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	345293	A. BUILDING _____ B. WING _____	C 07/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RICHMOND PINES HEALTHCARE AND REHABILITATION CENTE	HIGHWAY 177 S BOX 1489 HAMLET, NC 28345

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced Recertification survey was conducted on 7/12/2020 through 7/16/2020. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID# HCOC11.	E 000		
F 000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 7/12/20 through 7/16/20. Event ID# HCOC11. 1 of the 12 complaint allegations was substantiated resulting in a deficiency.	F 000		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §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 record review and staff interview, the facility failed to code the Minimum Data Set (MDS) assessments accurately in the areas of diagnoses (Residents # 59, # 42 & # 66), falls (Resident # 11), Nutrition (Resident # 20 & #19), hospice (Resident #76) and PASRR level II (Resident #59) for 7 of 25 sampled residents reviewed. Findings included: 1a. Resident # 59 was admitted to the facility on 3/21/19 with multiple diagnoses including Schizophrenia, Psychosis and Chronic Viral Hepatitis. The doctor's progress note dated 3/25/19	F 641	Based on record review and staff interview, the facility failed to code the Minimum Data Set assessments accurately in the areas of diagnoses (Residents #59, #42 & #56),Falls (Resident #11),Nutrition (Residents #20 & #19), Hospice (Resident #76), and PASRR Level II (Resident #59) for 7 of 25 sampled residents review. 1. Resident #59 & #42 with diagnoses of Chronic Viral Hepatitis active was corrected to in-active on 7/15/2020. Resident #66 with diagnoses of an active diagnosis of a Urinary Tract infection was corrected on 7/15/2020 to in-active. Resident #11 that Minimum Data Set	8/11/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 07/31/2020

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F 641	Continued From page 1 revealed Resident #59 had a past medical history of Chronic Viral Hepatitis C. The quarterly MDS assessment dated 6/27/20 indicated that Resident #59's cognition was intact, and she had an active diagnosis of Viral Hepatitis. On 7/15/20 at 1:12 PM, the MDS Nurse was interviewed. She stated that Resident #59 had Chronic Viral Hepatitis and was not currently getting treatment for it and it should not have been coded under active diagnoses on the 6/27/20 MDS assessment. On 7/16/20 at 11:05 AM, the Director of Nursing (DON) was interviewed. The DON stated that the MDS Nurse had been working at the facility as MDS Nurse for 1 and ½ years. She indicated that the MDS Nurse was still learning MDS, but she expected the MDS assessments to be coded accurately. b. Resident # 59 was admitted to the facility on 3/21/19 with multiple diagnoses including Schizophrenia and Psychosis. Resident #59 was evaluated on 2/5/18 for Preadmission Screening and Resident Review (PASRR) level II and was reevaluated on 2/11/19 due to mental illness. The annual MDS assessment dated 3/27/20 indicated that Resident #59 was a PASRR level II and was not related to mental illness. On 7/13/20 at 2:45 PM, the Social Worker was interviewed. She stated that Resident #59 was a PASRR level II due to mental illness.	F 641	(MDS) was coded as a fall with no injury was coded to a fall with injury on 7/15/2020. Resident #20 the parenteral/IV feeding that was coded in-correctly on the Minimum Data Set(MDS) was corrected on 7/15/2020 Resident #19 was in-correctly coded on the Minimum Date Set(MDS) for weight loss of 5% or more in the last month or a loss of 10% or more in the last 6 months. This was corrected on the Minimum Data Set (MDS) on 7/27/2020. Resident #76 who was not on the Minimum Data Set (MDS) for receiving hospice care is now coded correctly for receiving hospice care on 7/27/2020. Resident #59 Minimum Data Set (MDS) was corrected that the resident Preadmission Screen & Resident Review (PASRR) level II is due to mental illness 7/15/2020. These corrections were completed by the Minimum Date Set (MDS) Registered Nurse (RN) 2. All residents have the potential for being coded on the MDS incorrectly. 3. On 7/15/2020 the facility has corrected the deficiency as it relates to the Minimum Data Set Registered Nurse by education provided by the MDS Consultant Nurse regarding criteria needed for coding urinary trach infection on readmit from hospital, coding active diagnoses on MDS per Resident Assessment Instrument Manual, for coding accurate representation of falls on the MDS per RAI Manual. MDS Consultant also re-educated on Hospice coding on 7/29/2020. Dietary Manager was	

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F 641	Continued From page 2 On 7/15/20 at 1:12 PM, the MDS Nurse was interviewed. She verified that Resident #59 was a PASRR level II due to mental illness. The MDS Nurse stated that she coded the 3/27/20 annual MDS inaccurately. On 7/16/20 at 11:05 AM, the Director of Nursing (DON) was interviewed. The DON stated that the MDS Nurse had been working at the facility as MDS Nurse for 1 and ½ years. She indicated that the MDS Nurse was still learning MDS, but she expected the MDS assessments to be coded accurately. 2. Resident #11 was admitted to the facility on 1/23/20 with multiple diagnoses including Alzheimer's Disease. The quarterly MDS assessment dated 4/15/20 indicated that Resident #11 had severe cognitive impairment and had 2 or more falls with no injury since admission /reentry or prior assessment. The incident report and nurse's note dated 3/6/20 at 7:50 PM indicated that Resident #11 had told the nurse aide that she had a fall in the bathroom. She was found to have a small hematoma to her left eye and had a "goose egg" above left eye. The doctor and the responsible party (RP) were notified. An order for x-ray of face was obtained. On 7/15/20 at 1:13 PM, the MDS Nurse was interviewed. She verified that the fall on 3/6/20, Resident #11 sustained hematoma on her left eye and the MDS dated 4/15/20 should have been coded as fall with injury but it was not. On 7/16/20 at 11:05 AM, the Director of Nursing	F 641	re-educated by the MDS Consultant on 7/15/2020 on calculating weight variance for section K and coding Nutrition approaches accurately per RAI Manual. 7/15/2020 MDS Consultant & MDS nurse audited 100% of last 90 days of falls, PASSAR Level II's and hospice. Any identified concerns were corrected at that time. We had no other falls coded with injury to correct, we had to correct 19 PASSAR Level II's to corrected coding and 1 hospice coding had to be corrected. MDS Consultant & MDS nurse are also auditing 100% of current residents on the most recent MDS for accuracy section K coding for nutrition and weight variance. To be completed by 8/7/2020 and to be given to the Director of Nursing. 4. Director of Nursing/Designee will audit 5 MDSs per month for accuracy in areas of concern PASSAR Level II, diagnoses, falls, weight loss variance and nutrition approaches accurately. These audits will be turned into the Nursing Home Administrator monthly for 3 months. Identified concerns will be corrected as identified. Minimum Data Set (MDS) Registered Nurse (RN) will continued to be educated as concerns are identified by MDS Consultant. Nursing Home Administrator will share findings at the QAPI Committee monthly meeting for 3 months to review for any trends, training needs, additional recommendations and to determine the need for continued monitoring to ensure compliance. QAPI Committee will make a determination at the end of 3 months for continued	

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(DON) was interviewed. The DON stated that the MDS Nurse had been working at the facility as MDS Nurse for 1 and ½ years. She indicated that the MDS Nurse was still learning MDS, but she expected the MDS assessments to be coded accurately.

3. Resident #66 was admitted to the facility on 6/24/20 with multiple diagnoses including Urinary Tract Infection (UTI). The quarterly Minimum Data Set (MDS) assessment dated 7/1/20 indicated that Resident #66 had severe cognitive impairment and had received an antibiotic drug for 5 days during the assessment period. The assessment further indicated that Resident #66 did not have a diagnosis of UTI.

The hospital discharge summary dated 6/23/20 revealed that Resident #66 had an active diagnosis of UTI, and she was discharged to the facility on 6/24/20 on Amoxicillin (an antibiotic drug) 875 milligrams (mgs.) twice a day for 5 days for UTI.

The Medication Administration Record (MAR) for June 2020 revealed that Resident #66 had received Amoxicillin 875 mgs daily for 5 days from 6/25/20 - 6/29/20.

On 7/15/20 at 1:13 PM, the MDS Nurse was interviewed. She verified that Resident #66 was admitted from the hospital on 6/24/20. The resident was admitted with an order for Amoxicillin 875 mgs twice a day for UTI. The MDS Nurse indicated that she did not code the MDS for UTI since the resident did not meet the McGreer's criteria (criteria used by the long-term care (LTC) for UTI).

monitoring as needed.
5. 08/11/2020

All corrections completed on 8/04/2020 by Nursing Home Administrator.

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On 7/16/20 at 11:05 AM, the Director of Nursing (DON) was interviewed. The DON stated that the MDS Nurse had been working at the facility as MDS Nurse for 1 and ½ years. She indicated that the MDS Nurse was still learning MDS, but she expected the MDS assessments to be coded accurately. The DON further indicated that since Resident #66 had received an antibiotic for UTI during the assessment period, the MDS dated 7/1/20 should have been coded for UTI under active diagnosis.

4. Resident #20 was admitted to the facility on 11/14/10 with multiple diagnoses including dysphagia and traumatic brain injury. The quarterly Minimum Data Set (MDS) assessment dated 4/28/20 indicated that Resident # 20 had moderate cognitive impairment and had received parenteral/intravenous (IV) feeding during the last 7 days while a resident at the facility.

The Medication Administration Records (MARs) for 4/2020 were reviewed. The MARs revealed that Resident #20 had received tube feeding but not parenteral/IV feeding.

