

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

PRINTED: 10/06/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345575</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/02/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRUNSWICK HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9600 NO 5 SCHOOL ROAD</b> <b>ASH, NC 28420</b>	
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E 000	Initial Comments	E 000		
F 000	<p>An unannounced recertification and complaint investigation was conducted on 8/29/2022 through 9/2/2022. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID # EUV111</p> <p>INITIAL COMMENTS</p> <p>A recertification survey and complaint investigation was conducted from 8/29/22 through 9/2/2022. Event ID # EUV111. The following intakes were investigated NC00188343, NC00187455, NC00187653, NC00186947, and NC00188090. 1 of the 13 complaint allegations was substantiated with deficiency.</p> <p>Past Non Compliance was identified at CFR 483.25 at F 689 at scope and severity (J).</p> <p>The Tag F 689 constituted Substandard Quality of Care.</p> <p>An extended survey was conducted.</p>	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial</p>	F 580		9/30/22

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

TITLE

(X6) DATE

Electronically Signed

09/26/2022

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

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F 580	<p>Continued From page 1</p> <p>status in either life-threatening conditions or clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, staff interviews, and</p>	F 580	Preparation and submission of this plan		

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F 580	<p>Continued From page 2</p> <p>Nurse Practitioner (NP) interview, the facility failed to notify the physician of residents' significant weight loss for residents that were documented as having a significant weight loss for 2 of 19 residents reviewed for nutrition (Resident #86 and Resident #144).</p> <p>The findings included:</p> <ol style="list-style-type: none"> <li>Resident #86 was admitted to the facility on 5/17/2022 with diagnoses to include cerebral infarction (stroke), unspecified protein-calorie malnutrition, and localized edema.</li> </ol> <p>A physician order dated 6/14/2022 for Resident #86 to weigh every M-W-F and call physician if greater than 150 pounds. Review of Resident #86's electronic medical record (EMR) revealed recorded weights 8/24/2022 134.6 lbs. and 8/26/2022 123.6 lbs. There was no physician notification for the significant weight loss of 8.17% in 2 days. There was no reweigh within 24 hours recorded.</p> <p>An interview was conducted with the Nurse Practitioner (NP) on 9/1/2022 at 10:34 PM. The NP stated he would have expected the facility to notify him of Resident #86's weight loss of 8.17% in 2 days. He further stated he would have expected the facility to reweigh Resident #86 to confirm accuracy. The NP indicated Resident #86 was on diuretics for fluid retention and swelling and it was important for her weights to be accurate.</p> <p>An interview was conducted with the Director of Nursing (DON) on 9/1/2022 at 09:15 AM. She stated that it was her expectation for the facility nursing staff to follow the facility weight policy.</p>	F 580	<p>of correction does not constitute an admission, or an agreement with. It is required by State and Federal law. It is executed and implemented as a means to continuously improve the quality of care to comply with State and Federal requirements.</p> <ol style="list-style-type: none"> <li>The facility did not notify the Nurse Practitioner (NP) of resident #86 in regards to the significant weight loss from 8/24/2022 to 8/26/2022, and on 8/31/2022 with no new orders. The NP was notified of resident #144 weight loss on 9/1/2022 with no new orders. Resident # 144 no longer resides in the facility.</li> <li>Residents' with a significant weight loss has the potential to be effected by the alleged deficient practice. The Director of Nursing (DON) and or designee(s) audited the resident weights that were obtained from 8/12/2022 to 9/20/2022 to validate that the physician was notified of any significant change in condition. The DON and or designee(s) will educate licensed nurses on the "change of condition", policy in regards to the physician being notified of a significant weight loss or weight gain.</li> <li>The DON and or designee(s) will monitor the weight report to validate any significant weight loss or gain and the MD/RP are made aware. DON and or designee(s) will monitor weights 5x a week for 4 weeks, and than weekly for 8 weeks.</li> </ol>		

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F 580	Continued From page 3 She further stated that her expectation was for the weight to be accurate and to notify the physician for a significant weight loss or gain.  2. Resident #144 was admitted to the facility on 08/22/22 with diagnoses to include acute kidney failure, peripheral vascular disease (PVD), hypertension (HTN), congestive heart failure (CHF), diabetes (DM), atrial fibrillation (A-fib), and pulmonary HTN.  A physician order dated 08-23-22 for Resident #144 to weight on admission and then weekly x 4.  Resident #144's electronic medical record (EMR) revealed recorded weights: 08/22/22 - 327.2 lbs., 08/24/22-330.4 lbs., 08/25/22-329.0 lbs., and 08/26/22-312.2 lbs. No physician notification was completed for the 312.2 lb. weight on 08/26/22, which reflected a significant weight loss of 16.8 lb. or a 5.11% weight loss in 24 hours.  An interview on 09/01/22 with Nurse Practitioner (NP#1) revealed it was his expectation that he or the MD would have been notified of Resident #144's significant one day weight loss of 16.8 lb.  An interview on 09/01/22 at 3:30 PM with the Director of Nursing (DON) revealed she expected her nursing staff to follow their facility's weight policy. DON said it was her expectation that Resident #144's significant weight change on 08/26/22 should have triggered a call to the physician and Responsible Party (RP) notifying them of a significant on day weight loss of 16.8 lbs.	F 580	4. Results for the audits will be submitted to QAPI for 3 months for review and revision as needed		
F 641 SS=B	Accuracy of Assessments	F 641		9/30/22	

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F 641	<p>Continued From page 4 CFR(s): 483.20(g)</p> <p>§483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS) assessments in the areas of discharge and cognitive status for 3 of 19 residents (Resident #92, #91 and #75) reviewed for MDS accuracy.</p> <p>Findings included:</p> <p>1. Resident #92 was admitted to the facility on 07/18/22 and discharged to the community on 08/06/22.</p> <p>A Social Service note written on 08/04/22 revealed the Social Worker met with resident and family member to answer all discharge related questions. Resident has decided to discharge home with home health services.</p> <p>A skilled nursing note written on 08/06/22 revealed resident was awake and in chair this morning. packed and ready to be discharged.</p> <p>The MDS assessment dated 08/06/22 revealed Resident #92 was discharged on 08/06/22 with return not anticipated. The MDS discharge status indicated Resident #92 was discharged to the hospital.</p> <p>An interview was conducted with the MDS Nurse #1 on 09/01/22 at 9:10 AM. MDS Nurse #1 stated when a resident was being discharged the</p>	F 641	<p>The facility did not accurately code the Minimum Data Set (MDS) in the areas of discharge and cognitive status.</p> <p>1. The MDS assessment was corrected for residents' #91, #92, and #75. Resident #92 no longer resides in the facility. Resident #91 and #75 cognition was coded.</p> <p>2. The MDS Coordinator and or designee(s) will audit completed MDS's from 8/23/2022 and 9/23/2022 for discharge and cognitive status sections. The audit will identify any inaccuracies. The MDS Coordinator and or designee(s) will correct MDS assessment if any are noted and resubmit. The MDS Coordinator will be educated on accuracy of completing the MDS prior to submission.</p> <p>3. The MDS Coordinator and or designee(s) will monitor 5x a week for 3 weeks, 4x a week for 3 weeks, 3x a week for 2 weeks, and then monthly for 2 months.</p> <p>4. The results of the audits will be submitted to QAPI for 3 months for review and revisions as needed.</p>		

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F 641	<p>Continued From page 5</p> <p>MDS nurses were aware because they participated in the morning meetings with all the interdisciplinary team to discuss any residents who were being discharged. MDS Nurse #1 reported she was aware Resident #92 was being discharged to the community and it was an error that she recorded the resident being discharged to the hospital in the MDS discharge status section.</p> <p>An interview was conducted with the Administrator on 09/01/22 at 3:00 PM. The Administrator stated his expectation of the MDS nurses was to complete the assessments accurately to reflect the resident's current status.</p> <p>2. Resident # 75 was admitted to the facility on 7/23/2022.</p> <p>Review of the quarterly Minimum Data Set (MDS) dated 8/3/2022 revealed the cognitive status was coded as not assessed.</p> <p>An interview was conducted with the Social Worker (SW) on 8/31/2022 at 10:00 AM. The SW confirmed the cognitive status was not assessed for Resident # 75. She stated it was not her responsibility to assess Resident #75's cognitive status because she only assesses the cognitive status for Medicaid and Private Pay residents. The SW stated if Resident #75 was still covered by Medicare it was the Speech Therapist's responsibility to assess cognitive status.</p> <p>An interview was conducted with MDS Nurse #2 on 8/31/2022 at 10:10 AM. She stated she was unable to answer why the cognitive status was not assessed for Resident # 75.</p> <p>An interview was conducted with the Speech</p>	F 641			

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F 641	<p>Continued From page 6</p> <p>Language Therapist (SLP) on 8/31/2022 at 11:05 AM. The SLP stated that usually residents were not still receiving skilled services when their quarterly MDS was due. The SLP further stated Resident #75's Assessment Reference Date (ARD) was 8/3/2022 and her last day of skilled care was 8/5/2022. The SLP indicated she was responsible for assessing the cognitive status of Resident # 75, but she didn't receive a notification from the MDS nurse to do it and she had not put it on her calendar.</p> <p>An interview was conducted with Director of Nursing on 8/31/2022 at 9:05 AM. The DON stated her expectation was for the MDS assessment to be filled out correctly and submitted to the State on time.</p> <p>3. Resident #91 was admitted to the facility on 3/19/2022.</p> <p>Review of the significant change Minimum Data Set (MDS) assessment dated 8/1/2022 revealed the cognitive status was coded as not assessed.</p> <p>An interview was conducted with the Social Worker (SW) on 8/31/2022 at 10:00 AM. The SW stated MDS Nurse #2 had incorrectly entered the Assessment Reference Date (ARD) as 8/1/2023 instead of 8/1/2022, so she had not received a notice to assess Resident # 91's cognitive status before the ARD. The SW further stated she was taught that the assessment could not be completed after the ARD, so she had not done it.</p> <p>An interview was conducted with MDS Nurse #2 on 8/31/2022 at 10:10 AM. MDS Nurse #2 stated the cognitive status did not have to be done and it</p>	F 641			

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F 641	<p>Continued From page 7 was okay if it wasn't done.</p> <p>An interview was conducted with Director of Nursing (DON) on 9/1/2022 at 9:05 AM. The DON stated her expectation was for the MDS assessment to be filled out correctly and submitted to the State prior to the ARD.</p> <p>The facility failed to accurately code MDS assessments for 3 of 19 residents.</p> <p>Resident #75</p> <p>Dementia Care view                    Z86.16            PERSONAL HISTORY OF COVID-19            N/A, not an acceptable Primary Diagnosis            7/23/2022 Secondary-1            Admission            8/3/2022 kathleen.parrish</p> <p>view                    Z91.81            HISTORY OF FALLING            N/A, not an acceptable Primary Diagnosis            7/22/2022            Secondary-3</p>	F 641		



