of 2020 indicated the resident was administered 15 milligrams (mg) of Remeron by mouth at bedtime. The indication associated with this medication was for the treatment of depression.</p> <p>Review of the resident's behavior monitoring documentation for November and December of 2019 as well as January and February of 2020 revealed the behavior being monitored was inability to sleep.</p> <p>In an interview with the facility's Physician Assistant (PA) on 02/19/20 at 10:05 AM, he stated he was familiar with resident #27 and the fact she had received Remeron as an antidepressant. He stated the antidepressant Remeron was chosen because not only did it treat depression but it also had the added advantage of improving appetite, and the resident was noted to be losing weight due to poor appetite. When asked what behaviors he</p>	F 758	<p>4. The Director of Nursing will conduct quality monitoring of 5 residents receiving antidepressants behavior monitoring sheet 3 times per week for 4 weeks, then weekly for 3 months to ensure appropriate target behavior identified. The Director of Nursing will report on the results of the quality monitoring to the Quality Assurance Performance Improvement committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated.</p> <p>5. Date of Compliance 3/19/20.</p>		

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

PRINTED: 03/24/2020
FORM APPROVED
OMB NO. 0938-0391

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F 758	<p>Continued From page 38</p> <p>expected to be monitored, he stated crying and mood swings. The PA was not aware the resident was being monitored for inability to sleep and he was not certain who chose that behavior to be monitored or why is was chosen.</p> <p>On 2/19/20 at 4:22 PM an interview was conducted with Nurse #5 in which she stated she worked with resident #27 often and was familiar with her. Nurse #5 stated the resident was on an antidepressant and they were monitoring her for crying and mood swings. When Nurse #5 reviewed the behavioral monitoring tool, she reported inability to sleep as the behavior listed on the behavior monitoring tool. When asked who determined what behaviors were to be monitored, she stated the nurse who filled out the medication administration record (MAR) at the end of the month also filled out the behavior monitoring tool. She further stated she was uncertain how the behavior, inability to sleep, was chosen for this resident.</p> <p>On at 2/19/20 at 3:07 PM an interview was conducted with the consultant pharmacist in which he stated the resident was on Remeron most likely for antidepressant and appetite stimulant effects. The Pharmacist indicated he did not review behavior monitoring and did not know what behaviors were being monitored by staff. He further stated the behaviors he expected this medication to treat would be poor appetite and depression and those should have been the behaviors monitored to determine if treatment was effective.</p> <p>During an interview with the DON on 2/19/20 at 4:25 PM she stated the nurses should be monitoring those behaviors indicated in the</p>	F 758			

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F 758	Continued From page 39 physician or psychiatric practitioner's notes which were crying and mood swings. She stated she was not sure why inability to sleep was listed on the behavior monitoring sheet for Resident #27. On 2/20/20 at 10:14 AM in an interview with the facility Administrator and the DON, they both stated they expected the behavior monitoring tool to include those behaviors being targeted as determined by the physician or psychiatric provider.	F 758			
F 791 SS=D	Routine/Emergency Dental Srvcs in NFs CFR(s): 483.55(b)(1)-(5) §483.55 Dental Services The facility must assist residents in obtaining routine and 24-hour emergency dental care. §483.55(b) Nursing Facilities. The facility- §483.55(b)(1) Must provide or obtain from an outside resource, in accordance with §483.70(g) of this part, the following dental services to meet the needs of each resident: (i) Routine dental services (to the extent covered under the State plan); and (ii) Emergency dental services; §483.55(b)(2) Must, if necessary or if requested, assist the resident- (i) In making appointments; and (ii) By arranging for transportation to and from the dental services locations; §483.55(b)(3) Must promptly, within 3 days, refer residents with lost or damaged dentures for dental services. If a referral does not occur within	F 791		3/19/20	