On 7/15/20 at 1:13 PM, the MDS Nurse was interviewed. She verified that Resident #20 was receiving tube feeding. The MDS Nurse stated that the 4/28/20 quarterly MDS assessment under nutritional status, the parenteral/IV feeding was coded incorrectly. She indicated that the resident did not receive parenteral/IV feeding during the assessment period.

On 7/16/20 at 11:05 AM, the Director of Nursing

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(DON) was interviewed. The DON stated that the MDS Nurse had been working at the facility as MDS Nurse for 1 and ½ years. She indicated that the MDS Nurse was still learning MDS, but she expected the MDS assessments to be coded accurately.

5. Resident # 42 was admitted to the facility on 9/25/18 with multiple diagnoses including Chronic Viral Hepatitis.

The hospital discharge summary dated 9/18/18 indicated that Resident #42 had diagnosis of Viral Hepatitis.

The quarterly MDS assessment dated 6/3/20 indicated that Resident # 42 had moderate cognitive impairment and had active diagnosis of Viral Hepatitis.

On 7/15/20 at 1:12 PM, the MDS Nurse was interviewed. She stated that Resident #42 had Chronic Viral Hepatitis and was not currently getting treatment for it and it should not have been coded under active diagnoses on the 6/3/20 MDS assessment.

On 7/16/20 at 11:05 AM, the Director of Nursing (DON) was interviewed. The DON stated that the MDS Nurse had been working at the facility as MDS Nurse for 1 and ½ years. She indicated that the MDS Nurse was still learning MDS but she expected the MDS assessments to be coded accurately.

6) Resident #76 was originally admitted to the facility on 2/21/17 and was discharged from the facility on 2/13/2020. His diagnoses included

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Alzheimer's disease.

A physician's order dated 1/27/2020 indicated an admission to Hospice care.

A Significant Change in Status Minimum Data Set (MDS) assessment dated 2/4/2020 revealed the resident was marked with an active diagnosis of Alzheimer's disease and a prognosis of less than six months but not coded with receiving Hospice care.

A review of the resident's care plan indicated on 2/17/2020 a revision was made to include resident #76 received Hospice care for Alzheimer's disease.

During an interview with the MDS Nurse on 7/16/2020 at 9:50 AM, she confirmed she was aware the resident had received Hospice care and Hospice was not marked on the MDS assessment dated 2/4/2020. She stated it was an oversight.

An interview was conducted with the Director of Nursing on 7/16/2020 at 11:30 AM, and stated it was her expectation for the MDS to be coded accurately.

7a) Resident #19 was originally admitted to the facility 10/12/18 with diagnoses that included cerebral infarction (a stroke), dysphagia (difficulty swallowing) and diabetes.

A quarterly Minimum Data Set (MDS) assessment dated 4/23/20 revealed Resident #19 was coded for weight loss of 5% or more in the

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last month or a loss of 10% or more in the last 6 months.

Resident #19's weight data revealed the following weights during the MDS assessment look back period of November 2019 to April 2020, which showed a 3.52% weight loss in a month and a 0.52% weight loss in 6 months:
4/16/2020 192 lbs.
3/10/2020 199 lbs.
11/4/19 193 lbs.

On 7/16/2020 at 9:50 AM, an interview was conducted with the MDS Nurse who stated the Dietary Manager coded the nutrition section of the MDS assessment.

An interview occurred with the Dietary Manager on 7/16/2020 at 10:15 AM. She reviewed the nutrition area on the 4/23/20 MDS and weight data, indicated it was coded incorrectly and should not have been coded as a weight loss.

During an interview with the Director of Nursing on 7/16/2020 at 11:30 AM, she indicated it was her expectation for the MDS to be coded accurately.

7b) Resident #19 was originally admitted to the facility 10/12/18 with diagnoses that included cerebral infarction (a stroke), dysphagia (difficulty swallowing) and diabetes.

Review of Resident #19's active care plan dated 4/22/2020 revealed a care plan in place for nutrition and fluids via the PEG tube due to dysphagia and nothing by mouth (NPO) status. Appropriate goals and interventions were present.

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F 641	Continued From page 8 A quarterly Minimum Data Set (MDS) assessment dated 4/23/20 revealed Resident #19 had severe cognitive impairment and required total assistance from staff for fluid intake through the PEG tube (Percutaneous Endoscopic Gastrostomy- a way of receiving nutrition and fluids) She was coded as receiving 500 milliliters (ml) or less of fluid intake per day by the PEG tube. A review of the April 2020 physician orders indicated Resident #19 received 180 ml of water every 4 hours, 50 ml of water before and after medication administration and 15 ml of water with each medication given through the PEG tube. On 7/16/2020 at 9:50 AM, an interview was conducted with the MDS Nurse who stated the Dietary Manager coded the nutrition section of the MDS. An interview occurred with the Dietary Manager on 7/16/2020 at 10:15 AM. She reviewed the nutrition area on the 4/23/20 MDS and stated the 500 ml or less of fluids through the PEG tube was marked in error and should have been 501 ml or more per day. During an interview with the Director of Nursing on 7/16/2020 at 11:30 AM, she indicated it was her expectation for the MDS to be coded accurately.	F 641		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and	F 656		8/11/20

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implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.

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F 656	Continued From page 10 This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to develop a comprehensive care plan in area of hospice for 1 of 4 residents (Resident #15) reviewed for hospice care. The findings included: Resident #15 was most recently admitted to the facility on 2/21/19 with diagnoses that included heart disease, hypertension, and hyperlipidemia. A physician ' s order dated 4/14/20 for Resident #15 indicated a hospice consultation was to be conducted. An admission form for hospice care indicated Resident #15 was admitted on 4/16/20. The significant change Minimum Data Set (MDS) assessment dated 4/21/20 indicated Resident #15 ' s cognition was severely impaired. He was noted with a prognosis of less then 6 months and was on hospice. Resident #15 ' s active care plan was reviewed on 7/16/20 at 8:00 AM. There was no care plan in place related to hospice care. An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 10:13 AM. The ADON confirmed Resident #15 was on hospice care since 4/16/20. The active care plan for Resident #15 was reviewed with the ADON. The ADON provided a newly initiated care plan for Resident #15, dated 7/16/20, with the focus area of hospice care due to a terminal illness. She verified there was no care plan in place	F 656	Based on record review and staff interviews, the facility failed to develop a comprehensive care plan in the area of hospice for 1 of 4 residents (Resident #15) reviewed for hospice care. 1. A comprehensive care plan for Hospice has been developed for resident #15. This was completed on 7/16/2020 by Minimum Data Set Registered Nurse. All Hospice Residents were audited to ensure that they had a Hospice Comprehensive Care Plan. The other four Hospice residents did have a Hospice Comprehensive Care Plan for Hospice. 2. All residents that are admitted to hospice have the potential to be affected by this practice. All residents admitted to hospice will have a comprehensive care plan developed for hospice care. 3. On 7/29/2020 Minimum Data Set Registered Nurse Consultant re-educated the MDS Nurse that residents that were admitted to hospice need to have a comprehensive care plan developed. 4. Nursing Home Administrator/Director of Nursing will monitor for 3 months that every resident of the facility that starts receiving hospice will be protected by having a comprehensive care plan developed at admission to hospice care. Any residents transferred to hospice that it is identified that they do not have a Comprehensive Care Plan the Minimum	

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F 656	Continued From page 11 related to hospice care for Resident #15 prior to 7/16/20. She reported that care plans were able to be developed by herself, the Director of Nursing (DON), the MDS Nurse, as well as the Unit Managers. The ADON was unable to explain why a care plan related to hospice care had not been developed for Resident #15 prior to 7/16/20. An interview was conducted with the MDS Nurse on 7/16/20 at 11:20 AM. The MDS Nurse confirmed Resident #15 was on hospice care since 4/16/20. She verified the ADON ' s interview that indicated there was no care plan in place related to hospice care for Resident #15 prior to 7/16/20. She reported that normally, she initiated a hospice care plan when she completed the significant change MDS assessment related to the hospice admission. The MDS Nurse was unable to explain why she had not developed a hospice care plan for Resident #15 when the 4/21/20 significant change MDS assessment was completed. During an interview with the DON on 7/16/20 at 11:30 AM she indicated that a care plan was expected to be developed for any resident who was on hospice care.	F 656	Data Set Registered Nurse will be provided further education as needed. Negative outcomes will be reported to the QAPI Committee monthly for 3 months by the NHA/DON to review for trends, additional recommendations and to determine the need for continued monitoring to ensure continued compliance for 3 months and then as directed by the QAPI Committee. 5. 8/11/2020	
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician.	F 657		8/11/20

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F 657	Continued From page 12 (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (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. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to revise the care plan in the area of range of motion for 1 (Resident # 42) of 3 sampled residents reviewed for limitation in range of motion (ROM). Findings included: Resident #42 was admitted to the facility on 9/25/18 with multiple diagnoses including contracture of left hand, left shoulder and left elbow. The quarterly Minimum Data Set (MDS assessment dated 6/3/20 indicated that Residents #42 had moderate cognitive impairment and had limitation in range of motion on both sides of upper and lower extremities. On 5/28/20, Resident #42 had a doctor's order for	F 657	Based on record review, observation and staff interview, the facility failed to revise the care plan in the area of range of motion for 1 (Resident #42) of 3 sampled residents reviewed for limitation in range of motion (ROM). 1. Resident #42 care plan was revised on 7/16/2020 by Minimum Data Set Registered Nurse. 2. All residents have the potential to be affected by this practice that are receiving restorative nursing that are referred back to therapy. 3. The facility corrected the deficiency as it relates to the individual Minimum Data	