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F 641	Continued From page 8 Admission 7/22/2022 JULIANNE.LUTZ view E43 UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION NTA (1 pts) Medical Management 7/22/2022 Secondary-4 Admission 7/22/2022 JULIANNE.LUTZ view F03.90 UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE Medical Management 7/22/2022 Secondary-5 Admission 7/22/2022 JULIANNE.LUTZ view G30.9 ALZHEIMER'S DISEASE, UNSPECIFIED Medical Management 7/22/2022 Secondary-6 Admission 7/22/2022 JULIANNE.LUTZ view R26.2 DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED N/A, not an acceptable Primary Diagnosis 7/22/2022 Secondary-7 Admission 7/22/2022 JULIANNE.LUTZ view M62.81 MUSCLE WEAKNESS (GENERALIZED) N/A, not an acceptable Primary Diagnosis 7/22/2022 Secondary-8 Admission 7/22/2022 JULIANNE.LUTZ view R13.10 DYSPHAGIA, UNSPECIFIED N/A, not an acceptable Primary Diagnosis 7/22/2022 Secondary-9 Admission 7/22/2022 JULIANNE.LUTZ view F02.81 DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE N/A, not an acceptable Primary Diagnosis 8/3/2022 Secondary-10 Admission 8/3/2022 kathleen.parrish view K62.89 OTHER SPECIFIED DISEASES OF ANUS AND RECTUM N/A, not an acceptable Primary Diagnosis 7/25/2022 Secondary-11	F 641			

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F 641	Continued From page 9 Admission 8/3/2022 kathleen.parrish view F41.9 ANXIETY DISORDER, UNSPECIFIED Medical Management 7/25/2022 Secondary-12 Admission 8/3/2022 kathleen.parrish view F32.A DEPRESSION, UNSPECIFIED Medical Management 7/25/2022 Secondary-13 Admission 8/3/2022 kathleen.parrish view S72.92XD UNSPECIFIED FRACTURE OF LEFT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING Orthopedic Surgery (Except Major Joint Replacement or Spinal Surgery) 7/23/2022 Secondary-14 Admission 8/17/2022 kathleen.parrish view I10 ESSENTIAL (PRIMARY) HYPERTENSION N/A, not an acceptable Primary Diagnosis 7/23/2022 Secondary-15 Admission 8/17/2022 kelly.cole view G47.00 INSOMNIA, UNSPECIFIED N/A, not an acceptable Primary Diagnosis 7/23/2022 Secondary-16 Admission 8/17/2022 kelly.cole view Z47.1 AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY Major Joint Replacement or Spinal Surgery 7/22/2022 Admitting/Primary/Principal Admission/Primary 7/22/2022 JULIANNE.LUTZ  ORDERS  There is a potential drug interaction with another medication. Please click to view details. busPIRone HCI Tablet 10 MG Give 1 tablet by mouth three times a day for	F 641			

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F 641	Continued From page 10 anxiety Pharmacy Active 7/22/2022 21:30 8/26/2022 Multivitamin Tablet (Multiple Vitamin) Give 1 tablet by mouth one time a day for supplement Pharmacy Active 7/23/2022 09:30 8/26/2022 D3 Tablet 50 MCG (2000 UT) (Cholecalciferol) Give 1 tablet by mouth one time a day for supplement Pharmacy Active 7/23/2022 09:30 8/26/2022 amLODIPine Besylate Tablet 5 MG Give 0.5 tablet by mouth one time a day for HTN Pharmacy Active 7/23/2022 09:30 8/26/2022 Tylenol Tablet 325 MG (Acetaminophen) Give 2 tablet by mouth three times a day for pain Pharmacy Active 7/25/2022 14:30 8/26/2022 There is a black box warning associated with this order. Please click to view details. SEROquel Tablet 25 MG (QUetiapine Fumarate) Give 2 tablet by mouth at bedtime for mood disorder AND Give 1 tablet by mouth one time a day for dementia Pharmacy Active 8/26/2022 21:30 8/26/2022 DNR No directions specified for order. Other Active 8/3/2022 PT Eval/Treat No directions specified for order. Other Active 7/25/2022 Regular diet, Regular texture, Thin consistency for nutrition Diet Active 7/25/2022 10:53 7/25/2022 ST eval only	F 641			

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F 641	<p>Continued From page 11</p> <p>No directions specified for order.</p> <p>Other Active 7/25/2022</p> <p>Fleet Enema Enema 7-19 GM/118ML (Sodium Phosphates)</p> <p>Insert 1 application rectally every 24 hours as needed for constipation</p> <p>Pharmacy Active 7/22/2022 17:45 7/24/2022</p> <p>Drug overdose. Senna Tablet 8.6 MG (Sennosides)</p> <p>Give 1 tablet by mouth every 12 hours as needed for constipation</p> <p>Pharmacy Active 7/22/2022 17:45 7/24/2022</p> <p>There is a potential drug interaction with another medication. Please click to view details. Milk of Magnesia Suspension 7.75 % (Magnesium Hydroxide)</p> <p>Give 15 ml by mouth every 24 hours as needed for constipation</p> <p>Pharmacy Active 7/22/2022 17:45 7/24/2022</p> <p>Loperamide HCl Solution 2 MG/15ML</p> <p>Give 30 ml by mouth every 24 hours as needed for loose stool</p> <p>Pharmacy Active 7/22/2022 17:45 7/24/2022</p> <p>guaifENesin Syrup 100 MG/5ML</p> <p>Give 10 ml by mouth every 8 hours as needed for cough</p> <p>Pharmacy Active 7/22/2022 17:30 7/24/2022</p> <p>There is a potential drug interaction with another medication. Please click to view details. Calcium Carbonate Tablet Chewable 500 MG (Calcium Carbonate Antacid)</p> <p>Give 1 tablet by mouth every 4 hours as needed for indigestion</p> <p>Pharmacy Active 7/22/2022 17:30</p>	F 641			

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F 641	Continued From page 12 7/24/2022 Colace Capsule 100 MG (Docusate Sodium) Give 1 capsule by mouth every 12 hours as needed for constipation Pharmacy Active 7/22/2022 17:15 7/24/2022 Vital Signs and O2 SATS every shift for Monitoring Other Active 7/23/2022 19:00 7/23/2022 May test for Covid-19 per protocol.(If resident refused, document test offered, risks and benefits discussed.) as needed for COVID Testing Laboratory Active 7/23/2022 10:34 7/23/2022 Document Pain every shift. (If pain present document in progress note) every shift for Pain monitoring Other Active 7/23/2022 19:00 7/23/2022 anti-depressant sad affect, tearfulness, anger SIDE EFFECTS: A. No side effects B. Not Applicable C. See Nurses Notes every shift Other Active 7/23/2022 19:00 7/23/2022 anti-depressant sad affect, tearfulness, anger INTERVENTION CODES A. Redirect B. 1 on 1 C. Refer to nurse's notes D. Activity E. Return to Room F. Toilet G. Give Food H. Give Fluids I. Change Position J. Adjust room temperature K. Backrub every shift Other Active 7/23/2022 19:00 7/23/2022 antipsychotic screaming, yelling, smacking, hallucinations SIDE EFFECTS: A. No side effects B. Not Applicable C. See nurses notes. every shift Other Active 7/23/2022 19:00 7/23/2022 antipsychotic screaming, yelling, smacking, hallucinations INTERVENTION CODES A.	F 641			

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F 641	<p>Continued From page 13</p> <p>Redirect B. 1 on 1 C. Refer to nurse's notes D. Activity E. Return to Room F. Toilet G. Give Food H. Give Fluids I. Change Position J. Adjust room temperature K. Backrub every shift</p> <p>Other Active 7/23/2022 19:00 7/23/2022 Melatonin Tablet 3 MG Give 1 tablet by mouth as needed for insomnia as needed for sleep Pharmacy Active 7/23/2022 10:30 7/23/2022</p> <p>There is a black box warning associated with this order. Please click to view details. There is a potential drug interaction with another medication. Please click to view details. Mirtazapine Tablet 15 MG Give 1 tablet by mouth at bedtime for depression Pharmacy Active 7/22/2022 21:30 7/23/2022</p> <p>May initiate medications upon arrival from the pharmacy. No directions specified for order. Other Active 7/23/2022 ST eval and treat No directions specified for order. Other Active 7/23/2022 PT EVAL AND TREAT No directions specified for order. Other Active 7/23/2022 May see psychologist No directions specified for order. Other Active 7/23/2022 May see psychiatrist No directions specified for order. Other Active 7/23/2022 May see podiatrist No directions specified for order. Other Active 7/23/2022 May see optometrist</p>	F 641			

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F 641	<p>Continued From page 14</p> <p>No directions specified for order. Other Active 7/23/2022 May see dentist No directions specified for order. Other Active 7/23/2022 May see Audiologist No directions specified for order. Other Active 7/23/2022 Admit to SNF for Skilled Care (Ordered/Signed by Physician ONLY) No directions specified for order. Other Active 7/23/2022</p> <p>8/16/2022 15:14 132.0 Lbs jennifer.burns (Manual) 8/4/2022 08:14 131.9 Lbs cindy.lane (Manual) 8/3/2022 10:23 131.2 Lbs Wheelchair scale cindy.lane (Manual) 7/25/2022 16:09 130.8 Lbs jennifer.burns (Manual) 7/25/2022 14:17 130.0 Lbs Wheelchair scale lisa.bashant (Manual) 7/24/2022 14:33 129.8 Lbs Mechanical lift scale emily.fisher (Manual) 7/23/2022 15:01 133.0 Lbs Mechanical lift scale emily.fisher (Manual) 7/23/2022 02:40 133.2 Lbs Mechanical lift scale agency.tsidney (Manual)</p> <p>view all Weight: 132.0 Lbs 8/16/2022 15:14 jennifer.burns (Manual) view all Blood Pressure: 128 / 74 mmHg 8/30/2022 09:00 Amanda.Styron (Manual) view all Temperature: 98.1 °F 8/30/2022 21:41 gail.bage (Manual) view all Pulse: 80 bpm 8/30/2022 21:41 gail.bage (Manual)</p>	F 641			

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F 641	Continued From page 15 view all Respirations: 17 Breaths/min 8/30/2022 21:41 gail.bage (Manual) view all Blood Sugar: view all O2 Saturation: 97.0 % 8/30/2022 21:41 gail.bage (Manual) view all Height: view all Pain Level: 0 8/30/2022 21:41 gail.bage (Manual)  MDS-quarterly 8/3/22 hearing-adeq-no hearing aide clear speech understood/usually understands vision-adeq-no glasses BIMS-not assessed no hallucinations/no delusions no behaviors or rejection of care bed mobility-extensive assist of 2 transfer-extensive assist of 2 no walking locomotion on unit-limited assist of 1 locomotion off unit-limited assist of 1 dressing-extensive assist of 2 eating-limited assist of 1 toilet use-extensive assist of 2 personal hygiene-extensive assist of 2 bathing -total dependence assist of 1 always incontinent of bowel and bladder primary diagnosis-hip and knee replacement/aftercare following joint replacement therapy received scheduled pain med no falls no swallowing problems height-64 inches weight-131 no dental problems no pressure ulcers-does have surgical wound	F 641			



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F 641	<p>Continued From page 16</p> <p>injections-1 antipsychotic-7 antianxiety-7 antidepressant-7 anticoagulant-7 antibiotic-1 GDR-no/physician documented GDR as clinically contraindicated</p> <p>Care Plan 7/29/22</p> <p>Goals Interventions</p> <ul style="list-style-type: none"> <li>· Due to COVID-19 outbreak, the resident is at risk for infection r/t potential virus exposure and resident's current health status. H</li> <li>· Resident will have physical, emotional, social and spiritual needs met through next review. H</li> <li>· Resident will have the ability to perform or be assisted with hygienic measures, such as proper hand washing, through next review. H</li> <li>· Resident will maintain social contact and leisure participation per CDC/CMS guidelines through next review. H</li> <li>· Resident will not experience adverse psychosocial effects or increase in anxiety through the next review. H</li> <li>· Resident will not have s/sx of preventable viral infection through next review. H</li> <li>· Administer medications as ordered. [N] H</li> <li>· Assist resident with entertainment devices; i.e. television stations, music players, etc., as available for resident's use. [Activities,All] H</li> <li>· Assist resident with use of communication devices; i.e. telephones, tablets, computers; as resident is able.</li> </ul>	F 641			