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F 791	<p>Continued From page 40</p> <p>3 days, the facility must provide documentation of what they did to ensure the resident could still eat and drink adequately while awaiting dental services and the extenuating circumstances that led to the delay;</p> <p>§483.55(b)(4) Must have a policy identifying those circumstances when the loss or damage of dentures is the facility's responsibility and may not charge a resident for the loss or damage of dentures determined in accordance with facility policy to be the facility's responsibility; and</p> <p>§483.55(b)(5) Must assist residents who are eligible and wish to participate to apply for reimbursement of dental services as an incurred medical expense under the State plan. This REQUIREMENT is not met as evidenced by: Based on record review, resident and staff interviews and dental provider interviews, the facility failed to follow up on a dental recommendattion for 1 of 1 resident reviewed for dental (Resident #43).</p> <p>The findings included:</p> <p>Resident #43 was originally admitted to the facility on 8/21/18 with multiple diagnoses that included stage 4 pressure ulcer to sacrum, diabetes and hypertension.</p> <p>A review of Resident #43's medical record revealed a dental consult dated 10/11/19 that read in part, "patient has a need for urgent dental work, but we are not equipped to do her treatment in our office. Due to her needs of complete care I recommend that the patient be taken to UNC (University of North Carolina)</p>	F 791	<ol style="list-style-type: none"> 1. A dental appointment will be made per referral to the UNC School of Dentistry for Resident#43 by 3/19/20. 2. The Director of Nursing completed a quality review of current residents to ensure follow-up completed for dental recommendation of 2/23/20. No negative findings were identified. 3. The Director of Nursing provided re-education to the Scheduler/Transportations staff member on ensuring dental recommendations appointments are made timely and documented on the appointment log on 2/21/20. 4. The Director of Nursing will conduct quality monitoring of the Scheduler/Transportation appointment log 3 times per week for 4 weeks. then weekly for 3 months to ensure dental 		

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F 791	<p>Continued From page 41 School of Dentistry."</p> <p>Review of the nursing notes for October 2019 to present revealed no entries indicating attempts made to schedule a dental referral for Resident #43.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 1/17/2020 indicated Resident #43 was cognitively intact.</p> <p>During an interview on 2/18/2020 at 1:30pm, Resident #43 indicated at her last dental appointment, in October 2019, it was recommended she be scheduled at the UNC School of Dentistry for routine dental care and some fillings but had not received an appointment. Resident #43 stated she had all her natural teeth, was not experiencing any pain and it was important to her that she received routine dental services because she did not want to lose her teeth.</p> <p>On 2/18/2020 at 3:45pm an interview occurred with the Scheduler/Transportation staff member. He stated when an order for referrals were received, staff would provide him with a copy to schedule the appointment. The scheduler reviewed the dental consult for Resident #43 dated 10/11/19 and stated the Social Worker faxed the necessary information to the UNC Dental Clinic on 10/18/19. He provided a fax cover sheet dated 10/18/19 however there was no information of whether the information was received by the UNC Clinic. The scheduler further stated he called the UNC Dental Clinic "about 3 weeks ago" to inquire about the appointment and was told he needed to refax the referral. The scheduler was unable to state the date or provide</p>	F 791	<p>recommendations appointments are made timely. The Director of Nursing will report on the results of the quality monitoring to the QAPI committee. Finding will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated.</p> <p>5. Date of Compliance 3/19/20.</p>		

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F 791	<p>Continued From page 42</p> <p>written information for when the information was resent.</p> <p>The Director of Nursing (DON) was interviewed on 2/19/2020 at 8:40am and stated there was not a system in place to ensure appointments were scheduled.</p> <p>On 2/19/2020 at 10:24am a phone call was placed to the Dentist for Resident #43. A message was left for a return call.</p> <p>On 2/19/2020 at 10:42am the scheduler stated he used his personal phone to try and schedule the dental referral appointment and provided his call log showing calls were made on 10/15/19 twice, 10/16/19, 1/8/20, 1/21/20, 1/24/20, 1/28/20, 2/4/20 and 2/17/20. He was unable to state if phone calls were attempted between 10/17/19 and 1/7/20 and added he had not called the Dental office to let them know of the delay in scheduling the appointment.</p> <p>An interview occurred with the facility's Nurse Practitioner on 2/20/2020 at 8:30am. She reviewed the dental consult dated 10/11/19 and stated she would have expected an appointment to be scheduled by now and had not been made aware of any difficulty scheduling the appointment.</p> <p>On 2/20/2020 at 9:15am an interview occurred with the Administrator and Director of Nursing (DON), who stated they expected the scheduler to let the DON know if they were having trouble scheduling an appointment and to follow up with the referring physician. They both acknowledged appointments should be made in a timely manner.</p>	F 791			