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F 657	Continued From page 13 Occupational Therapy (OT) to evaluate and treat as indicated. The OT note dated 5/28/20 revealed that Resident #42 was referred due to decline in ROM and high risk of worsening contractures, exhibits decreased shoulder flexion, shoulder abduction, elbow extension and hand extension. He had increased tone in his bilateral wrist and may benefit from change of splints or splint adjustment for greater wrist extension and improved positioning. Review of Resident #42's care plan dated 6/3/20 was conducted. One of the care plan problems was resident at risk for limitation in range of motion in lower extremities. The goal was to have no further limitation in ROM in lower extremities by the next review. The approaches included splint to left elbow and bilateral hands as resident tolerates by restorative aide/nursing aide. On 7/13/20 at 2:08 PM, Resident #42 was observed lying in bed. He was not wearing a splint on his left elbow and on his bilateral hands. On 7/13/20 at 2:10 PM, the Restorative Nursing Aide (RNA) was interviewed. The RNA stated that Resident #42 was not on her case load for splinting. She stated that the resident was picked up by the Occupational Therapist (OT) sometime in May 2020 and restorative nursing was no longer responsible for the application of the splints. On 7/15/20 at 1:13 PM, the MDS Nurse was interviewed. She verified that OT had picked up Resident #42 in May 2020 and when the OT was working with the resident, restorative nursing was	F 657	Set (MDS) Registered Nurse (RN) she was re-educated by the MDS Consultant on 7/30/2020. Restorative care plans were audited to make sure that they were accurate on 7/30/2020. There were no identified concerns from this audit. The MDS Nurse will meet weekly with the restorative aide for 12 weeks to audit case load and ensure care plan is updated with any resident discontinued from restorative and/or referred back to therapy. These audits will be turned in to the Director of Nursing weekly for 12 weeks. The system to ensure that the problem does not recur is to identify concerns by our audits regarding not revising care plans timely and to provide further education with our MDS Nurse as appropriate or more 1 on 1 training by the MDS Consultant. 4. Director of Nursing will report any negative findings to the QAPI Committee for 3 months to review for any trends, additional recommendations and to determine the need for continued monitoring at the end of 3 months. 5. 8/11/2020	

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F 657	Continued From page 14 not responsible for the splint application. The MDS Nurse stated that she should have removed the splint application from the care plan. On 7/16/20 at 11:05 AM, the Director of Nursing (DON) was interviewed. The DON stated that Resident #42 was picked up by OT in May 2020 and the MDS assessment was completed on 6/3/20, she expected the care plan to have been reviewed and revised by removing the splint application by restorative aide/nursing aide from the care plan..	F 657		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record reviews, staff and physician interviews, the facility failed to transcribe admission orders for a urinary catheter change for 1 of 2 residents reviewed for urinary catheters (Resident #22). The findings included: Resident #22 was originally admitted to the facility on 10/5/18 with the most recent readmission date of 7/7/2020. His diagnoses included neuromuscular dysfunction of the bladder and chronic kidney disease. The quarterly Minimum Data Set (MDS) assessment dated 4/28/20 indicated Resident	F 658	Based on record reviews, staff and physician interviews, the facility ailed to transcribe admission orders for a urinary catheter change orders for 1 of 2 residents reviewed for urinary catheters (Resident #22) 1. Resident #22 urinary catheter change order was transcribed to the Medication Administration Record by the Registered Nurse (RN) Unit Manager on 7/14/2020. 2. Any resident that has a urinary catheter at admission has the potential to be affected by this practice.	8/11/20

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F 658	Continued From page 15 #22 had severe cognitive impairment and required total assistance from staff for toileting. An indwelling catheter was present. The hospital discharge summary dated 7/7/2020 was reviewed and indicated in the Details of Inpatient Stay section to change the suprapubic urinary catheter in one month. The admission orders dated 7/7/20 for Resident #22 were reviewed and no order to change the suprapubic catheter was noted. Resident #22's current MAR and Treatment Administration Records (TAR) dated 7/7/20 to 7/31/20 were reviewed and no entry was noted to change the suprapubic catheter in one month. On 7/16/2020 at 9:10 AM, an interview occurred with the Assistant Director of Nursing (ADON) who signed the admission orders under the "medications reviewed by" section. She reviewed the Hospital Discharge Summary dated 7/7/2020 and visualized the instruction to change the suprapubic catheter in one month. The ADON explained when she reviewed the discharge orders, she looked at the diagnoses, discharge medication list and outpatient follow-ups, and normally didn't read the whole summary for any other instructions. She verbalized it was an oversight and should have been transcribed to the current MAR or TAR. The ADON further stated normally she or the Staff Development Coordinator reviewed the transcribed admission orders. Nurse #1 was interviewed on 7/16/2020 at 10:25 AM, whose signature was on the admission orders under the "complete entries checked"	F 658	3. All residents that have a urinary catheter were audited to assure that their catheter change order was transcribed to the Medication Administration Record on 7/14/2020. The audit did not show any other concerns. The Assistant Director of Nursing was re-educated on transcribing to the MAR accurately on 7/22/2020 by the Director of Nursing. All residents with urinary catheter orders will be transcribed to the MAR on admission. Transcribing to the MAR is completed by the admitting nurse at time of admission. The facility will ensure that all orders are transcribe to the MAR on all new admissions by reviewing all new admission orders at morning nurses meeting 5x a week to assure accuracy. All Licensed Nursing Staff will be re-educated on transcribing to the MAR on new admissions and any new orders by the Staff Development Coordinator (SDC). New hires and agency staff will be educated during orientation by the Staff Development Coordinator. 8/4/2020 4. The Director of Nursing/Designee will audit new admits 5x a week times 4 weeks then monthly times 8 weeks. Anything not transcribed will be corrected at that time and education provided to the admitting nurse as needed. Director of Nursing will share negative findings to the QAPI Committee monthly for 3 months to review any trends, needs to more education to licensed staff, additional recommendations. QAPI Committee will determine at the end of 3 months the need for continued monitoring.	

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F 658	Continued From page 16 section. She reviewed the current MAR and TAR as well as the hospital discharge summary dated 7/7/2020 and verified the instruction to change the suprapubic catheter in one month was not present. Nurse #1 further stated she overlooked it as it was in the details of the hospital stay section and she should have reviewed the entire summary for other instructions that may have been present. On 7/16/2020 at 11:00 AM, the Medical Director was interviewed and stated when he assessed new admissions or readmissions, he reviewed the entire hospital discharge summary as he would often find other instructions throughout the summary. The Medical Director added he would expect the nursing staff to review the entire hospital discharge summary for orders/instructions. The Director of Nursing was interviewed on 7/16/2020 at 11:30 AM and reported she expected the admission orders to be transcribed correctly and accurately.	F 658	5. 8/11/2020	
F 700 SS=D	Bedrails CFR(s): 483.25(n)(1)-(4) §483.25(n) Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. §483.25(n)(1) Assess the resident for risk of entrapment from bed rails prior to installation.	F 700		8/11/20

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F 700	Continued From page 17 §483.25(n)(2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. §483.25(n)(3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. §483.25(n)(4) Follow the manufacturers' recommendations and specifications for installing and maintaining bed rails. This REQUIREMENT is not met as evidenced by: Based on record review, observation and resident and staff interview, the facility failed to assess the resident prior to the use of the side rails and then quarterly for 1 of 2 sampled residents reviewed for side rail use (Resident #11). Findings included: Resident #11 was admitted to the facility on 1/23/20 with multiple diagnoses including Alzheimer's Disease. The quarterly MDS assessment dated 4/15/20 indicated that Resident #11 had severe cognitive impairment and had 2 or more falls with no injury since admission /reentry or prior assessment. Review of the nurse's notes and incident reports revealed that Resident #11 had a fall on 3/6/20 and 3/19/20. The care plan was reviewed. Resident #11 had a care plan initiated on 3/20/20 for the use of the side rails. The problem was "use of bed rails for increasing or maintaining current bed mobility or transfer ability, safety in transfers-bilateral quarter	F 700	Based on record review, observation and resident and staff interview, the facility failed to assess the resident prior to the use of the side rails and then quarterly for 1 of 2 sampled residents reviewed for side rail use (Resident #11) 1. Resident #11 physical device use evaluation was completed on 7/15/2020 by the Staff Development Coordinator. Side rails were removed on 7/15/2020 by the Maintenance Director. 2. All residents could be affected by this practice. All residents will have a physical device use evaluation prior to adding bedrails. Maintenance Director was educated by the Nursing Home Administrator to not add bed rails to any bed with out first talking to the Director of Nursing on 7/31/2020. 3. Measures taken by the facility to ensure that the problem of using bedrails without a physical device use evaluation. All residents are to have a physical device	