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F 641	Continued From page 17 [Activities,All] H · Educate resident/family on the importance regarding compliance with safe infection control practices. [N] H · Encourage PO fluids as diagnoses, resident's health status, will allow. [N] H · Encourage resident to participate in activities of choice. [Activities,All] H · Encourage resident to perform effective hand hygiene and assist as needed. [N,STNA,All] H · Encourage resident to use safe cough etiquette and hand hygiene. Resident will be assisted as needed. [N,Activities,STNA,All] H · Facility will communicate with resident, family of ongoing changes with facility policies related to COVID-19, to the best of their ability. [N,SS,Activities,Admin] H · Facility will monitor federal, state and local government recommendations and implement measures as directed. [Admin,N] H · Follow standard precautions and implement transmission based precautions, as needed. [N,STNA,All] H · Labs and cultures as ordered. [N] H · Monitor for cough, sore throat, shortness of breath, respiratory changes and fever. Notify the physician of a change in condition. [N] H · Nursing staff will offer support and reassurance in a safe environment. [N] H	F 641			

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F 641	<p>Continued From page 18</p> <ul style="list-style-type: none"> <li>· Pulse oximeter monitoring as needed. Follow MD recommendations for oxygen. [N] H</li> <li>· Resident will be allowed to express anxiety and concerns through active listening. [All] H</li> <li>· Resident has ADL/self-care deficit H</li> <li>· *Resident needs will be met with staff assistance as needed. H</li> <li>· *Assist with activities of daily living, dressing, grooming, toileting, feeding, oral care. [N,STNA] H</li> <li>· *Evaluate needs for adaptive equipment. Educate/direct the use of assistive devices. [N] H</li> <li>· *Promote independence and dignity, provide positive reinforcement for all activities attempted. [N,STNA] H</li> <li>· *Refer to therapy - PT, OT, ST as needed. [N] H</li> <li>· transfers assist of 2 with hoyer lift large sling [All] H Shows on Kardex.</li> <li>· Resident has potential for pain. Resident is able to verbalize pain. Pain / potential for pain is related to recent lt femur fx with joint replacement H</li> <li>· *Resident will verbalize adequate relief of pain or the ability to cope with incompletely relieved pain through the next review date. H</li> <li>· *Administer pharmacological interventions as ordered by physician and monitor the effectiveness. Notify MD if ineffective.</li> </ul>	F 641			

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F 641	Continued From page 19 [N] H · *Assess for verbal and nonverbal signs and symptoms related to pain: grimacing, guarding, crying, moaning, increased anxiety, changes in usual routine, sleep patterns, functional abilities, decreased ROM, loss of appetite, withdrawal / resistance to care. [N,All] H Shows on Kardex. · *Implement non-pharmacological interventions to reduce pain, e.g., distraction techniques such as television, music, interaction with others, reading material as able, relaxation and breathing exercises, music therapy, re-positioning, offer backrub, aromatherapy if available, quiet environment. [N] H · *Provide education to resident and family regarding pain and options available for pain management. Discuss and record preferences as per routine and prn. [N] H · *Provide rest periods to promote relief, sleep, and relaxation. [N] H · Resident has risk of skin breakdown and actual impaired skin integrity, surgical incision to lt hip with aquacel dressing intact. H  · Resident's skin will be free from breakdown through next review. H · Surgical site will heal without complications through next review. H  · *Administer medications / treatments as ordered. [N] H · *Assess and document the status of the area (healing vs declining). [N] H	F 641			

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F 641	<p>Continued From page 20</p> <ul style="list-style-type: none"> <li>· *Complete Braden scale / skin checks per protocol. [N] H</li> <li>· *Diet as ordered. [N,Diet] H</li> <li>· *Monitor nutritional status / weight variations. Consult the dietitian as needed. [N,Dietitian] H</li> <li>· *Monitor, document and report to Physician changes in color, temperature, sensation, pain or presence of drainage and/or odor. [N] H</li> <li>· Barrier cream / ointment after incontinence as needed. [STNA] H Shows on Kardex.</li> <li>· Elevate heels off mattress per routine and/or as needed as resident allows. [N,STNA] H Shows on Kardex.</li> <li>· Pressure relieving cushion to wheelchair. [N] H</li> <li>· Pressure relieving surface to bed. [N] H</li> <li>· Resident is at risk for bleeding / bruising / abnormal labs related to receiving blood-thinning medication H</li> <li>· *Resident will remain free from signs and symptoms of abnormal bleeding or bruising through next review. H</li> <li>· *Administer medications as ordered. [N] H</li> <li>· *Avoid activities that could result in injury. Handle gently during hands-on care. [N,STNA] H Shows on Kardex.</li> <li>· *Educate resident / family regarding signs and symptoms of adverse effects of anticoagulant therapy.</li> </ul>	F 641			

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F 641	<p>Continued From page 21</p> <p>[N] H · *Monitor labs as ordered. Report results to the physician.</p> <p>[N] H · Avoid foods high in Vitamin K.</p> <p>Resident is at risk for falls characterized by history of falls, injury and / or multiple risk factors related to History of falls, Impaired cognition H</p> <p>· *Minimize risks for falls / minimize injuries related to falls through next review. H</p> <p>· *Educate resident / family regarding preventative fall interventions / safety devices as appropriate.</p> <p>[N] H · *Implement preventative fall interventions / devices.</p> <p>[N] H · *Maintain call bell within reach. Educate resident to use call bell.</p> <p>[N,All] H Shows on Kardex.</p> <p>· *Maintain resident's needed items within reach.</p> <p>[All,N] H · *PT/OT/SLP to screen and treat as necessary per physician order.</p> <p>[N] H · Keep familiar objects and most used items within reach.</p> <p>[N,STNA] H Shows on Kardex.</p> <p>· Reinforce need to call for assistance.</p> <p>[N] H · Resident is on antianxiety therapy related to anxiety H</p> <p>· *Resident will remain free from discomfort or adverse effects of antianxiety therapy through the next review. H</p>	F 641			

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F 641	Continued From page 22  · *Administer antianxiety medication as prescribed by the physician. Monitor / document side effects and effectiveness. [N] H · *Consult with pharmacist, MD, medical director for gradual dose reduction if appropriate. [N] H · *Implement non-pharmacological interventions specific for the resident. [N] H · *Monitor/report side effects of antianxiety therapy: lack of energy, confusion, drowsiness, weight fluctuations, appetite changes. [N] H · *Refer to psych services per physician orders. [N] H · Resident is on antidepressant therapy related to depression, appetite stimulant H  · *Resident will remain free from discomfort or adverse effects of antidepressant therapy through the next review. H  · *Administer antidepressant medication as prescribed by the physician. Monitor / document side effects and effectiveness. [N] H · *Monitor for side effects of antidepressant medications, e.g., suicidal ideations, constipation, urinary retention, dry eyes, blurred vision, dry mouth, anxiety, dizziness, insomnia, nervousness, agitation, nausea, headache and postural hypotension. [N] H · *Monitor PHQ-9 per protocol. [N] H · *Refer to psych services per physician	F 641			

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F 641	Continued From page 23 orders. [N] H · Resident is on antipsychotic therapy related to BPSD H  · *Resident will remain free from adverse effects of antipsychotic medication use through next review. H  · *Consult with pharmacist, MD, medical director for gradual dose reduction if appropriate [N] H · *Implement non pharmacological interventions specific for the resident. [N] H · *Monitor / report behavior symptoms per protocol. [N] H · *Monitor for extra pyramidal side effects. Abnormal Involuntary Movement Scale (AIMS) assessment per protocol. [N] H · *Refer to psych services per physician orders. [N] H · Monitor / report side effects of the psychoactive medication, e.g., sedation, hypotension, extra pyramidal side effects, anticholinergic sx - blurry vision or dry mouth, headache, insomnia, anorexia, constipation, suicidal ideations, decline in ADLs, decline in cognitive status/communication, depression, dizziness, hallucinations/delusions, incontinence, muscle rigidity, tremors, restlessness, [N] H · Resident scored for severe cognitive impairment on BIMS. Resident has inattention and disorganized thinking that is continuously present and does not fluctuate. H	F 641			



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F 641	Continued From page 24  <ul style="list-style-type: none"> <li>· Resident will remain safe in current environment and have the opportunity for freedom of expression and thought thru next review H</li> <li>· Be patient with resident [All] H</li> <li>· Provide a calm and relaxing environment Resident at risk for nutritional decline, dehydration, and wt fluctuations related to recent COVID/PNA, dx PCM, dementia, dysphagia, variable/poor po intake, presence of wound. H</li> <li>· Will be free of significant weight changes q month 5% +/- per nursing/ grand rounds/weight reports. H</li> <li>· Encourage adequate fluid intake [Diet,N] H Shows on Kardex.</li> <li>· Monitor dietary intake [N,Diet] H Shows on Kardex.</li> <li>· Monitor for s/s dehydration, i.e: poor skin turgor, cracked lips, thirst, fever, abnormal labs, concentrated urine [All] H</li> <li>· Monitor lab values per order [Dietitian,N] H</li> <li>· Monitor weight per protocol [N,Diet] H</li> <li>· Provide diet per order [Diet] H Shows on Kardex.</li> <li>· Provide meds per order [N] H</li> <li>· Provide supplements per order</li> </ul> <p>H&amp;P attached to survey</p>	F 641			

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F 641	Continued From page 25  Progress notes  Type: Daily Skilled Nursing Note (SPN) Focus: Effective Date: 8/25/2022 09:13:00 Department: Nursing Position: LPN Created By: Emily Fisher Created Date : 8/25/2022 15:30:16 Ethel Werner is being skilled for: Z86.16 PERSONAL HISTORY OF COVID-19  Z91.81 HISTORY OF FALLING E43 UNSPECIFIED SEVERE PROTEIN-CALORIE MALNUTRITION F03.90 UNSPECIFIED DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE G30.9 ALZHEIMER'S DISEASE, UNSPECIFIED R26.2 DIFFICULTY IN WALKING, NOT ELSEWHERE CLASSIFIED M62.81 MUSCLE WEAKNESS (GENERALIZED) R13.10 DYSPHAGIA, UNSPECIFIED F02.81 DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE K62.89 OTHER SPECIFIED DISEASES OF ANUS AND RECTUM F41.9 ANXIETY DISORDER, UNSPECIFIED F32.A DEPRESSION, UNSPECIFIED S72.92XD UNSPECIFIED FRACTURE OF LEFT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING I10 ESSENTIAL (PRIMARY) HYPERTENSION G47.00 INSOMNIA, UNSPECIFIED Z47.1 AFTERCARE FOLLOWING JOINT REPLACEMENT SURGERY. The following therapies are ordered: Physical Therapy	F 641			