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F 791	Continued From page 43 On 2/21/2020 at 1:45pm a phone interview occurred with a staff member at the UNC Specialty Clinic and stated normally the facility would have received a call with an appointment time 4 to 6 weeks after a referral had been received. She further stated if a referral had been received in October 2019 an appointment would have already been scheduled. A phone interview occurred with the Dentist for Resident #43 on 2/24/2020. He explained he recommended an appointment at UNC School of Dentistry due to the resident's difficulty getting in the exam chairs, inability to hold her mouth open and felt she would be better served at the UNC clinic as they had mechanical lifts for transfers. The Dentist added he was unaware Resident #43 did not have an appointment scheduled and had not received a call from the facility regarding difficulty obtaining the appointment. The dental provider stated he would have expected an appointment to have been scheduled by now.	F 791			
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by:	F 806		3/19/20	

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F 806	<p>Continued From page 44</p> <p>Based on record review, observation, resident interview and staff interviews, the facility failed to honor the food preferences for 1 of 1 resident reviewed for food palatability (Resident #23).</p> <p>The findings included:</p> <p>Resident #23 was admitted to the facility on 2/16/17 with multiple diagnoses that included cardiovascular disease, anemia and history of a stroke.</p> <p>The quarterly Minimum Data Set (MDS) assessment dated 12/27/19 indicated Resident #23 was cognitively intact and was independent with eating after setup.</p> <p>Resident #23's care plan dated 1/9/2020 revealed a goal the resident would maintain his weight within 1 to 3 pounds. The interventions for that goal included; provide and serve diet as ordered, dietician to evaluate and make diet change recommendations as needed and to honor preference of no breakfast and to receive meals in his room.</p> <p>A review of Resident #23's dietary card revealed a dislike for multiple items to include pudding and cornbread.</p> <p>During an observation of the lunch meal on 2/17/2020 at 12:30pm, Resident #23 stated he continually received food that was listed as disliked on the dietary card. It was noted he was served pudding and cornbread with his meal.</p> <p>Resident #23 was interviewed on 2/17/2020 at 12:30pm and stated he was served something from his dislikes at least one meal a day. He</p>	F 806	<ol style="list-style-type: none"> 1. Resident #23 food preference list was updated on 2/19/20. 2. The Dietary Manager completed a food preference list of current residents on 3/4/20. Eleven residents' tray cards were updated to reflect resident's preference. 3. The Regional Dietary Manager provided re-education to current dietary employees on ensuring food preferences followed on tray cards on 2/26/20. Dietary workers will not be allowed to work until education is complete. 4. The Dietary Manager will conduct quality of 10 tray cards 3 times per week for 4 weeks, then weekly for 3 months to ensure food preferences followed. The Dietary manager will report on the results of the quality monitoring to the QAPI committee. Findings will be reviewed by QAPI committee monthly and Quality monitoring updated as indicated. 5. Date of Compliance 3/19/20. 		