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F 700	Continued From page 18 rails". The approaches included to assess resident for risk of entrapment from bed rails periodically and as necessary and to evaluate use of the device periodically for continued effectiveness and appropriateness. On 7/13/20 at 2:03 PM, Resident #11 was observed lying in bed with bilateral quarter rails in the up position. The resident stated that she used it for turning from side to side. On 7/15/20 at 1:13 PM, the MDS Nurse was interviewed. The MDS Nurse stated that she didn't remember why the side rails were used for Resident #11 on 3/20/20. On 7/16/20 at 8:50 AM, the Administrator was interviewed. She stated that Resident #11 had a fall on 3/19/20 and the care plan for the side rails was initiated on 3/20/20. She reported that the Nurse should have evaluated/assessed the resident prior to the use of the side rails. On 7/16/20 at 8:52 AM, the Director of Nursing (DON) was interviewed. She stated that Resident #11 was assessed for the need of the side rails on 7/15/20, and she did not need them, so they were removed from her bed. The DON further stated that the nurse on 3/20/20 should have completed a side rail assessment for the resident prior to use. On 7/16/20 at 8:55 AM, Nurse # 1, assigned to Resident #11 on 3/20/20, was interviewed. She stated that a Physical Device assessment should be completed prior to the use of side rails. Nurse #1 indicated that she didn't know why the Physical Device assessment was not completed for Resident #11 prior to the use of the side rails.	F 700	use evaluation completed by 8/7/2020 and then quarterly. 100% bed rail audit was completed on 7/15/2020 by Staff Development Coordinator, RN Unit Manager, Treatment Nurse and Assistant Director of Nursing. No other side rails were identified as needing to be removed or that did not have a physical device use evaluation. Licensed Nursing staff will be re-educated that a physical device use evaluation must be completed before side rails can be added to a resident's bed by 8/7/2020. Education to nursing staff will be provided by Staff Development Coordinator. Maintenance will notify the Director of Nursing before a side rail is added to a resident's bed. Education to the Maintenance Director was provided by the Nursing Home Administrator on 7/31/2020. A copy of the physical device use evaluation once completed a copy will be given to the director of nursing. Facility was unable to identify how the resident received rails and due to this all side rails were removed off of all unoccupied beds by Maintenance Department on 8/03/2020. 4. The Director of Nursing/Designee will audit 20 beds weekly on walking rounds for 3 months to ensure side rails have not been added to a resident's bed without the use of the physical device use evaluation. A copy of the physical device use evaluation once completed a copy will be given to the Director of Nursing weekly for 3 months. Audits will be turned in to the Nursing Home Administrator weekly for 3 months. The Director of	

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F 700	Continued From page 19 On 7/16/20 at 11:05 AM, a follow interview with the DON was conducted. The DON stated that she expected the nurses to complete the side rails assessment prior to use and then quarterly.	F 700	Nursing/Designee will share negative findings with the QAPI Committee to review for trends, additional recommendations & education needs. QAPI Committee will determine at the end of 3 months the need for continued monitoring. 5. 8/11/2020	
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		8/11/20

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F 756	Continued From page 20 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 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: Based on facility staff, hospice staff, Consultant Pharmacist, Medical Director (MD) and Hospice Medical Director interviews and record review, the Consultant Pharmacist failed to identify and address as needed (PRN) Ativan orders that were not time limited in duration (Residents #40, #32, #60, #15) for 4 of 4 residents reviewed for hospice. The facility also failed to act upon Pharmacy Consultant recommendations to complete an Abnormal Involuntary Movement Scale (AIMS) for 1 of (Resident #59) 5 residents reviewed for unnecessary medications. The findings included: 1. Resident #40 was admitted on 9/25/17 with cumulative diagnoses of Cerebral Vascular Accident (CVA), Chronic Obstructive Pulmonary Disease (COPD) and anxiety. Resident #40's revised care plan dated 2/20/20 read he was on hospice care due to a terminal illness. Resident #40's March 2020 Physician orders included an order dated 3/11/20 for Ativan (antianxiety) one milligram (mg) by mouth three	F 756	Based on facility staff, hospice staff, Consultant Pharmacist, Medical Director and Hospice Medical Director interviews and record review the Consultant Pharmacist failed to identify and address as needed (PRN) Ativan orders that were not time limited in duration (Resident #40. #32, #60 & #15) for 4 of 4 residents reviewed for hospice. The facility also failed to act upon Pharmacy Consultant recommendations to complete an Abnormal Involuntary Movement Scale (AIMS) for 1 of (#Resident #59) 5 residents reviewed for unnecessary medications. 1. Residents #40, #32, #60 & #15 Ativan are currently time limited in duration. Hospice Nurse corrected this deficiency by obtaining clarification orders from the Hospice Medical Director on 7/22/2020 to include identifying and addressing as needed psychotropic medication orders with time limited in duration. The Abnormal Involuntary Movement Scale (AIMS) was completed on Resident #59	

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F 756	Continued From page 21 times a day as needed (hold for sedation). Resident #40's Medication Administration Records (MAR) from March 2020 to July 16, 2020 reveal he last received an Ativan dose on 3/10/20. A monthly Pharmacist Consultant Progress Note dated 3/24/20 read a medication regimen review was completed with no recommendations. A monthly Pharmacist Consultant Progress Note dated 4/18/20 read a medication regimen review was completed with no recommendations. A monthly Pharmacist Consultant Progress Note dated 5/16/20 read a medication regimen review was completed with no recommendations. A monthly Pharmacist Consultant Progress Note dated 6/20/20 read a medication regimen review was completed with a recommendation to nursing. The Consultant Pharmacist's Medications Regimen Review note for nursing dated 6/20/20 read for nursing to consider discontinuation PRN orders per the automatic stop order policy. This recommendation included Ativan. It further read that discontinuing PRNs that have not been used may prevent medications from going out of date, free up medication cart storage and save the payor money. The follow through response read that the Ativan was a hospice order for comfort care. An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. She stated the Consultant Pharmacist Physician Recommendations were given to the	F 756	by Staff Development Coordinator on 7/15/2020. 2. All residents that could be ordered psychotropic medications as needed (PRN) could be affected by the practice of not having a time limited duration. All residents that are on psychotropic medications could be affected by the practice of not completing a pharmacy recommendation of completing an Abnormal Involuntary Movement Scale (AIMS) quarterly, medication change added or discontinued. 3. Licensed Nursing Staff & DON were educated on following pharmacy recommendations and completing Abnormal Involuntary Movement Scale (AIMS) quarterly by the Staff Development Coordinator 8/7/2020. 7/21/2020 phone conference was held with Administrative Nursing Staff, Nurses, Nursing Home Administrator and Pharmacy Consultants to review the Executive Summary. Recommendations were put in place and taken to QAPI Committee on 7/23/2020. In-service on Pharmacy Executive Summary to Director of Nursing by the Wound Consultant on 7/22/2020. Licensed Nurses were in-serviced on automatic stop order policy and MAR checks on 7/16/2020 by the Staff Development Coordinator. Staff Development Coordinator will educate Hospice nurses that provide services to our on facility on psychotropic medications having time limited duration by 8/7/2020. An audit will be completed for the last 3	

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F 756	Continued From page 22 MD every month and she followed up with the MD to make sure they were addressed. She stated she reviewed the Medication Regimen Review notes and addressed any nursing concerns identified. She stated she wrote the follow through response on the Consultant Pharmacist's Medications Regimen Review note dated 6/20/20. The ADON stated Resident #40's PRN Ativan was prescribed by hospice and she was not aware that PRN Ativan had to be time limited in duration and reassessed by the Physician. A telephone interview was conducted with Consultant Pharmacist #1 on 7/16/20 at 8:54 AM. She stated she was new to the facility and that she had discussed at length the PRN antianxiety medications time limited duration with the facility. Consultant Pharmacist #1 confirmed she did not complete a Physician Recommendation on 3/24/20, 4/18/20 and 5/18/20. She stated she noted Resident #40's PRN Ativan orders in her Medication Regimen Review notes to be addressed by nursing by using the automatic stop policy to streamline the process in an effort not to bother the prescribing Physician. The facility's automatic stop order policy revised on 4/15/11 did not include psychotropics medications. A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He stated he was aware that Ativan had to be time limited in duration then re-evaluated for the continued use. He stated he not received any Physician Recommendations regarding Resident #40's PRN Ativan. He stated he received Physician Recommendations from his other facilities but not from this facility. He stated the	F 756	months regarding the Executive summary and the last 30 days regarding the pharmacy recommendations by the DON/Designee 8/09/2020. An audit will be completed on all residents that are ordered PRN as needed psychotropics for the last 30 days to ensure for automatic stop orders or the need to discontinue. This audit will be reviewed with the Medical Director 8/09/2020 4. Facility will review all new or discontinued psychotropic medications that are PRN to ensure that problem does not recur. This will be reviewed in Nurse's morning meeting daily 5 times a week for 12 weeks for duration time limit. The Director of Nursing/Designee will identify and address PRN psychotropic medications for 12 weeks. Director of Nursing to review pharmacy's executive summary with the Medical Director monthly for 3 months to ensure pharmacy recommendations are completed. The Director of Nursing/Designee will report on progress to the Quality Assurance & Performance Improvement Committee monthly for 3 months and then at the direction of the QAPI Committee. Director of Nursing/Designee will present negative findings to the QAPI Committee monthly to review for trends, the need for providing re-education, additional recommendations and to determine the need for continued monitoring. 5. 08/11/2020	

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Physician Recommendations were triggered by the Consultant Pharmacist during a monthly medication review and it was his expectation that any medication irregularities be address by the Consultant Pharmacist.

Another interview was conducted with the ADON on 7/16/20 at 9:20 AM. She stated she did not contact the prescribing Physician when reviewing the Medication Regimen Review notes because it was her understand that a Physician Recommendation was completed by the Consultant Pharmacist and given to the Physician to address. The ADON stated the Medication Regimen Review notes are not given to the prescribing Physician but rather addressed by nursing.

An interview was conducted the Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated since the PRN Ativan was part of the hospice comfort package, it was not re-evaluated. She stated she was not aware of the time limited use of PRN Ativan so all the hospice resident's Physician orders were incorrect. She stated the Hospice Medical Director received faxed pharmacy Physician Recommendations from other facilities about PRN medications but she did not recall seeing any from this facility.