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F 641	<p>Continued From page 26</p> <p>Occupational Therapy . No new orders in last 24 hours. . None noted . VITALS (most recent): BP 132/84 - 8/25/2022 09:52 Position: Lying r/arm T 97.5 - 8/25/2022 09:52 Route: Forehead (non-contact) P 74 - 8/25/2022 09:52 Pulse Type: Regular R 18.0 - 8/25/2022 09:52 O2 97.0 % - 8/25/2022 09:52 Method: Room Air Pnl 0 - 8/25/2022 09:50 Pain scale: Numerical Level of Consciousness/Mood: Resident is alert. Resident is oriented to person. The resident is pleasant. The resident is cooperative. Pleasant Cooperative Resident's current skin condition: The resident's skin is intact. Resident's flesh tone is normal for ethnicity. Resident has good skin turgor. Skin is warm and dry. Cardiovascular: Resident's heart rate is regular. Radial pulses are palpable bilaterally. Radial pulses are equal. Pedal pulses are palpable bilaterally. Pedal pulses are equal. No edema noted. No complaints of chest pain. Respiratory: Lung sounds are normal/clear in all fields. Respirations are regular/unlabored. No cough noted. No dyspnea/shortness of breath noted. Resident has had no complaints of shortness of breath. Urinary Elimination: Resident has not voided this shift. Nutrition/Hydration: Additional Nurses Notes: Resident is up to chair, VS stable, resident is able to verbalize wants and needs, no signs or complaints of pain or distress noted, alert and oriented x1 call light and personal items are within reach.</p> <p>8/31/22 10:00 AM Interview with Chelsea Vernon SW - BIMS was not assessed but it was not my responsibility because she was still covered by</p>	F 641			

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F 641	<p>Continued From page 27</p> <p>Medicare. I only assess the BIMS for Medicaid and Private pay residents. Leah the ST should have done it and OT does the PHQ9-</p> <p>08/31/22 10:10 AM interview with Kathleen Parrish RN MDS coordinator-I can't answer why it was not assessed.</p> <p>08/31/22 11:05 AM interview with Leah Thomas- There was some confusion about who should have done the BIMS. Usually residents are not skilled when their quarterly is due. This time the ARD was 8/3/22 and her last day of skilled care was 8/5/22. So, I should have done it but I didn't receive a notice from MDS to do it and I had not put it on my calendar.</p> <p>09/01/22 10:40 AM Interview and observation of resident lying in bed. Smiling and stated she was doing okay. Stated it was too early to get out of bed. Stated she liked to sleep and sleep and sleep until she feels better.</p> <p>09/01/22 3:05 PM Interview with Alicia Peters NA-Stated that the resident likes to be called Tootsie Wootsie. States that resident does get combative at times. States usually 2 NA go in to provide care. If you explain things to her and give her choices she will usually comply.</p> <p>09/01/22 3:08 PM Ashley Wallace NA -States she gives the resident choices and explains what she is going to do before starting care. States resident likes familiar faces so if a new NA is assigned to care for Ethel Werner we will go in and introduce them to her. On shower days it has to be a NA she is familiar with or she will not allow them to give her shower.</p>	F 641			

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F 641	Continued From page 28  Resident #91  Hospice and End of Life 08/29/22 02:23 PM Andrea Chris Thomas RN stated she sees resident twice a week and cna comes twice a week from Hospice. 08/31/22 09:34 AM Reviewed Hospice Agreement with Lower Cape Fear Hospice 4/4/21. 08/31/22 02:40 PM Interview with Jennifer Stiffler Hospice LMSW- Stated she comes twice a week to provide emotional support and companionship. She assesses them and can make recommendations to the hospice team.  Diagnoses view S22.049D UNSPECIFIED FRACTURE OF FOURTH THORACIC VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Major Joint Replacement or Spinal Surgery 3/14/2022 Secondary-1 Admission 3/14/2022 kathleen.parrish view S22.059D UNSPECIFIED FRACTURE OF T5-T6 VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Major Joint Replacement or Spinal Surgery 3/14/2022 Secondary-2 Admission 3/14/2022 kathleen.parrish	F 641			

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F 641	Continued From page 29 view S42.102D FRACTURE OF UNSPECIFIED PART OF SCAPULA, LEFT SHOULDER, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Non-Surgical Orthopedic/Musculoskeletal 3/14/2022 Secondary-3 Admission 3/14/2022 kathleen.parrish view I47.1 SUPRAVENTRICULAR TACHYCARDIA Cardiovascular and Coagulations 7/25/2022 Secondary-4 Admission 8/15/2022 kelly.cole view F02.81 DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE N/A, not an acceptable Primary Diagnosis 1/20/2022 Secondary-5 Admission 1/20/2022 kathleen.parrish view I10 ESSENTIAL (PRIMARY) HYPERTENSION N/A, not an acceptable Primary Diagnosis 1/20/2022 Secondary-6 Admission 1/20/2022 kathleen.parrish view E78.5 HYPERLIPIDEMIA, UNSPECIFIED Medical Management 1/20/2022 Secondary-7 Admission 1/20/2022 kathleen.parrish view F41.9 ANXIETY DISORDER, UNSPECIFIED Medical Management 1/20/2022 Secondary-8 Admission 1/20/2022 kathleen.parrish view F05 DELIRIUM DUE TO KNOWN PHYSIOLOGICAL CONDITION N/A, not an acceptable Primary Diagnosis 3/14/2022 Secondary-9 Admission 3/14/2022 kathleen.parrish view S22.039D UNSPECIFIED FRACTURE OF THIRD	F 641			

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F 641	Continued From page 30 THORACIC VERTEBRA, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING Major Joint Replacement or Spinal Surgery 3/14/2022 Other Diagnosis History 3/14/2022 kathleen.parrish view Z91.81 HISTORY OF FALLING N/A, not an acceptable Primary Diagnosis 1/20/2022 Other Diagnosis Admission 1/20/2022 kathleen.parrish view R47.1 DYSARTHRIA AND ANARTHRIA Medical Management 1/20/2022 Other Diagnosis Admission 1/20/2022 kathleen.parrish view R47.01 APHASIA SLP Acute Neurologic 1/20/2022 Secondary-10 Admission 2/1/2022 JULIANNE.LUTZ view L28.0 LICHEN SIMPLEX CHRONICUS N/A, not an acceptable Primary Diagnosis 1/20/2022 Other Diagnosis History 2/1/2022 JULIANNE.LUTZ view R13.12 DYSPHAGIA, OROPHARYNGEAL PHASE N/A, not an acceptable Primary Diagnosis 1/20/2022 Secondary-11 Admission 2/1/2022 JULIANNE.LUTZ view E46 UNSPECIFIED PROTEIN-CALORIE MALNUTRITION NTA (1 pts) Medical Management 1/20/2022 Secondary-12 Admission 1/21/2022 kathleen.parrish view M62.81 MUSCLE WEAKNESS (GENERALIZED) N/A, not an acceptable Primary Diagnosis 1/20/2022 Secondary-13 Admission 1/20/2022 kathleen.parrish view R26.2 DIFFICULTY IN	F 641			

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F 641	Continued From page 31 WALKING, NOT ELSEWHERE CLASSIFIED N/A, not an acceptable Primary Diagnosis 1/20/2022 Secondary-14 Admission 1/20/2022 kathleen.parrish view R26.81 UNSTEADINESS ON FEET N/A, not an acceptable Primary Diagnosis 1/20/2022 Secondary-15 Admission 2/1/2022 JULIANNE.LUTZ view I25.10 ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERY WITHOUT ANGINA PECTORIS  Orders There is a black box warning associated with this order. Please click to view details. SEROquel Tablet 25 MG (QUETiapine Fumarate) Give 1 tablet by mouth two times a day for sundowning Pharmacy Active 8/5/2022 20:30 8/26/2022 Culturelle Capsule (Lactobacillus Rhamnosus (GG)) Give 1 capsule by mouth one time a day for probiotic Pharmacy Active 8/13/2022 08:30 8/12/2022 anti-depression SIDE EFFECTS: A. No side effects B. Not Applicable C. See Nurses Notes every shift for monitoring Other Active 8/8/2022 19:00 8/8/2022 Anti-psychotic screaming yelling, hallucinations SIDE EFFECTS: A. No side effects B. Not Applicable C. See nurses notes. every shift Other Active 8/8/2022 15:00 8/8/2022 Dose Check could not be performed. Triamcinolone Acetonide Cream 0.1 % Apply to legs topically every shift for skin care	F 641			



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F 641	Continued From page 32 Pharmacy Active 7/27/2022 19:00 8/5/2022 Dose Check could not be performed. CeraVe Lotion (Emollient) Apply to legs topically every day shift for skin care Pharmacy Active 7/26/2022 07:00 8/5/2022 antipsychotic INTERVENTION CODES A. Redirect B. 1 on 1 C. Refer to nurse's notes D. Activity E. Return to Room F. Toilet G. Give Food H. Give Fluids I. Change Position J. Adjust room temperature K. Backrub L. Other _____ every shift for monitoring Other Active 7/29/2022 19:00 8/5/2022 anti- depression INTERVENTION CODES A. Redirect B. 1 on 1 C. Refer to nurse's notes D. Activity E. Return to Room F. Toilet G. Give Food H. Give Fluids I. Change Position J. Adjust room temperature K. Backrub L. Other _____ every shift for monitoring Other Active 7/29/2022 19:00 8/5/2022 Drug overdose. Senna-S Tablet 8.6-50 MG (Sennosides-Docusate Sodium) Give 1 tablet by mouth every 24 hours as needed for constipation Pharmacy Active 7/28/2022 16:00 7/29/2022 Resident admitted to hospice care - Life Care ,Lower cape fear 800-379-4880 No directions specified for order. Other Active 7/27/2022 Acetaminophen Tablet 500 MG Give 1 tablet by mouth every 6 hours as needed for pain Pharmacy Active 7/25/2022 14:00 7/25/2022 There is a black box warning associated with this order. Please click to view details. Metoprolol Succinate ER Tablet Extended Release 24 Hour 25 MG	F 641			

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NAME OF PROVIDER OR SUPPLIER  <b>BRUNSWICK HEALTH &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9600 NO 5 SCHOOL ROAD</b> <b>ASH, NC 28420</b>		
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F 641	<p>Continued From page 33</p> <p>Give 1 tablet by mouth two times a day for HTN Pharmacy Active 7/25/2022 20:30 7/25/2022</p> <p>Vital Signs and O2 SATS every shift for Monitoring Other Active 7/25/2022 19:00 7/25/2022</p> <p>Maintain Combined Droplet / Contact Precautions and Isolation per transmission based precautions. All care and services to be provided in the resident's room. Do not discontinue isolation until resident has met criteria for discontinuation of isolation per CDC guidelines using either symptom-based or testing-based strategy. No directions specified for order. Other Active 7/25/2022</p> <p>May test for Covid-19 per protocol.(If resident refused, document test offered, risks and benefits discussed.) as needed for COVID Testing Laboratory Active 7/25/2022 13:54 7/25/2022</p> <p>Document Pain every shift. (If pain present document in progress note) every shift for Pain monitoring Other Active 7/25/2022 19:00 7/25/2022</p> <p>May initiate medications upon arrival from the pharmacy. No directions specified for order. Other Active 7/25/2022</p> <p>ST eval and treat No directions specified for order. Other Active 7/25/2022</p> <p>OT eval and treat No directions specified for order. Other Active 7/25/2022</p> <p>PT EVAL AND TREAT No directions specified for order. Other Active 7/25/2022</p> <p>Resident may go on LOA without supervision.</p>	F 641			

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F 641	Continued From page 34 (May send meds unless contraindicated). No directions specified for order. Other Active 7/25/2022 Resident may go on LOA with supervision per MD. (May send meds unless contraindicated). No directions specified for order. Other Active 7/25/2022 May Participate in Facility Activities No directions specified for order. Other Active 7/25/2022 Resident May have LOA with Activities No directions specified for order. Other Active 7/25/2022 May Crush Meds/Open Capsules and combine all medications during med pass administration. (Refer to DO NOT CRUSH List for exceptions) Put in food/fluids per patients preference and or as needed unless otherwise indicated. No directions specified for order. Other Active 7/25/2022 May see psychologist No directions specified for order. Other Active 7/25/2022 May see psychiatrist No directions specified for order. Other Active 7/25/2022 May see podiatrist No directions specified for order. Other Active 7/25/2022 May see optometrist No directions specified for order. Other Active 7/25/2022 May see dentist No directions specified for order. Other Active 7/25/2022 May see Audiologist No directions specified for order. Other Active 7/25/2022 DNR	F 641			