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F 806	Continued From page 45 further stated he would often ask the nurse aide to get him something else to eat if he was served food he did not like and had spoken with the dietary manager multiple times. Nurse Aide #1 (NA) was interviewed on 2/17/2020 at 12:45pm and stated she didn't check the resident's dietary card on the tray as she assumed it came from the kitchen correct. She added the resident was able to let her know if he received food he didn't like, then alternates were offered and obtained. On 2/18/2020 at 4:30pm an interview occurred with Nurse Aide #2 who worked on second shift and was familiar with the resident. She stated he frequently received food that was listed as disliked on the dietary card. When this was observed, she would offer and provide him with an alternate. The dietary manager was interviewed on 2/19/2020 at 10:10am. The manager stated when Resident #23 voiced a concern regarding food choices she would have a one on one meeting with him to update his preferences on the dietary card. She further stated she felt it was an oversight but expected the residents' meal cards to be followed. On 2/20/2020 at 9:15am an interview was held with the Administrator and Director of Nursing and stated it was their expectation for the residents to receive food preferences per their choice.	F 806			
F 867 SS=E	QAPI/QAA Improvement Activities CFR(s): 483.75(g)(2)(ii) §483.75(g) Quality assessment and assurance.	F 867			3/19/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345450	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/24/2020
NAME OF PROVIDER OR SUPPLIER WESTWOOD HEALTH AND REHABILITA			STREET ADDRESS, CITY, STATE, ZIP CODE 625 ASHLAND STREET ARCHDALE, NC 27263		
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F 867	Continued From page 46 §483.75(g)(2) The quality assessment and assurance committee must: (ii) Develop and implement appropriate plans of action to correct identified quality deficiencies; This REQUIREMENT is not met as evidenced by: Based on record reviews, observation and interviews with staff, dialysis provider Registered Dietician, facility's Registered Dietician, Pharmacy Consultant and Physician Assistant, the facility's Quality Assessment and Assurance (QAA) Committee failed to maintain implemented procedures and monitor interventions the committee had put into place following the annual recertification survey dated 3/6/19. This was for two recited deficiencies in the areas of Maintenance of Nutrition/Hydration Status at F692- not providing physician ordered supplements and Free from Unnecessary Psychotropic Medications at F758- not identifying and monitoring target behavior for psychotropic medication, previously cited on 3/6/19. The continued failure of the facility during two federal surveys of record shows a pattern of the facility's inability to sustain an effective QAA program. The findings included: This citation is cross referenced to: F692- Based on record review and interviews with the dialysis provider's Registered Dietician, facility's Registered Dietician, and staff, the facility failed to follow physician's orders related to nutritional supplements for 2 of 5 residents (Residents #2 and #49) reviewed for nutrition. During the facility's recertification survey of 3/6/19	F 867	1. The Executive Director will hold a Quality Assurance Performance Improvement meeting on 3/10/20 with the Interdisciplinary Team including the Director of clinical Services. Social Services. Dietary Manager, Admission Director, MDS Coordinator, Activities Director, medical Records Director and Business Office Manager focusing o the areas of Maintenance of Nutrition/Hydration Status at F692 not providing physician ordered supplements and Free form Unnecessary Psychotropic Medications at F758-not identifying and monitoring target behavior for psychotropic medication. The facility Quality Assurance will review the new plan of correction for maintaining compliance in these areas. 2. During the Quality Assurance Performance Improvement on 3/10/20 the Regional Director of Clinical Services along with the Executive Director will re-educate the attendees on the Quality Assurance process to include identifying, correcting , and monitoring of identified deficiencies to ensure compliance and quality are maintained. 3. The Quality Assurance Performance Improvement Committee will continue to meet on at least a monthly basis identifying new concerns as well as		

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F 867	<p>Continued From page 47</p> <p>the facility was cited for failure to provide a Physician ordered dietary supplement to prevent unexpected weight loss for 1 of 5 sampled residents reviewed for weight loss (Resident #4).</p> <p>F758- Based on observations, record review, and interviews with staff, pharmacy consultant, and physician assistant, the facility failed to identify appropriate target behavioral symptoms and monitor those symptoms to support the clinical rationale for the use of an antidepressant medication for 1 of 5 residents (Resident #27) reviewed for unnecessary medications.</p> <p>During the facility's recertification survey of 3/6/19, the facility was cited for failure to identify and monitor target behaviors for psychotropic medications (Residents #35 and #50) for 2 of 6 sampled residents reviewed for unnecessary medications.</p> <p>An interview was completed on 2/20/2020 at 10:20am with the Administrator and Director of Nursing. They both stated the repeat citation related to nutritional supplements was felt to be related to a transcription error and having inconsistent Registered Dieticians. The repeat citation for identifying and monitoring target behaviors was felt to be related to human error.</p>	F 867	<p>reviewing past identified concerns with updated interventions as required. The Regional Vice President of Operations and or the Regional Director of Clinical Services will attend the Quality Assurance Performance Improvement meeting for 3 months for validation. Opportunities will be corrected as identified by the Executive Director.</p> <p>4. The results of these reviews will be submitted to the QAPI Committee by the Executive Director for review by IDT members each month for 12 months. The QAPI committee will evaluate the effectiveness and amend as needed.</p>		