An interview was conducted with the MD on 7/16/20 at 10:55 AM. He stated normally the Consultant Pharmacist generated a Physician Recommendation for him to address. He stated he had not received a Physician Recommendation regarding Resident #40's PRN Ativan. The MD stated it was his expectation that the Consultant Pharmacist complete a Physician Recommendation as required during the monthly

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pharmacy medication review regarding any medication irregularities.

Another telephone interview was conducted with Consultant Pharmacist #1 on 7/16/20 at 11:09 AM. She stated she documented her recommendations about the PRN psychotropics in the Executive Summary of the Consultant Pharmacist's Medication Regimen Review report given to the facility monthly. She stated she only comes to the facility one day a month and that she doesn't always access to the MAR's. She stated she was aware of the time limited duration for PRN psychotropics but was unable to explain why she did not complete Physician Recommendations.

An interview was conducted with the Director of Nursing (DON) on 7/16/20 at 11:25 AM. She stated it was her expectation the that the Consultant Pharmacist complete a Physician Recommendation regarding Resident #40's PRN Ativan.

2. Resident #15 was most recently admitted to the facility on 2/21/19 with diagnoses that included heart disease, hypertension, and hyperlipidemia.

The significant change Minimum Data Set (MDS) assessment dated 4/21/20 indicated Resident #15 ' s cognition was severely impaired. He was noted with a prognosis of less than 6 months and was on hospice.

A physician ' s order for Resident #15 dated 6/1/20 indicated Ativan (antianxiety medication) 1 milligram (mg) every 8 hours as needed (PRN). This PRN Ativan physician ' s order had no stop date.

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The most recent monthly pharmacy consultant medication regimen review for Resident #15 was completed on 6/12/20 by Pharmacy Consultant #2. There were no recommendations made related to Resident #15 ' s PRN Ativan (initiated on 6/1/20) that was prescribed with no stop date.

A review of the 6/1/20 through 7/15/20 hard copy Medication Administration Records (MARs) for Resident #15 indicated no PRN Ativan had been administered.

The July 2020 active physician ' s orders for Resident #15 were reviewed on 7/15/20 and revealed the 6/1/20 PRN Ativan physician ' s order continued to be active.

An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. The ADON stated Resident #15 ' s PRN Ativan was prescribed by the hospice physician. She revealed she was aware of the regulation that required all physician ' s orders for PRN psychotropic medications to be time limited in duration, but she was not aware that the regulation applied to hospice residents.

An interview was conducted Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated PRN Ativan was part of the hospice comfort package and it was prescribed without a stop date. She indicated she was not aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN psychotropic medications were required to be time limited in duration. Hospice Nurse #1 revealed that all of their hospice residents at the facility had a physician ' s order for PRN Ativan with no stop date.

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A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He confirmed that the hospice comfort package normally included a physician ' s order for PRN Ativan with no stop date. He stated he was aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN Ativan were required to be time limited in duration. He reported that normally, if PRN Ativan with no stop date was ordered for a facility resident, he was alerted by a pharmacy recommendation from the facility ' s Pharmacy Consultant and/or by facility nursing staff and a stop date was implemented. He revealed he received no notification related to Resident #15 ' s physician ' s order dated 6/1/20 for PRN Ativan with no stop date.

A phone interview was conducted with Pharmacy Consultant #2 on 7/16/20 at 12:00 PM. She stated that she was aware that PRN psychotropic medications were required to be time limited in duration. The PRN Ativan physician ' s order dated 6/1/20 that continued to be active for Resident #15 was reviewed with Pharmacy Consultant #2. She reported that she had no notes in her June 2020 review that indicated Resident #15 had a physician ' s order for PRN Ativan with no stop date. She explained that there were times when telephone orders slipped out of the hard copy charts and/or were missed. Pharmacy Consultant #2 revealed that PRN psychotropic medication orders with no stop date had been on an ongoing issue at the facility going back as far as February 2020. She explained that every month she and/or Pharmacy Consultant #1 completed an "Executive Summary of Consultant Pharmacist ' s Medication Regimen

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Review" that provided the facility a summary of the medication regimen review results for that month. She further explained that this summary was not part of the medical record for each resident. Pharmacy Consultant #2 requested that the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" for June 2020 be reviewed for additional information.

As requested by Pharmacy Consultant #2 during her phone interview, the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" dated 6/20/20 for the time period of 6/1/20 through 6/20/20, read, in part:
"All PRNs [psychoactive medications] require stop dates per [Centers for Medicare and Medicaid Services]. May wish to make all prescribers and nursing staff aware of this regulation."

An interview was conducted with the Medical Director on 7/16/20 at 10:55 AM. The Medical Director stated he was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. He additionally stated that he was aware this regulation applied to hospice residents. He indicated that it was an error if a stop date was not included in the physician ' s order for a PRN psychotropic medication. The Medical Director reported that he depended on the Pharmacy Consultant to identify and address PRN psychotropic medication orders that had no stop date during the monthly medication regimen review.

An interview was conducted with the Director of Nursing (DON) on 7/16/20 at 11:30 AM. The DON stated she was aware of the regulation that required all PRN psychotropic medications to be

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time limited in duration. She additionally stated that she was aware this regulation applied to hospice residents. The DON was unable to explain why Resident #15 had an active order for PRN Ativan (initiated on 6/1/20) that had no stop date. She indicated that it was possible that the hospice staff audited the comfort packages for their facility residents on 6/1/20 and reinitiated physician ' s orders for PRN Ativan with no stop date and that this had not yet been not identified and corrected. She reported that she depended on the Pharmacy Consultant to identify and address PRN psychotropic medication orders that had no stop date during the monthly medication regimen review.

3. Resident #60 was most recently admitted to the facility on 9/20/19 with diagnoses that included heart disease and dementia.

A physician ' s order for Resident #60 dated 6/1/20 indicated Ativan (antianxiety medication) 1 milligram (mg) every 8 hours as needed (PRN). This PRN Ativan physician ' s order had no stop date.

The quarterly Minimum Data Set (MDS) assessment dated 6/27/20 indicated Resident #60 ' s cognition was moderately impaired. He was noted with a prognosis of less than 6 months and was on hospice.

The most recent monthly pharmacy consultant medication regimen review for Resident #60 was completed on 6/12/20 by Pharmacy Consultant #2. There were no recommendations made related to Resident #60 ' s PRN Ativan (initiated on 6/1/20) that was prescribed with no stop date.

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A review of the 6/1/20 through 7/15/20 hard copy Medication Administration Records (MARs) for Resident #60 indicated no PRN Ativan had been administered.

The July 2020 active physician ' s orders for Resident #60 were reviewed on 7/15/20 and revealed the 6/1/20 PRN Ativan physician ' s order continued to be active.

An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. The ADON stated Resident #60 ' s PRN Ativan was prescribed by the hospice physician. She revealed she was aware of the regulation that required all physician ' s orders for PRN psychotropic medications to be time limited in duration, but she was not aware that the regulation applied to hospice residents.

An interview was conducted Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated PRN Ativan was part of the hospice comfort package and it was prescribed without a stop date. She indicated she was not aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN psychotropic medications were required to be time limited in duration. Hospice Nurse #1 revealed that all of their hospice residents at the facility had a physician ' s order for PRN Ativan with no stop date.

A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He confirmed that the hospice comfort package normally included a physician ' s order for PRN Ativan with no stop date. He stated he was aware of the regulation applicable to all facility

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residents that indicated physician ' s orders for PRN Ativan were required to be time limited in duration. He reported that normally, if PRN Ativan with no stop date was ordered for a facility resident, he was alerted by a pharmacy recommendation from the facility ' s Pharmacy Consultant and/or by facility nursing staff and a stop date was implemented. He revealed he received no notification related to Resident #60 ' s physician ' s order dated 6/1/20 for PRN Ativan with no stop date.

A phone interview was conducted with Pharmacy Consultant #2 on 7/16/20 at 12:00 PM. She stated that she was aware that PRN psychotropic medications were required to be time limited in duration. The PRN Ativan physician ' s order dated 6/1/20 that continued to be active for Resident #60 was reviewed with Pharmacy Consultant #2. She reported that she had no notes in her June 2020 review that indicated Resident #60 had a physician ' s order for PRN Ativan with no stop date. She explained that there were times when telephone orders slipped out of the hard copy charts and/or were missed. Pharmacy Consultant #2 revealed that PRN psychotropic medication orders with no stop date had been on an ongoing issue at the facility going back as far as February 2020. She explained that every month she and/or Pharmacy Consultant #1 completed an "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" that provided the facility a summary of the medication regimen review results for that month. She further explained that this summary was not part of the medical record for each resident. Pharmacy Consultant #2 requested that the "Executive Summary of Consultant

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Pharmacist ' s Medication Regimen Review" for June 2020 be reviewed for additional information.

As requested by Pharmacy Consultant #2 during her phone interview, the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" dated 6/20/20 for the time period of 6/1/20 through 6/20/20, read, in part:
"All PRNs [psychoactive medications] require stop dates per [Centers for Medicare and Medicaid Services]. May wish to make all prescribers and nursing staff aware of this regulation."

An interview was conducted with the Medical Director on 7/16/20 at 10:55 AM. The Medical Director stated he was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. He additionally stated that he was aware this regulation applied to hospice residents. He indicated that it was an error if a stop date was not included in the physician ' s order for a PRN psychotropic medication. The Medical Director reported that he depended on the Pharmacy Consultant to identify and address PRN psychotropic medication orders that had no stop date during the monthly medication regimen review.