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F 641	Continued From page 35 No directions specified for order. Other Active 7/25/2022 Regular diet, Mechanical Soft (NDD2) texture, Thin consistency for diet Diet Active 7/25/2022 13:53 7/25/2022 Admit to SNF for Skilled Care (Ordered/Signed by Physician ONLY) No directions specified for order. Other Active 7/25/2022  MDS Significant change 8/1/22 hearing-adeq- no hearing aide clear speech sometimes understood usually understands vision adeq-no glasses BIMS-not assessed No hallucinations or delusions no behaviors bed mobility-extensive assist of 2 transfers-extensive assist of 2 walk in room did not occur locomotion on unit-limited assist of 1 locomotion off unit-limited assist of 2 dressing-extensive assist of 2 eating-limited assist of 1 toilet use-extensive assist of 2 personal hygiene-extensive assist of 2 bathing-total assist of 2 uses wheelchair always incontinent of bowel and bladder primary medical diagnosis-atherosclerotic heart disease of native coronary artery without angina pectoris life expectancy-less than 6 months no scheduled or prn pain medicine 2 or more falls without injury 64 inches	F 641			

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F 641	<p>Continued From page 36</p> <p>138 pounds no dental problems no pressure ulcers 1 injection antipsychotic-1 day</p> <p>Care Plan 8/1/22 At risk for constipation H</p> <ul style="list-style-type: none"> <li>· Resident will have BM at least every 3 days until next review H</li> <li>· Administer medication as ordered [Nursing] H</li> <li>· Consult dietary for assistance in meeting dietary needs [Diet,Nursing] H</li> <li>· Encourage exercise as tolerated [ACT,Nursing] H</li> <li>· Encourage fluids if diet and/or diagnosis permits [All] H</li> <li>· Monitor for constipation and causes [Nursing] H</li> <li>· Due to COVID-19 outbreak, the resident is at risk for infection r/t potential virus exposure and resident's current health status. H</li> <li>· Resident will have physical, emotional, social and spiritual needs met through next review. H</li> <li>· Resident will maintain social contact and leisure participation per CDC/CMS guidelines through next review. H</li> <li>· Resident will have the ability to perform or be assisted with hygienic measures, such as proper hand washing, through next review. H</li> <li>· Resident will not experience adverse psychosocial effects or increase in anxiety</li> </ul>	F 641			

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F 641	Continued From page 37 through the next review. H <ul style="list-style-type: none"> <li>· Resident will not have s/sx of preventable viral infection through next review. H</li> <li>· Administer medications as ordered. [N] H</li> <li>· Assist resident with entertainment devices; i.e. television stations, music players, etc., as available for resident's use. [Activities,All] H</li> <li>· Assist resident with use of communication devices; i.e. telephones, tablets, computers; as resident is able. [Activities,All] H</li> <li>· Educate resident/family on the importance regarding compliance with safe infection control practices. [N] H</li> <li>· Encourage PO fluids as diagnoses, resident's health status, will allow. [N] H</li> <li>· Encourage resident to participate in activities of choice. [Activities,All] H</li> <li>· Encourage resident to perform effective hand hygiene and assist as needed. [N,STNA,All] H</li> <li>· Encourage resident to use safe cough etiquette and hand hygiene. Resident will be assisted as needed. [N,Activities,STNA,All] H</li> <li>· Facility will communicate with resident, family of ongoing changes with facility policies related to COVID-19, to the best of their ability. [N,SS,Activities,Admin] H</li> <li>· Facility will monitor federal, state and local government recommendations and implement measures as directed. [Admin,N] H</li> </ul>	F 641			

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F 641	<p>Continued From page 38</p> <ul style="list-style-type: none"> <li>· Follow standard precautions and implement transmission based precautions, as needed. [N,STNA,All] H</li> <li>· Labs and cultures as ordered. [N] H</li> <li>· Monitor for cough, sore throat, shortness of breath, respiratory changes and fever. Notify the physician of a change in condition. [N] H</li> <li>· Nursing staff will offer support and reassurance in a safe environment. [N] H</li> <li>· Pulse oximeter monitoring as needed. Follow MD recommendations for oxygen. [N] H</li> <li>· Resident will be allowed to express anxiety and concerns through active listening. [All] H</li> <li>· Resident has ADL/self-care deficit H</li> <li>· *Resident needs will be met with staff assistance as needed. H</li> <li>· *Assist with activities of daily living, dressing, grooming, toileting, feeding, oral care. [N,STNA] H</li> <li>· *Evaluate needs for adaptive equipment. Educate/direct the use of assistive devices. [N] H</li> <li>· *Promote independence and dignity, provide positive reinforcement for all activities attempted. [N,STNA] H</li> <li>· *Refer to therapy - PT, OT, ST as needed. [N] H</li> <li>· Cleanse hands with each brief change, and after meals and snacks</li> </ul>	F 641			

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F 641	Continued From page 39 [N,PCA,STNA] H Shows on Kardex. · transfers assist of 1 [All] H Shows on Kardex. · Resident has advanced directives. Resident is DNR CC H  · Resident's wishes will be followed. H  · Document resident's advanced directives [N] H · Involve Physician/NP in advanced directives conversations. [N] H · Review advanced directives with resident/family periodically. [NP,SS] H · Resident has altered cardiac status, HTN, HLD, and hypomagnesaemia H  · Resident will remain free from complications related to altered cardiac status. H  · Administer medications as directed by the physician [N] H · Inspect skin for pallor,cyanosis [N] H · Labs/diagnostics per orders [N] H · Monitor for chest pain, BP, nausea and vomiting, SOB, diaphoresis, and edema. [N] H · Note changes in sensorium: lethargy, confusion, disorientation, anxiety, and depression [N] H · Palpate peripheral pulses [N] H · Resident/Family education on risk factors as: stress,	F 641			



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F 641	Continued From page 40 obesity, hypertension, and cigarette smoking. cus Goals Interventions · Resident has altered musculoskeletal status, h/o fall with h/o T3, T4, T5 compression fxs, lt scapular fx . H  · Demonstrate techniques/behaviors that enable resumption of activities H  · Administer pharmacological and non-pharmacological pain relief interventions [N] H · Educate restrictions imposed by physician and /or therapy [N] H · Evaluate for fall risk. Educate resident/family on safety measures [N] H · Refer resident for Physical and/or occupational therapy [N] H · Use adaptive equipment as indicated [N] H · Resident has altered neurological status, severe dementia. H  · Resident will remain free of complications related to the altered neurological status. H  · Educate family members on the disease process. [N] H · Encourage resident to express feelings. [N] H · Maintain a regular daily schedule routine. [N] H · medications as ordered [N] H · Observe resident for cognitive	F 641			

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F 641	<p>Continued From page 41</p> <p>functioning, memory changes, disorientation, difficulty with communication, or changes in thinking patterns.</p> <p>[N] H</p> <ul style="list-style-type: none"> <li>· Speak to the resident slowly, using a low voice, facing resident, and call resident by name.</li> </ul> <p>[All,N] H</p> <ul style="list-style-type: none"> <li>· Resident has potential for pain. Resident is unable to verbalize pain at times. C/o pain in left shoulder At risk for pain d/t hemorrhoids H</li> </ul> <ul style="list-style-type: none"> <li>· *Resident will verbalize adequate relief of pain or the ability to cope with incompletely relieved pain through the next review date. H</li> </ul> <ul style="list-style-type: none"> <li>· *Administer pharmacological interventions as ordered by physician and monitor the effectiveness. Notify MD if ineffective.</li> </ul> <p>[N] H</p> <ul style="list-style-type: none"> <li>· *Assess for verbal and nonverbal signs and symptoms related to pain: grimacing, guarding, crying, moaning, increased anxiety, changes in usual routine, sleep patterns, functional abilities, decreased ROM, loss of appetite, withdrawal / resistance to care.</li> </ul> <p>[N,All] H Shows on Kardex.</p> <ul style="list-style-type: none"> <li>· *Implement non-pharmacological interventions to reduce pain, e.g., distraction techniques such as television, music, interaction with others, reading material as able, relaxation and breathing exercises, music therapy, re-positioning, offer backrub, aromatherapy if available, quiet environment.</li> </ul> <p>[N] H</p> <ul style="list-style-type: none"> <li>· *Provide education to resident and family regarding pain and options available for pain management. Discuss and record preferences as per routine and prn.</li> </ul>	F 641			

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F 641	Continued From page 42 [N] H · *Provide rest periods to promote relief, sleep, and relaxation. [N] H · Xrays per orders [N] H · Resident has potential for skin breakdown, H/O Skin tears H · *Resident's skin will remain intact skin through next review. H · *Complete Braden scale / skin checks per protocol. [N] H · *Diet as ordered. [N,Diet] H · *Turn and reposition as indicated. [N] H · *Use pressure relieving devices as indicated. [N] H · Complete Skin assessment per protocol. [N] H · Treatments/medications per orders [N] H · Resident is at risk for falls characterized by history of falls, balance deficits, injury and multiple risk factors H · *Minimize risks for falls / minimize injuries related to falls through next review. H · *Educate resident / family regarding preventative fall interventions / safety devices as appropriate. [N] H · *Implement preventative fall interventions / devices.	F 641			

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F 641	<p>Continued From page 43</p> <p>[N] H</p> <ul style="list-style-type: none"> <li>· *Maintain call bell within reach. Educate resident to use call bell.</li> </ul> <p>[N] H</p> <ul style="list-style-type: none"> <li>· *Maintain resident's needed items within reach.</li> </ul> <p>[All,N] H</p> <ul style="list-style-type: none"> <li>· *PT/OT/SLP to screen and treat as necessary per physician order.</li> </ul> <p>[N] H</p> <ul style="list-style-type: none"> <li>· Adjusted WC seat for positioning and comfort</li> </ul> <p>[N,PCA,STNA] H</p> <ul style="list-style-type: none"> <li>· contour mattress with bilateral fall mats, bed in low positon</li> </ul> <p>[All] H Shows on Kardex.</p> <ul style="list-style-type: none"> <li>· identification tag on to wheelchair</li> </ul> <p>[All] H Shows on Kardex.</p> <ul style="list-style-type: none"> <li>· leg rests removed from chair</li> </ul> <p>[PCA,STNA,N] H Shows on Kardex.</p> <ul style="list-style-type: none"> <li>· Medication review</li> </ul> <p>[N] H</p> <ul style="list-style-type: none"> <li>· Non skid surface to WC between cushion and wc surface</li> </ul> <p>[STNA,PCA,N] H Shows on Kardex.</p> <ul style="list-style-type: none"> <li>· out of room when out of bed and bring to a highly visible area</li> </ul> <p>Resident is incontinent of bowel and bladder</p> <p>H</p> <ul style="list-style-type: none"> <li>· Resident will receive assistance with toileting / maintained comfortable ,clean and dry / free from skin breakdown H</li> </ul> <ul style="list-style-type: none"> <li>· Administer medications as per physician order.</li> </ul> <p>[N] H</p> <ul style="list-style-type: none"> <li>· Assess resident pattern of urination and episodes of incontinence.</li> </ul>	F 641			

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F 641	Continued From page 44 [N] H · Implement toileting program as indicated [N] H · Monitor peri-rectal area for redness, irritation, skin excoriation/breakdown and if noted notify nursing [N,All] H Shows on Kardex. · Provide incontinence care as needed, utilize moisture barrier after each episode [N,All] H Shows on Kardex. · Resident is on antianxiety therapy, anxiety H  · *Resident will remain free from discomfort or adverse effects of antianxiety therapy through the next review. H  · *Administer antianxiety medication as prescribed by the physician. Monitor / document side effects and effectiveness. [N] H · *Consult with pharmacist, MD, medical director for gradual dose reduction if appropriate. [N] H · *Implement non-pharmacological interventions specific for the resident. [N] H · *Monitor/report side effects of antianxiety therapy: lack of energy, confusion, drowsiness, weight fluctuations, appetite changes. [N] H · *Refer to psych services per physician orders. [N] H · She likes to carry around dolls and stuffed animals [All] H · Resident is on Hospice services for end stage heart disease. H	F 641			

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F 641	Continued From page 45  <ul style="list-style-type: none"> <li>· Resident will receive palliative measures to provide comfort care and emotional support for pain, N/V, shortness of breath and diarrhea, etc. until next review. H</li> <li>· Hospice services as ordered [Nursing,Social Worker] H</li> <li>· Hospice to collaberate care with facilty staff [Nursing,Social Worker] H</li> <li>· Contact hospice for changes in resident condition. [Nursing,SS] H</li> <li>· Assist with grieving process by allowing resident to express concerns/fears offer supportative but realistic feedback. [Nursing,Social Worker] H</li> <li>· Open visitation without restrictions as permitted to afford emotional/spiritual support. [All] H</li> <li>· Provide emotional support and comfort measures [Nursing,Social Worker] H</li> <li>· Oral hygiene frequently [CNA,N] H</li> <li>· Skin inspection during care and prn. [CNA,N] H</li> <li>· Medications as ordered for secretions,pain,agitation, and restlessness [N] H</li> <li>· Keep comfortable. Assess pain per routine and prn. [Nursing] H</li> <li>· Monitor resident for breakthrough pain [Nursing] H</li> <li>· Resident scored for severe cognitive impairment on BIMS. Resident has inattention that fluctuates in severity, as well as disorganized</li> </ul>	F 641			

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F 641	<p>Continued From page 46</p> <p>thinking that does not fluctuate. H</p> <ul style="list-style-type: none"> <li>· Resident will remain safe in current environment and have the opportunity for freedom of expression and thought thru next review H</li> <li>· Be patient with resident [All] H</li> <li>· Provide a calm and relaxing environment [All] H</li> <li>· Resident at risk for nutritional decline, dehydration, and wt fluctuations related to recent fall with multiple fxs, dx of dementia, HTN, anxiety, dysphagia, PCM, h/o wt loss, hospice status. H</li> <li>· Resident will be adequately nourished within limits of end stage illness. H</li> <li>· Encourage adequate fluid intake [Diet,N] H Shows on Kardex.</li> <li>· Hydration protocol per orders [Diet,N,STNA] H</li> <li>· Monitor dietary intake [N,Diet] H Shows on Kardex.</li> <li>· Monitor for s/s dehydration, i.e: poor skin turgor, cracked lips, thirst, fever, abnormal labs, concentrated urine [All] H</li> <li>· Monitor lab values per order [Dietitian,N] H</li> <li>· Monitor need for increased nutritional intervention r/t diagnosis, medications and listed problems. [Dietitian,N] H</li> <li>· Monitor weight per protocol [N,Diet] H</li> </ul>	F 641			

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F 641	<p>Continued From page 47</p> <ul style="list-style-type: none"> <li>· Provide assistance with meals as needed to encourage intake [All,N] H Shows on Kardex.</li> <li>· Provide diet per order [Diet,All] H</li> <li>· Provide supplements per order [Diet,N] H Shows on Kardex.</li> <li>· ST screen/eval /Treat per orders PRN</li> </ul> <p>us Goals Interventions</p> <ul style="list-style-type: none"> <li>· The resident has h/o loose stools H</li> <li>· The resident will be free from s/sx of dehydration through the review date H</li> <li>· The resident will have labs values within normal limits through the review dates H</li> <li>· assess/ document vital signs per orders/routine/prn. contact md with any abnormalities. [Nursing] H</li> <li>· assess/document for pain and discomfort, give analgesics as ordered. [Nursing] H</li> <li>· assess/document/report to MD PRN for s/sx of dehydration [Nursing] H</li> <li>· Diet as tolerated. May need to be on clear liquid diet initially. Advance per facility protocol as tolerated. [Nursing,Diet] H</li> <li>· Medications as ordered.</li> </ul> <p>Probiotics per orders [N] H</p> <ul style="list-style-type: none"> <li>· Monitor lab values and inform physician of abnormal findings. [Nursing] H</li> <li>· Impaired ability to make self understood and to understand others related to Dementia H</li> </ul>	F 641			



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F 641	<p>Continued From page 48</p> <ul style="list-style-type: none"> <li>· Resident will answer questions appropriately through next review. H</li> <li>· Resident will maintain eye contact while conversing through next review. H</li> <li>· Give her short concise questions and allow her time to respond [All] H</li> <li>· maintain eye contact when communicating [All] H Shows on Kardex.</li> <li>· pronounce words correctly [All,All] H Shows on Kardex.</li> <li>· The resident has h/o UTIs H</li> <li>· The resident will be observed for signs/symptoms of a UTI with MD notification as indicated through next review. H</li> <li>· The resident's urinary tract infection will resolve without complications by the review date H</li> <li>· assess/document/report to MD PRN for s/sx of UTI: Frequency, Urgency, Malaise, foul smelling urine, dysuria, Fever, nausea and vomiting, flank pain, Supra-pubic pain, Hematuria, Cloudy urine, Altered mental status, Loss of appetite, Behavioral changes. [Nursing] H</li> <li>· Check at least every 2 hours or per routine for incontinence. Provide pericare with incontinent episodes. [N,STNA,PCA] H Shows on Kardex.</li> <li>· Encourage adequate fluid intake. [Nursing,Diet] H Shows on Kardex.</li> <li>· Give antibiotic therapy as ordered. assess/document for side effects and effectiveness. [Nursing] H</li> </ul>	F 641			

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F 641	<p>Continued From page 49</p> <ul style="list-style-type: none"> <li>· Give antipyretics, analgesics and antispasmodics as ordered/PRN. Monitor/document for side effects and effectiveness. [Nursing] H</li> <li>· lab/ diagnostic work as ordered. Report results to MD and follow up as indicated. [Nursing] H</li> <li>· VS per orders. Report abnormalities to MD. [Nursing] H</li> <li>· The resident uses psychotropic medications H</li> <li>· The resident will be/remain free of drug related complications through review date H</li> <li>· Administer medications as ordered. Monitor/document for side effects and effectiveness. [Nursing] H</li> <li>· assess/record occurrence of for target behavior symptoms [SS] H</li> <li>· assess/record/report to MD prn side effects and adverse reactions of psychoactive medications. [Nursing,SS] H</li> <li>· Consult with pharmacy, MD to consider dosage reduction when clinically appropriate. [Nursing] H</li> <li>· Discuss with MD, family re ongoing need for use of medication as needed. [Nursing,SS] H</li> <li>· Educate the resident/family/and/or caregivers about risks, benefits and the side effects and/or toxic symptoms</li> </ul> <p>8/30/2022 10:32 165 / 70 mmHg Other</p>	F 641			

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F 641	Continued From page 50 mary.pearson (Manual) 8/29/2022 18:38 132 / 68 mmHg Sitting l/arm mitch.grady (Manual) 8/29/2022 08:14 134 / 70 mmHg Sitting l/arm fraley.johnson (Manual) 8/28/2022 19:21 139 / 73 mmHg Sitting l/arm melissa.mendoza (Manual) 8/28/2022 10:54 148 / 82 mmHg Sitting r/arm alyssa.tooley (Manual) 8/27/2022 21:42 153 / 88 mmHg Lying l/arm jennifer.coffman (Manual) 8/27/2022 10:31 152 / 76 mmHg Sitting r/arm alyssa.tooley (Manual) 8/26/2022 22:24 142 / 78 mmHg Lying l/arm jennifer.coffman (Manual) 8/26/2022 08:22 133 / 72 mmHg Sitting l/arm whitney.anthony (Manual) 8/25/2022 19:46 142 / 78 mmHg Lying r/arm mitch.grady (Manual) 8/25/2022 08:44 159 / 86 mmHg Sitting r/arm mary.pearson (Manual) 8/24/2022 19:57 121 / 73 mmHg Sitting l/arm melissa.mendoza (Manual) 8/24/2022 10:47 118 / 72 mmHg Sitting r/arm alyssa.tooley (Manual) 8/23/2022 22:34 123 / 77 mmHg Sitting l/arm melissa.mendoza (Manual) 8/23/2022 12:13 120 / 80 mmHg Sitting r/arm Laurie.Ennis (Manual) 8/22/2022 20:28 125 / 83 mmHg Sitting r/arm jennie.mischel (Manual) 8/22/2022 08:34 146 / 80 mmHg Lying l/arm lisa.bashant (Manual) view all Weight: 127.4 Lbs 8/23/2022 17:46 virginia.crowson (Manual) view all Blood Pressure: 165 / 70 mmHg 8/30/2022 10:32 mary.pearson (Manual) view all Temperature: 97.0 °F 8/30/2022	F 641			

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F 641	<p>Continued From page 51</p> <p>10:32 mary.pearson (Manual) view all Pulse: 71 bpm 8/30/2022 10:32 mary.pearson (Manual) view all Respirations: 16 Breaths/min 8/30/2022 10:32 mary.pearson (Manual) view all Blood Sugar: view all O2 Saturation: 94.0 % 8/30/2022 10:32 mary.pearson (Manual) view all Height: view all Pain Level: 0 8/29/2022 18:43 mitch.grady (Manual)</p> <p>Progress notes view 8/30/2022 11:09 Dietary Note Text: Wt Change: CBW: 127.4# (9/23) Resident with continued wt loss of 1# over 1 week. Wt loss anticipated given end-stage dx with hospice services. Recommend d/c frequent wts to reduce disruption and discomfort. [linked] Dietary Y Y Y view 8/30/2022 09:37 Weekly Skin Evaluation Note Text: Weekly Skin Evaluation completed. See evaluation for details. Nursing Y Y Y view 8/30/2022 06:33 eMAR- Medication Administration Note Note Text: May test for Covid-19 per protocol.(If resident refused, document test offered, risks and benefits discussed.) as needed for COVID Testing PRN Administration was: Effective Negative [linked] Nursing Y Y Y view 8/30/2022 03:21 eMAR- Medication Administration Note Note Text: May test for Covid-19 per protocol.(If resident refused, document test offered, risks and benefits discussed.)</p>	F 641			

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F 641	<p>Continued From page 52 as needed for COVID Testing NEGATIVE Nursing Y Y Y view 8/27/2022 18:16 Nursing Note Note Text: RP brought in family pet(dog) to see resident. As a CNA was walking by the pet, he bit the CNA on the leg. RP was notified that the pet can no longer enter the facility, that the pet can visit with resident on the front porch. CNA was not hurt. Nursing Y Y Y view 8/27/2022 09:40 Restraint-Enabler Decision Tree Note Text: Type of device ordered: Parameter mattress The item does not prevent the resident from performing actions that he/she is otherwise capable of performing. - explain: Resident continues to move independently without restriction The item assists in the improvement of the resident's functional status d/t: Promotes safety with fall prevention Nursing N N Y view 8/25/2022 15:37 Monthly Nursing Note Overview: Vitals:BP 159/86 - 8/25/2022 08:44 Position: Sitting r/arm P 76 - 8/25/2022 08:44 Pulse Type: Not Applicable R 16.0 - 8/25/2022 08:44 T 97.0 - 8/25/2022 08:44 Route: Forehead (non-contact) O2 97.0 % - 8/25/2022 08:44 Method: Room Air Resident is Disoriented. Resident is Pleasant. Neurological checks are within normal limits. Resident has no c/o pain. Pain level is 0 out of 10. Resident skin tone is normal. Skin is warm and dry. Respirations are unlabored. Respirations are normal. Lung sounds are clear on inspiration. Lung sounds are clear on expiration.</p>	F 641			