An interview was conducted with the Director of Nursing (DON) on 7/16/20 at 11:30 AM. The DON stated she was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. She additionally stated that she was aware this regulation applied to hospice residents. The DON was unable to explain why Resident #60 had an active order for PRN Ativan (initiated on 6/1/20) that had no stop date. She indicated that it was possible that the

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hospice staff audited the comfort packages for their facility residents on 6/1/20 and reinitiated physician ' s orders for PRN Ativan with no stop date and that this had not yet been not identified and corrected. She reported that she depended on the Pharmacy Consultant to identify and address PRN psychotropic medication orders that had no stop date during the monthly medication regimen review.

4. Resident #32 was most recently admitted to the facility on 5/23/19 with diagnoses that included heart disease and chronic obstructive pulmonary disease.

The quarterly Minimum Data Set (MDS) assessment dated 5/7/20 indicated Resident #32 ' s cognition was severely impaired. She was noted with a prognosis of less than 6 months and was on hospice.

A physician ' s order for Resident #32 dated 6/1/20 indicated Ativan (antianxiety medication) 1 milligram (mg) every 8 hours as needed (PRN). This PRN Ativan physician ' s order had no stop date.

The most recent monthly pharmacy consultant medication regimen review for Resident #32 was completed on 6/20/20. There were no recommendations made related to Resident #32 ' s PRN Ativan (initiated on 6/1/20) that was prescribed with no stop date.

A review of the 6/1/20 through 7/15/20 hard copy Medication Administration Records (MARs) for Resident #32 indicated no PRN Ativan had been administered.

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The July 2020 active physician ' s orders for Resident #32 were reviewed on 7/15/20 and revealed the 6/1/20 PRN Ativan physician ' s order continued to be active.

An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. The ADON stated Resident #32 ' s PRN Ativan was prescribed by the hospice physician. She revealed she was aware of the regulation that required all physician ' s orders for PRN psychotropic medications to be time limited in duration, but she was not aware that the regulation applied to hospice residents.

An interview was conducted Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated PRN Ativan was part of the hospice comfort package and it was prescribed without a stop date. She indicated she was not aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN psychotropic medications were required to be time limited in duration. Hospice Nurse #1 revealed that all of their hospice residents at the facility had a physician ' s order for PRN Ativan with no stop date.

A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He confirmed that the hospice comfort package normally included a physician ' s order for PRN Ativan with no stop date. He stated he was aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN Ativan were required to be time limited in duration. He reported that normally, if PRN Ativan with no stop date was ordered for a facility resident, he was alerted by a pharmacy

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recommendation from the facility ' s Pharmacy Consultant and/or by facility nursing staff and a stop date was implemented. He revealed he received no notification related to Resident #32 ' s physician ' s order dated 6/1/20 for PRN Ativan with no stop date.

A phone interview was conducted with Pharmacy Consultant #1 on 7/16/20 at 8:54 AM. She indicated that she was new to the facility and she worked with Pharmacy Consultant #2. She stated that she was aware that PRN psychotropic medications were required to be time limited in duration. The PRN Ativan physician ' s order dated 6/1/20 that continued to be active for Resident #32 was reviewed with Pharmacy Consultant #1. She confirmed she had not completed a pharmacy recommendation that addressed the 6/1/20 PRN Ativan physician ' s order with no stop date during the June monthly medication regimen review for Resident #32. Pharmacy Consultant #1 revealed that PRN psychotropic medication orders with no stop date had been an ongoing issue at the facility. She explained that instead of writing a pharmacy recommendation specific to Resident #32, the overall issue of PRN psychotropic medication orders with no stop date was addressed in the summary of monthly regimen reviews that was provided to the facility. She indicated that Pharmacy Consultant #2 would be able to explain the monthly summary.

A phone interview was conducted with Pharmacy Consultant #2 on 7/16/20 at 12:00 PM. Pharmacy Consultant #2 reiterated Pharmacy Consultant #1 ' s statement that PRN psychotropic medication orders with no stop date had been on an ongoing issue at the facility going

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back as far as February 2020. She explained that every month she and/or Pharmacy Consultant #1 completed an "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" that provided the facility a summary of the medication regimen review results for that month. She further explained that this summary was not part of the medical record for each resident. Pharmacy Consultant #2 requested that the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" for June 2020 be reviewed for additional information.

As requested by Pharmacy Consultant #2 during her phone interview, the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" dated 6/20/20 for the time period of 6/1/20 through 6/20/20, read, in part, "All PRNs [psychotropic medications] require stop dates per [Centers for Medicare and Medicaid Services]. May wish to make all prescribers and nursing staff aware of this regulation."

An interview was conducted with the Medical Director on 7/16/20 at 10:55 AM. The Medical Director stated he was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. He additionally stated that he was aware this regulation applied to hospice residents. He indicated that it was an error if a stop date was not included in the physician ' s order for a PRN psychotropic medication. The Medical Director reported that he depended on the Pharmacy Consultant to identify and address PRN psychotropic medication orders that had no stop date during the monthly medication regimen review.

An interview was conducted with the Director of

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Nursing (DON) on 7/16/20 at 11:30 AM. The DON stated she was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. She additionally stated that she was aware this regulation applied to hospice residents. The DON was unable to explain why Resident #32 had an active order for PRN Ativan (initiated on 6/1/20) that had no stop date. She indicated that it was possible that the hospice staff audited the comfort packages for their facility residents on 6/1/20 and reinitiated physician ' s orders for PRN Ativan with no stop date and that this had not yet been not identified and corrected. She reported that she depended on the Pharmacy Consultant to identify and address PRN psychotropic medication orders that had no stop date during the monthly medication regimen review.

3. Resident # 59 was admitted to the facility on 3/21/19 with multiple diagnoses including Schizophrenia and Psychosis. The quarterly MDS assessment dated 6/27/20 indicated that Resident #59's cognition was intact, and she had exhibited other behavioral symptoms.

Resident # 59 was being followed by the psychiatric services monthly for medication management. During the 3/12/20 visit, the psychiatric service had recommended to discontinue the Risperdal (an antipsychotic drug) for Resident #59.

On 3/23/20, the Consultant Pharmacist had conducted the drug regimen review (DRR) for Resident #59 and had recommended to nursing for "need Dyskinesia Identification System Condensed User Scale (DISCUS) due to

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F 756	Continued From page 37 discontinuation of Risperdal". The electronic records for Resident #59 were reviewed. The last DISCUS completed was on 2/27/20. There was no DISCUS completed after 3/23/20. On 7/15/20 at 1:45 PM, the Director of Nursing (DON) was interviewed. The DON stated that the Assistant Director of Nursing (ADON) was responsible for making sure the recommendations from the Pharmacy Consultant were acted upon. On 7/15/20 at 5:05 PM, the ADON was interviewed. She stated that she was responsible for responding to the Pharmacist recommendations. She reported that she had received the recommendation for the need of DISCUS in March 2020 for Resident #59 and she thought she had completed a DISCUS for the resident, but she did not. On 7/16/20 at 11:05 AM, a follow up interview was conducted with the DON. The DON stated that she expected the Pharmacist recommendation to be acted upon timely. She reported that the recommendation for the need of DISCUS for Resident #59 was an oversight on the part of the ADON.	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	F 758		8/11/20

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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;

§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

§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.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be

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F 758	Continued From page 39 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 facility staff, hospice staff, Consultant Pharmacist, Medical Director (MD) and Hospice Medical Director interviews and record review, the facility failed to ensure physician's orders for as needed (PRN) Ativan were time limited in duration (Residents #40, #32, #60, #15) for 4 of 4 residents reviewed for hospice. The findings included: 1. Resident #40 was admitted on 9/25/17 with cumulative diagnoses of Cerebral Vascular Accident (CVA), Chronic Obstructive Pulmonary Disease (COPD) and anxiety. Resident #40's quarterly Minimum Data Set (MDS) dated 5/26/20 indicated severe cognitive impairment and he was coded for physical behaviors. The MDS indicated he had not received any antianxiety medications. He was also coded for hospice. Resident #40's revised care plan dated 2/20/20 read he was on hospice care due to a terminal illness. Resident #40's March 2020 Physician orders included an order dated 3/11/20 for Ativan (antianxiety) one milligram (mg) by mouth three times a day as needed (hold for sedation). Resident #40's Medication Administration Records (MAR) from March 11, 2020 to July 16, 2020 revealed, the PRN Ativan order remained in effect during this time period. The MAR reflected	F 758	Based on facility staff, hospice staff, Consultant Pharmacist, Medical Director and Hospice Medical Director interviews and record review, the facility failed to ensure physician's orders for as needed (PRN) Ativan were limited in duration (Residents #40, #32, #60 & #15) 4 0f 4 residents reviewed for hospice. 1. Residents #40, #32, #60 & #15 PRN orders were changed on 7/16/2020 to be limited in duration. All now have a stop order. Hospice RN corrected deficiency by obtaining clarification order from Hospice Medical Director on 7/22/2020. 2. All residents that are on psychotropic medications PRN have the potential to be affected by this practice. All residents that are put on hospice with orders for a comfort package will have stop orders pre the regulation regarding Psychotropic medications PRN's must have a time limit duration. 3. The Director of Nursing/Designee will audit all Hospice residents that are on Psychotropic medications that are PRN will be audited for stop orders by 8/03/2020. All Hospice residents had to have stop orders for PRN psychotropics which was corrected by the Hospice RN on 7/22/2020. Any that do not have stop orders will be brought to the Medical Director's attention to determine if he	