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F 641	<p>Continued From page 53</p> <p>Apical76Apical rate and rhythm is regular. Resident has no edema. Right pedal pulse present. Left pedal pulse present. Resident is incontinent of bladder. Resident has voided this shift. Resident is incontinent of bowel. Last BM 08/25/2022 Stool appearance is soft and formed. Bowel sounds present X all four Quadrants.</p> <p>Two+ persons physical assist with transfers. One person physical assist with bed mobility. One person physical assist with eating. resident shows no s/sx of pain or distress Nursing Y Y Y</p> <p>view 8/24/2022 01:40 Alert Note Note Text: Resident has had a loose stool or diarrhea No loose stools observed this shift</p> <p>Hospice Care Plan attached to survey History and Physical attached to survey.</p> <p>No BIMS assessed and locomotion off unit limited assist of 2 and locomotion on unit is limited assist of 1??</p> <p>08/31/22 10:00 AM Interview with Chelsea Vernon SW- Stated MDS nurse had set up ARD for 8/1/23 instead of 8/1/22. So she had not assessed it before the ARD. Stated she was taught not able to assess the resident after the ARD date. Stated she didn't think she could do it afterwards. She was always taught you can't back track.</p> <p>08/31/22 10:10 AM Interview with Kathleen Parrish RN, MDS Nurse -stated BIMS didn't have to be done. It's okay if it wasn't done.</p> <p>08/31/22 10:15 AM Interview with Kelly Cole RN, MDS Nurse stated that was error that she was</p>	F 641			

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F 641	Continued From page 54 coded differently locomotion on and off unit. Stated she just hit the wrong key.  09/01/22 08:35 AM Interview with John Ehle Administrator stated it was his expectation was for the MDS to be completed and sent to the state on time.  09/01/22 09:05 AM interview with Janet Brogdon DON-that the expectation was for the MDS to be filled out and sent to the submitted before the ARD. 09/01/22 10:55 Resident resting quietly in bed. No issues noted. with Hospice.	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 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	F 656		9/30/22	

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F 656	<p>Continued From page 55</p> <p>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.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(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.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interviews, the facility failed to develop, update, and follow person -centered care plans for 4 of 19 residents (Resident #16, #81, #25, and #89) reviewed for care plans.</p> <p>Findings included:</p> <p>1. Resident #16 was admitted to the facility on 12/23/21 with diagnoses which included in part hemiparesis, aphasia, and stroke. Resident #16's quarterly Minimum Data Set (MDS) assessment dated 6/7/22 revealed resident was moderately cognitively impaired and had 2 or more falls with injury except major.</p> <p>Resident #16's care plan revealed a problem of at risk for falls dated 12/24/21 with a goal of</p>	F 656	<p>A "person centered care plan" was not developed, and or, updated for 4 of 19 residents. (#16, #25, #81, and #89)</p> <p>1. Resident #16's care plan was updated for the falls on 4/5/2022 and 7/15/2022. Resident #81's care plan was updated and the anti-anxiety care plan was discontinued. Resident #89's care plan was also updated to state the resident smokes tobacco.</p> <p>2. An audit of current care plans were performed by the DON/designee(s) to validate that they were accurate and "person centered".</p> <p>3. The DON and or designee(s) will</p>		



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F 656	<p>Continued From page 56</p> <p>minimize risk for falls/injuries related to falls. Interventions were dated 12/24/21 and included bright visual cue to call for assist, encourage to wear non-skid socks, implement preventative fall interventions/devices, maintain call light within reach, educate resident to use call light, maintain needed items within reach on right side, resident/family education regarding preventative fall interventions/devices.</p> <p>Resident #16's medical record revealed resident experienced falls twice on 4/5/22 and once on 7/15/22.</p> <p>Interview on 9/1/22 at 2:00 PM with MDS Nurse #1 revealed that falls were discussed by the interdisciplinary team, and interventions updated in the care plan. MDS Nurse #1 stated that both she and MDS Nurse #2 were on vacation during July and Resident #16's care plan was not updated following the fall on 7/15/22.</p> <p>Interview on 9/1/22 at 2:08 PM with Nursing Assistant (NA) #1 revealed that Resident #16 was not a fall risk and had no special interventions in place for fall prevention. NA #1 further stated that Resident #16 wore regular shoes or socks as she desired.</p> <p>Interview on 9/1/22 at 3:10 PM with the Administrator revealed that he expected that care plans were updated as needed with person centered interventions and reviewed regularly. The Administrator further indicated that the MDS Nurse #1 and #2 were responsible for updating the care plans and that interventions for fall prevention should be added after each fall.</p> <p>Interview with the Director of Nursing (DON) on</p>	F 656	<p>validate 5 care plans 5x a week for 2 weeks, 4x a week for 2 weeks, 3x a week for 2 weeks, 2x a week for 2 weeks, 1x a week for 2 weeks, and then monthly for 2 months.</p> <p>4. Findings from the audits will be submitted to QAPI for review and revision as needed.</p>		

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F 656	<p>Continued From page 57</p> <p>9/1/22 at 5:33 PM revealed that the expectation was that care plans were updated with new interventions following a fall and that MDS Nurse #1 and MDS Nurse #2 were responsible for this.</p> <p>2. Resident #81 was readmitted to the facility on 5/24/22 with diagnoses which included in part hip fracture, Parkinson's Disease, and depression.</p> <p>Resident #81's significant change MDS dated 8/7/22 revealed resident was cognitively intact, had no behaviors and received antidepressant and antianxiety medications daily.</p> <p>Resident #81's physician orders revealed an order dated 8/11/22 for the antidepressant venlafaxine 75 milligrams daily for depression and an order dated 6/24/22 for the antidepressant trazadone 50 milligrams at bedtime for insomnia. The antianxiety medication clonazepam was discontinued on 8/8/22.</p> <p>Resident #81's care plan revealed a problem dated 7/6/22 which indicated uses antianxiety medication with a goal of remain free from adverse reaction related to antianxiety medication and intervention was to give antianxiety medication as ordered.</p> <p>Interview on 9/1/22 at 1:55 PM with MDS Nurse #1 revealed that resident care plans were to be updated with all new orders and as needed. MDS Nurse #1 was unable to state why Resident #81's care plan was not updated when the antianxiety medication was discontinued.</p> <p>Interview on 9/1/22 at 3:10 PM with the Administrator revealed that he expected that all care plans be updated with all new orders and</p>	F 656			

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F 656	<p>Continued From page 58 changes.</p> <p>3. Resident #25 was admitted to the facility on 6/10/21 with diagnoses which included in part stroke and aphasia. Resident #25's annual MDS assessment dated 6/17/22 revealed resident had moderate cognitive impairment.</p> <p>Resident #25's care plan revealed a problem dated 7/6/22 of upper respiratory symptoms as evidenced by congestion and cough, a problem dated 7/7/22 of antibiotics related to bronchitis, a problem dated 7/8/22 of infection due to acute bronchitis. The interventions related to these problems included administer antibiotics and nebulizers (an aerosolized breathing treatment) as ordered.</p> <p>Resident #25's physician orders for August 2022 revealed resident was no longer receiving antibiotics or nebulizer treatments. Resident #25's Medication Administration Record (MAR) for August 2022 revealed resident did not receive antibiotics or nebulizer treatments during the month.</p> <p>Observation of Resident #25 during the survey revealed no respiratory symptoms including cough or congestion.</p> <p>Interview on 9/1/22 at 2:00 PM with MDS Nurse #1 revealed that resident care plans were to be updated as needed with changes and new orders. MDS Nurse #1 further indicated that resident care plans were to be accurate and reflect the resident's current condition which would include removing problems that were no longer active.</p>	F 656			

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F 656	<p>Continued From page 59</p> <p>4. Resident #89 was admitted to the facility on 08/08/22. Admitting diagnoses included, in part, diabetes with foot ulcer and osteomyelitis.</p> <p>A nursing note written 08/13/22 revealed Resident was caught smoking in the court yard. Writer explained again to resident that this was a non-smoking facility. Writer took cigarettes and lighter from resident and locked them on the medication cart. Responsible Party (RP) notified.</p> <p>The MDS dated 08/14/22 revealed Resident #89 was cognitively intact, independent with bed mobility, transfers, dressing, eating, toileting, and personal hygiene, had no impairments and used a walker. The MDS assessment indicated the resident was coded as a tobacco user.</p> <p>A review of Resident #89's care plan revealed there was no care plan to reflect Resident #89 was a smoker and would not follow facility policy of no smoking.</p> <p>A safe smoking assessment was done on 08/24/22 and indicated Resident #89 did not smoke.</p> <p>An interview was conducted with the DON during the entrance conference on 08/29/22. The DON stated there were no smokers in the facility because it was a non-smoking facility.</p> <p>On 08/29/22 at 1:10 PM, Resident #89 was observed smoking outside of facility in the parking lot standing alone while he was smoking near parked cars.</p> <p>An interview was conducted with the Unit Manager (UM) and Nurse #3 on 08/30/22 at 3:00</p>	F 656			

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F 656	<p>Continued From page 60</p> <p>PM. The UM stated at the time she completed the smoking assessment on 08/24/22, Resident #89 said he was not smoking. She stated the resident understood that this was a non-smoking facility, and he would not smoke on the grounds of this facility. The UM stated back in the middle of the month of August a nurse (Nurse #3) noticed he was outside in the court yard smoking, and he was reminded this was a non-smoking facility and she took his cigarettes and lighter away. The UM stated the resident ' s RP would come daily and sign him out and take him for a drive off the grounds so that he could smoke . Nurse #3 stated she was the nurse who observed Resident #89 smoking on 08/13/22 on facility property. During the interview, it was explained to the UM and Nurse #3 that Resident #89 was observed smoking on the facility property on Monday 08/29/22 by a surveyor. The Unit Manager stated the Resident ' s RP was coming to the facility on 08/30/22 and they would reiterate the smoking policy to Resident #89 and the RP. The UM stated Resident #89 was aware this was a non-smoking facility when he was admitted. The UM stated he was asked if he would like assistance with quitting smoking and declined on 08/13/22.</p> <p>An interview was conducted with Nurse #3 with Resident #89 on 08/30/22 at 3:06 PM. Resident #89 stated he did not have a lighter or cigarettes on him and that on Monday 08/29/22 his RP dropped him off while he was still smoking his cigarette and he put it out in the parking lot. Resident #89 stated he did not want assistance with quitting smoking.</p> <p>An interview with the MDS Nurse #1 on 09/01/22 at 9:10 AM revealed Resident #89 was coded as</p>	F 656			

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F 656	Continued From page 61 a smoker upon admission on his MDS assessment because he answered "yes" that he was a smoker. MDS Nurse #1 stated the facility was a non-smoking facility, so she did not put a care plan in place, and she was not aware he was outside smoking on 08/13/22 or 08/29/22. She stated a care plan should have been developed on 08/13/22 to include interventions to assist with quitting smoking and to monitor for smoking on facility property.  An interview was conducted with the DON on 09/01/22 at 10:00 AM. The DON stated she agreed there should have been a person-centered plan of care in place regarding Resident #89 ' s desire to smoke and that he was allowed to go out with his RP off the property to smoke, but that he was not allowed to smoke on the property. The DON added the plan of care should include interventions to help and encourage resident to quit smoking and his refusal for help.  An interview with the Administrator on 09/01/22 at 10:00 AM revealed he expected a person centered care plan to be developed on 08/13/22 when he was first observed outside smoking on the property.	F 656			
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--	F 657		9/30/22	