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F 758	Continued From page 40 the resident last received a dose of Ativan on 3/10/20. The Executive Summary of Consultant's Pharmacist's Medication Regimen Review dated 3/24/20 read the facility was still having issues with the Centers of Medicare and Medicaid Services (CMS) regulation regarding as needed (PRN) time limited duration of psychotropics. The Executive Summary of Consultant's Pharmacist's Medication Regimen Review dated 5/16/20 read all PRN psychotropics must have a stop date per CMS regulation. The Executive Summary of Consultant's Pharmacist's Medication Regimen Review dated 6/20/20 read all PRN psychotropics must have a stop date per CMS regulation. An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. She stated she reviewed the Executive Summary of Consultant's Pharmacist's Medication Regimen Review summary monthly. The ADON stated Resident #40's PRN Ativan was prescribed by hospice and she was not aware that PRN Ativan had to be time limited in duration and reassessed by the Physician. A telephone interview was conducted with Consultant Pharmacist #1 on 7/16/20 at 8:54 AM. She stated she was new to the facility and that she had discussed at length the PRN antianxiety medications time limited duration with the facility and documented her recommendations in the Executive Summary of Consultant's Pharmacist's Medication Regimen Review summary.	F 758	wants to discontinue the medication or to limit the duration--stop order by 8/4/2020 Director of Nursing/Designee will educate hospice nurses & facility licensed staff regarding time limit durations on PRN Psychotropic medications. Education to be completed by 8/7/2020. Facility will review all residents admitted to Hospice to ensure for stop orders on psychotropic medications to ensure that they are time limited in duration so problem does not recur 5 times a week for 12 weeks at morning meeting. Also at morning nurses meeting 5x a week all orders will be reviewed for psychotropic PRN's with no stop orders. This will be on-going as part of Nurses morning meeting. 4. The Director of Nursing/Designee will share negative findings monthly to the Quality Assurance & Performance Improvement Committee for 3 months for any trends, recommendations, training needs and the need or continued monitoring after 3 months. 5. 8/11/2020	

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A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He stated he was aware that Ativan had to be time limited in duration then re-evaluated for the continued use. He stated he not received any recommendations regarding Resident #40's PRN Ativan and it was his expectation that any medication irregularities be address by the facility.

An interview was conducted the Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated since the PRN Ativan was part of the hospice comfort package, it was not re-evaluated. She stated she was not aware of the time limited use of PRN Ativan so all the hospice resident's Physician orders were incorrect.

An interview was conducted with the MD on 7/16/20 at 10:55 AM. He stated he had not received any recommendations regarding Resident #40's PRN Ativan. The MD stated it was his expectation that the facility follow-up on any pharmacy recommendations regarding any medication irregularities.

An interview was conducted with the Director of Nursing (DON) on 7/16/20 at 11:25 AM. She stated it was her expectation the that the facility follow-up on any Executive Summary of Consultant's Pharmacist's Medication Regimen Review summary recommendations regarding the time limited use of PRN psychotropics.

2. Resident #15 was most recently admitted to the facility on 2/21/19 with diagnoses that included heart disease, hypertension, and hyperlipidemia.

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The significant change Minimum Data Set (MDS) assessment dated 4/21/20 indicated Resident #15 ' s cognition was severely impaired. He was noted with a prognosis of less than 6 months and was on hospice.

A physician ' s order for Resident #15 dated 6/1/20 indicated Ativan (antianxiety medication) 1 milligram (mg) every 8 hours as needed (PRN). This PRN Ativan physician ' s order had no stop date.

A review of the 6/1/20 through 7/15/20 hard copy Medication Administration Records (MARs) for Resident #15 indicated no PRN Ativan had been administered.

The July 2020 active physician ' s orders for Resident #15 were reviewed on 7/15/20 and revealed the 6/1/20 PRN Ativan physician ' s order continued to be active.

An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. The ADON stated Resident #15 ' s PRN Ativan was prescribed by the hospice physician. She revealed she was aware of the regulation that required all physician ' s orders for PRN psychotropic medications to be time limited in duration, but she was not aware that the regulation applied to hospice residents.

An interview was conducted Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated PRN Ativan was part of the hospice comfort package and it was prescribed without a stop date. She indicated she was not aware of the regulation applicable to all facility residents that indicated physician ' s

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orders for PRN psychotropic medications were required to be time limited in duration. Hospice Nurse #1 revealed that all of their hospice residents at the facility had a physician ' s order for PRN Ativan with no stop date.

A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He confirmed that the hospice comfort package normally included a physician ' s order for PRN Ativan with no stop date. He stated he was aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN Ativan were required to be time limited in duration. He reported that normally, if PRN Ativan with no stop date was ordered for a facility resident, he was alerted by a pharmacy recommendation from the facility ' s Pharmacy Consultant and/or by facility nursing staff and a stop date was implemented. He revealed he received no notification related to Resident #15 ' s physician ' s order dated 6/1/20 for PRN Ativan with no stop date.

A phone interview was conducted with Pharmacy Consultant #1 on 7/16/20 at 8:54 AM. She indicated she was new to the facility and she worked with Pharmacy Consultant #2. She stated she was aware that all physician ' s orders for PRN psychotropic medications were required to be time limited in duration. She revealed that PRN psychotropic medication orders with no stop date had been an ongoing issue at the facility.

A phone interview was conducted with Pharmacy Consultant #2 on 7/16/20 at 12:00 PM. She stated she was aware that all orders for PRN psychotropic medications were required to be time limited in duration. Pharmacy Consultant #2

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reiterated Pharmacy Consultant #1 ' s interview that PRN psychotropic medication orders with no stop date had been on an ongoing issue at the facility going back as far as February 2020. She explained that every month she and/or Pharmacy Consultant #1 completed an "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" that provided the facility a summary of the medication regimen review results for that month. She further explained that this summary was not part of the medical record for each resident. Pharmacy Consultant #2 requested that the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" for June 2020 be reviewed for additional information.

As requested by Pharmacy Consultant #2 during her phone interview, the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" dated 6/20/20 for the time period of 6/1/20 through 6/20/20, read, in part:
"All PRNs [psychoactive medications] require stop dates per [Centers for Medicare and Medicaid Services]. May wish to make all prescribers and nursing staff aware of this regulation."

An interview was conducted with the Medical Director on 7/16/20 at 10:55 AM. The Medical Director stated he was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. He additionally stated that he was aware this regulation applied to hospice residents. He indicated that it was an error if a stop date was not included in the physician ' s order for a PRN psychotropic medication.

An interview was conducted with the Director of

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Nursing (DON) on 7/16/20 at 11:30 AM. The DON stated she was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. She additionally stated that she was aware this regulation applied to hospice residents. The DON was unable to explain why Resident #15 had an active order for PRN Ativan (initiated on 6/1/20) that had no stop date. She indicated that it was possible that the hospice staff audited the comfort packages for their facility residents on 6/1/20 and reinitiated physician ' s orders for PRN Ativan with no stop date and that this had not yet been not identified and corrected.

3. Resident #60 was most recently admitted to the facility on 9/20/19 with diagnoses that included heart disease and dementia.

A physician ' s order for Resident #60 dated 6/1/20 indicated Ativan (antianxiety medication) 1 milligram (mg) every 8 hours as needed (PRN). This PRN Ativan physician ' s order had no stop date.

The quarterly Minimum Data Set (MDS) assessment dated 6/27/20 indicated Resident #60 ' s cognition was moderately impaired. He was noted with a prognosis of less than 6 months and was on hospice. Resident #60 received no antianxiety medication during the 7-day MDS look back period.

A review of the 6/1/20 through 7/15/20 hard copy Medication Administration Records (MARs) for Resident #60 indicated no PRN Ativan had been administered.

The July 2020 active physician ' s orders for

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Resident #60 were reviewed on 7/15/20 and revealed the 6/1/20 PRN Ativan physician ' s order continued to be active.

An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. The ADON stated Resident #60 ' s PRN Ativan was prescribed by the hospice physician. She revealed she was aware of the regulation that required all physician ' s orders for PRN psychotropic medications to be time limited in duration, but she was not aware that the regulation applied to hospice residents.

An interview was conducted Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated PRN Ativan was part of the hospice comfort package and it was prescribed without a stop date. She indicated she was not aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN psychotropic medications were required to be time limited in duration. Hospice Nurse #1 revealed that all of their hospice residents at the facility had a physician ' s order for PRN Ativan with no stop date.

A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He confirmed that the hospice comfort package normally included a physician ' s order for PRN Ativan with no stop date. He stated he was aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN Ativan were required to be time limited in duration. He reported that normally, if PRN Ativan with no stop date was ordered for a facility resident, he was alerted by a pharmacy recommendation from the facility ' s Pharmacy Consultant and/or by facility nursing staff and a

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stop date was implemented. He revealed he received no notification related to Resident #60 ' s physician ' s order dated 6/1/20 for PRN Ativan with no stop date.

A phone interview was conducted with Pharmacy Consultant #1 on 7/16/20 at 8:54 AM. She indicated she was new to the facility and she worked with Pharmacy Consultant #2. She stated she was aware that all physician ' s orders for PRN psychotropic medications were required to be time limited in duration. She revealed that PRN psychotropic medication orders with no stop date had been an ongoing issue at the facility.

A phone interview was conducted with Pharmacy Consultant #2 on 7/16/20 at 12:00 PM. She stated she was aware that all orders for PRN psychotropic medications were required to be time limited in duration. Pharmacy Consultant #2 reiterated Pharmacy Consultant #1 ' s interview that PRN psychotropic medication orders with no stop date had been on an ongoing issue at the facility going back as far as February 2020. She explained that every month she and/or Pharmacy Consultant #1 completed an "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" that provided the facility a summary of the medication regimen review results for that month. She further explained that this summary was not part of the medical record for each resident. Pharmacy Consultant #2 requested that the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" for June 2020 be reviewed for additional information.

As requested by Pharmacy Consultant #2 during her phone interview, the "Executive Summary of Consultant Pharmacist ' s Medication Regimen

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Review" dated 6/20/20 for the time period of 6/1/20 through 6/20/20, read, in part:
"All PRNs [psychoactive medications] require stop dates per [Centers for Medicare and Medicaid Services]. May wish to make all prescribers and nursing staff aware of this regulation."

An interview was conducted with the Medical Director on 7/16/20 at 10:55 AM. The Medical Director stated he was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. He additionally stated that he was aware this regulation applied to hospice residents. He indicated that it was an error if a stop date was not included in the physician ' s order for a PRN psychotropic medication.

An interview was conducted with the Director of Nursing (DON) on 7/16/20 at 11:30 AM. The DON stated she was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. She additionally stated that she was aware this regulation applied to hospice residents. The DON was unable to explain why Resident #60 had an active order for PRN Ativan (initiated on 6/1/20) that had no stop date. She indicated that it was possible that the hospice staff audited the comfort packages for their facility residents on 6/1/20 and reinitiated physician ' s orders for PRN Ativan with no stop date and that this had not yet been not identified and corrected.

4. Resident #32 was most recently admitted to the facility on 5/23/19 with diagnoses that

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included heart disease and chronic obstructive pulmonary disease.

The quarterly Minimum Data Set (MDS) assessment dated 5/7/20 indicated Resident #32 ' s cognition was severely impaired. She was noted with a prognosis of less than 6 months and was on hospice. Resident #32 received no antianxiety medication during the 7-day MDS look back period.

A physician ' s order for Resident #32 dated 6/1/20 indicated Ativan (antianxiety medication) 1 milligram (mg) every 8 hours as needed (PRN). This PRN Ativan physician ' s order had no stop date.

A review of the 6/1/20 through 7/15/20 hard copy Medication Administration Records (MARs) for Resident #32 indicated no PRN Ativan had been administered.

The July 2020 active physician ' s orders for Resident #32 were reviewed on 7/15/20 and revealed the 6/1/20 PRN Ativan physician ' s order continued to be active.

An interview was conducted with the Assistant Director of Nursing (ADON) on 7/16/20 at 8:27 AM. The ADON stated Resident #32 ' s PRN Ativan was prescribed by the hospice physician. She revealed she was aware of the regulation that required all physician ' s orders for PRN psychotropic medications to be time limited in duration, but she was not aware that the regulation applied to hospice residents.

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An interview was conducted Hospice Nurse #1 on 7/16/20 at 9:50 AM. She stated PRN Ativan was part of the hospice comfort package and it was prescribed without a stop date. She indicated she was not aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN psychotropic medications were required to be time limited in duration. Hospice Nurse #1 revealed that all of their hospice residents at the facility had a physician ' s order for PRN Ativan with no stop date.

A telephone interview was conducted with the Hospice Medical Director on 7/16/20 at 9:05 AM. He confirmed that the hospice comfort package normally included a physician ' s order for PRN Ativan with no stop date. He stated he was aware of the regulation applicable to all facility residents that indicated physician ' s orders for PRN Ativan were required to be time limited in duration. He reported that normally, if PRN Ativan with no stop date was ordered for a facility resident, he was alerted by a pharmacy recommendation from the facility ' s Pharmacy Consultant and/or by facility nursing staff and a stop date was implemented. He revealed he received no notification related to Resident #32 ' s physician ' s order dated 6/1/20 for PRN Ativan with no stop date.

A phone interview was conducted with Pharmacy Consultant #1 on 7/16/20 at 8:54 AM. She indicated she was new to the facility and she worked with Pharmacy Consultant #2. She stated she was aware that all physician ' s orders for PRN psychotropic medications were required to be time limited in duration. She revealed that PRN psychotropic medication orders with no stop date had been an ongoing issue at the facility.

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A phone interview was conducted with Pharmacy Consultant #2 on 7/16/20 at 12:00 PM. She stated she was aware that all orders for PRN psychotropic medications were required to be time limited in duration. Pharmacy Consultant #2 reiterated Pharmacy Consultant #1 ' s interview that PRN psychotropic medication orders with no stop date had been on an ongoing issue at the facility going back as far as February 2020. She explained that every month she and/or Pharmacy Consultant #1 completed an "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" that provided the facility a summary of the medication regimen review results for that month. She further explained that this summary was not part of the medical record for each resident. Pharmacy Consultant #2 requested that the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" for June 2020 be reviewed for additional information.

As requested by Pharmacy Consultant #2 during her phone interview, the "Executive Summary of Consultant Pharmacist ' s Medication Regimen Review" dated 6/20/20 for the time period of 6/1/20 through 6/20/20, read, in part:
"All PRNs [psychoactive medications] require stop dates per [Centers for Medicare and Medicaid Services]. May wish to make all prescribers and nursing staff aware of this regulation."

An interview was conducted with the Medical Director on 7/16/20 at 10:55 AM. The Medical Director stated he was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. He additionally stated that he was aware this regulation applied to

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F 758	Continued From page 52 hospice residents. He indicated that it was an error if a stop date was not included in the physician ' s order for a PRN psychotropic medication. An interview was conducted with the Director of Nursing (DON) on 7/16/20 at 11:30 AM. The DON stated she was aware of the regulation that required all PRN psychotropic medications to be time limited in duration. She additionally stated that she was aware this regulation applied to hospice residents. The DON was unable to explain why Resident #32 had an active order for PRN Ativan (initiated on 6/1/20) that had no stop date. She indicated that it was possible that the hospice staff audited the comfort packages for their facility residents on 6/1/20 and reinitiated physician ' s orders for PRN Ativan with no stop date and that this had not yet been not identified and corrected.	F 758		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F 761		8/11/20

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F 761	Continued From page 53 §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to discard expired Purified Protein Derivatives (used in the diagnosis of tuberculosis) and to date the Prostat (a protein supplement) when opened in 1 of 2 medication rooms (main) and 1 of 3 medication carts (upper 400 hall) observed. Findings included: 1. On 7/13/20 at 12:42 PM, the main medication room was observed. In the refrigerator, there was 1 used bottle of Purified Protein Derivatives (PPD) with an open date of 6/2/20. The instruction on the PPD box read "discard 30 days after opening". On 7/13/20 at 12:43 PM, Nurse #1 was interviewed. The Nurse stated that she was not sure how long PPD was good once opened. She also indicated that she didn't know who was responsible for checking the medication cart and the medication room for expired and undated medication because she had to float on different halls. Nurse #1 was observed to read the instruction on the PPD box and stated that the PPD was good for 30 days after opening. The	F 761	Based on record review, observation and staff interview, the facility ailed to discard expired Purified Protein Derivatives (used in the diagnosis of tuberculosis) and to date the Prostat (a protein supplement) when opened in 1 of 2 medication rooms (main) and 1 of 3 medication carts (upper 400 hall) observed. 1. The expired Purified Protein Derivatives with an open date of 6/02/2020 and the Prostat (a protein supplement) that was not dated when opened were both discarded on 7/13/2020 2. All residents would have the potential to be affected by this practice. 3. All licensed Nurses will be re-educated by the Director of Nursing/Designee regarding daily checking of medication carts for expired medications, dating prostat when opened and understanding when opening Purfied Protein Derivatives it expires once opened in 30 days. 8/2/2020 New hires and agency staff will be educated at orientation.	

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F 761	Continued From page 54 nurse verified that the PPD was already expired and she was observed to discard the used PPD bottle. On 7/15/20 at 2:05 PM, The Director of Nursing (DON) was interviewed. The DON stated that she expected the facility policy on medications discard dates and the manufacturer's instruction to be followed. She reported that the facility policy and the manufacturer's instruction was to date the PPD when opened and to discard 30 days after opening. She also indicated that she expected the nurses to check the medication cart and the medication room daily for expired and undated medications. 2. On 7/13/20 at 1:55 PM, the medication cart on the upper 400 hall was observed. There was a used bottle of Prostat about 1/3 full observed with no date of opening. The instruction on the bottle of the Prostat read "discard 3 months after opening". On 7/13/20 at 3:01 PM, the Medication Aide (Med Aide) assigned on the upper 400 hall was interviewed. She looked at the used bottled of Prostat and verified that it was not dated when opened. She stated that it was not required to date the bottle of Prostat when opened. On 7/15/20 at 2:05 PM, The Director of Nursing (DON) was interviewed. The DON stated that she expected the facility policy on medications discard dates and the manufacturer's instruction to be followed. She reported that the facility policy and the manufacturer's instruction was to date the Prostat when opened and to discard 3 months after opening. She also indicated that she expected the nurses/Med Aides to check the	F 761	4. The Director of Nursing/Designee will perform observation audits or expired medications and open dates weekly for 4 weeks and then monthly or 2 months. The Director of Nursing/Designee will ensure all medications carts and medication rooms are audited weekly for 4 weeks then monthly for 2 months. The results of the audits will be reported to QAPI Committee monthly for 3 months for identification of trends, training needs and recommendations additional corrective actions and the need for continued monitoring at the end of 3 months. 5. 08/11/2020	

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F 761	Continued From page 55 medication cart and the medication room daily for expired and undated medications.	F 761		