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F 657	<p>Continued From page 62</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interviews the facility failed to hold care planning conferences with the interdisciplinary team when a care plan was developed and after assessments for 2 of 19 residents reviewed for care plans. (Resident #49 and Resident #16).</p> <p>1. Resident #49 was admitted to the facility on 4/4/22 with medical diagnoses which included hypertension and diabetes.</p> <p>Review of Resident #49's quarterly Minimum Data Set (MDS) assessment dated 7/13/22 revealed resident was cognitively intact and exhibited no behaviors.</p> <p>Interview with Resident #49 on 8/29/22 at 1:33</p>	F 657	<p>The facility did not conduct a care planning conference with the interdisciplinary team (IDT) after development and assessment for 2 out of 19 residents. Residents #49 and #16.</p> <p>1. Residents with care plan development/assessment could be affected by the alleged deficient practice. Resident #49 and #16 care plan conferences were performed and appropriately documented.</p> <p>2. The Director of Social Services and or designee(s) will develop a care planning schedule and invite current residents to a care planning conference. Invitations will</p>		

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F 657	<p>Continued From page 63</p> <p>PM revealed that she had not been invited to participate in a care plan meeting.</p> <p>Review of the medical record revealed there was no documentation that any interdisciplinary care plan meetings were held for Resident #49 since she was admitted on 4/4/22. There was no evidence in the medical record that an interdisciplinary care plan meeting for Resident #49 was held since she was admitted on 4/4/22. There was no evidence in the medical record that Resident #49, or her representative were invited to a care plan meeting since she was admitted on 4/4/22.</p> <p>2. Resident #16 was admitted to the facility on 12/23/21 with medical diagnoses which included stroke, aphasia, diabetes, and hemiparesis.</p> <p>Review of Resident #16's quarterly MDS dated 6/17/22 revealed resident was moderately cognitively impaired.</p> <p>Review of Resident #16's medical record revealed a care plan conference summary form dated 2/7/22. There was no evidence in the medical record that an interdisciplinary care plan meeting for Resident #16 was held since 2/7/22.</p> <p>Interview with MDS Nurse #1 on 8/31/22 at 11:15 AM revealed that the Social Worker was responsible for scheduling the care plan meetings and inviting residents and /or resident representatives. MDS Nurse #1 was unable to explain why a care plan meeting had not been held. MDS Nurse #1 stated that the resident and/or the representative should be invited to a care plan meeting and that an interdisciplinary care plan meeting should be held for each</p>	F 657	<p>also be mailed to the residents Responsible Party (RP)to coordinate a date and time within 30 days. The Administrator and or designee(s)will educate the IDT on care plan conference policy.</p> <p>3. The Director of Social Services and or designee(s)will monitor and ensure that care plan meetings are scheduled using the MDS ARD calendar. Residents and their RP's will be invited to participate in these meetings. Administrator and or designee(s) will audit care plan conference scheduling weekly for 12 weeks.</p> <p>4. Audits will be submitted to QAPI for 3 months for review and revision as needed.</p>		



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F 657	Continued From page 64 resident at least quarterly.  Interview with the Social Worker (SW) on 8/31/22 at 11:21 AM revealed that she was responsible for scheduling the care plan meetings. SW further revealed that she is responsible for inviting the resident and/or representative to an interdisciplinary care plan meeting and documenting when the meeting occurred. SW indicated she had been in her position since January 2022.  Interview with Director of Nursing (DON) on 9/1/22 at 5:33 PM revealed that the care plan meeting was to involve the resident and resident representative in the care planning process. The DON indicated that the expectation was that care plan meetings would be held at a minimum of every 3 months and that the resident and/or the representative would be invited to each meeting.  Interview with the Administrator on 9/1/22 at 3:10 PM revealed that he expected that residents and/or their representatives would be invited to care plan meetings at a minimum of every three months and that an interdisciplinary care plan meeting occurred regularly for each resident.	F 657			
F 684 SS=D	Quality of Care CFR(s): 483.25  § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 684		9/30/22	

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F 684	<p>Continued From page 65</p> <p>care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, resident, staff, and Nurse Practitioner (NP) interviews, the facility failed to have a resident assessed by a license professional after the resident experienced a fall in the transport van and prior to transporting the resident back to the facility for 1 of 2 residents reviewed for supervision to prevent accidents (Resident #51).</p> <p>Findings included:</p> <p>Resident #51 was admitted to the facility on 6/2/2022.</p> <p>Resident #51's quarterly Minimum Data Set (MDS) assessment dated 7/15/2022 revealed the resident was cognitively intact and utilized a wheelchair for locomotion on and off the unit.</p> <p>An interview was conducted with Resident #51 on 9/1/2022 at 3:25 PM. She stated 2 weeks ago while being transported in the facility van, the driver took a sharp turn and she fell over and hit her head on the floor. Resident #51 stated she went to the hospital, and she had a laceration to the right side of her head and abrasions to right arm, elbow, and pinky finger.</p> <p>An interview was conducted with Transport Driver on 9/1/2022 at 7:00 PM. She stated that on the day the incident occurred, she had been working at the facility for about a month. The Transport Driver further stated that after she made a left turn, she heard a noise and looked in her rearview mirror and Resident #51's wheelchair had tipped over to the right. She stated that</p>	F 684	<p>The facility did not have a resident assessed by a licensed professional after the resident experienced a fall in the facility transport van.</p> <ol style="list-style-type: none"> <li>On 8/18/2022 the facility van driver failed to secure the shoulder restraint during transport of resident #51. During a turn the wheelchair tipped to the right side causing the resident to strike her head, resulting in a contusion and a skin tear. Once at the facility, the resident was assessed by the NP and was sent to the ER for further evaluation. Resident returned to the facility later that afternoon.</li> <li>The facility driver received education by the DON that whenever there is an incident of the van which results in an injury, 911 must be notified immediately. The driver is not to move the resident or van until evaluated by EMS.</li> <li>The Administrator and or designee(s) will monitor and ensure that no incident with injury has occurred. If there are any, 911 is called. Audits will be performed 5 days a week when the diver as transports for 1 month, 3 days a week for 1 month, and then weekly for one month.</li> <li>The Administrator and or designee(s) will monitor audits and submit to QAPI for review and revision as needed.</li> </ol>		

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F 684	<p>Continued From page 66</p> <p>Resident #51 never came out of the wheelchair and seatbelt. The Transport Driver indicated Resident #51's head was laying up against the van lift and the wheelchair was approximately 5 inches off the floor. She stated that Resident #51 did not say much, and she wasn't crying. She indicated Resident #51 had a skin tear on her right forearm and some blood on the right side of her head. The Transport Driver further stated Resident #51 did not complain of pain or headache, and she was not dizzy. She indicated that she had been trained that in case of an emergency, she was supposed to call 911, but all she could think of was getting the resident back to the facility as soon as possible. The Transport Driver stated she was only about 10 minutes from the facility, so she turned around and brought Resident #51 back to the facility.</p> <p>A nursing progress note written on 8/18/2022 by the Director of Nursing (DON) revealed she had received a phone call at 1:47 PM from the Transport Driver that stated Resident #51's wheelchair had tipped over to the right side when she was turning on a curve and Resident #51 had hit her head on the floor, and she had lacerations to right arm, elbow, and pinky finger. The note further revealed the Nurse Practitioner (NP) was in the facility when the resident returned, and he assessed the resident and sent an order to send her to the emergency department (ED) for evaluation and treatment. Resident #51 was not assessed by a licensed professional prior to returning to the facility.</p> <p>A telephone interview was conducted with the Director of Nursing (DON) on 9/2/2022 at 10:14 AM. The DON stated that the Transport Driver had called her 8/18/2022 and she was very upset</p>	F 684			

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F 684	<p>Continued From page 67</p> <p>and crying. She further stated that the Transport Driver had told her she was driving the van and going around a curve when Resident #51's wheelchair had tipped over. She stated that the Transport Driver told her the resident was okay, and was alert and oriented, and not complaining of pain. The DON stated that the Transport Driver indicated that she was only about 10 minutes away and she was turning around and bringing the resident back to the facility. She indicated that the first thing she said to the Transport Driver was did you call 911? The DON stated that they unloaded the Resident and brought her into to the facility. She stated that the nurse practitioner (NP) was at the facility, and he assessed Resident #51 and observed that she had hit her head and it was bleeding, he stated to call EMS and send her to the hospital. The DON indicated that while they were waiting for EMS to arrive, she had called the responsible party (RP) and the Assistant Director of Nursing (ADON) treated the skin tears.</p> <p>A telephone interview was conducted with the NP on 9/2/2022 at 12:47 PM. He stated that when assessed Resident #51 on 8/18/2022 she had a scalp wound to her right parietal lobe and it was bleeding. The NP indicated that he spoke to the facility staff and determined that Resident #51 needed to be sent to the ER for evaluation and treatment.</p> <p>The emergency department Physician report for Resident #51 dated 8/18/22 at 3:32 PM revealed that after profuse irrigation and exploration the 3-millimeter (mm) x 0.5mm laceration to right arm was repaired with sterile skin adhesive. There was no evidence of nerve, vessel or tendon injury or foreign body. The 0.5mm scalp wound was repaired with skin glue with good results.</p>	F 684			

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F 684	Continued From page 68 Computed Tomography (CT) scan of the brain/head was negative for acute cranial abnormality. Resident #51 was discharged back to the facility.	F 684			
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)  §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and  §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review, observations, resident, staff, and Nurse Practitioner (NP) interviews, and review of the restraint manufacturer's training video, the facility failed to properly secure a resident in her wheelchair during transport in the van by not utilizing the shoulder strap for 1 of 2 residents reviewed for supervision to prevent accidents (Resident #51). During a facility van transport Resident #51's wheelchair fell over to the right resulting in a head contusion and skin lacerations to her right arm, elbow, and pinky finger, this occurred while the transport driver was in heavy traffic and making a left turn. Resident #51 was sent to the emergency room for evaluation and treatment and returned to the facility later in the evening.  Findings included:  The restraint manufacturer's instructional video for the proper use of the van's safety restraints	F 689	Past noncompliance: no plan of correction required.		

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F 689	<p>Continued From page 69</p> <p>during transportation was reviewed on 9/1/2022. The video specified that after the wheelchair was secured in the van, the van's lap belt strap was to be placed between the wheelchair arm and the resident to secure the resident to the wheelchair. The manufacturer's instructions further specified to make sure that the van's shoulder strap was in place once the lap belt was properly placed on the resident.</p> <p>Resident #51 was admitted to the facility on 6/2/2022.</p> <p>Resident #51's quarterly Minimum Data Set (MDS) assessment dated 7/15/2022 revealed the resident was cognitively intact and utilized a wheelchair for locomotion on and off the unit.</p> <p>A nursing progress note written on 8/18/2022 by the Director of Nursing (DON) revealed she had received a phone call at 1:47 PM from the Transport Driver that stated Resident #51's wheelchair had tipped over to the right side when she was turning on a curve and Resident #51 had hit her head on the floor, and she had lacerations to right arm, elbow, and pinky finger. The note further indicated when the Transport Driver returned Resident #51 to the facility, she was tearful and stated that it had scared her. The note indicated that Resident #51's vital signs were stable, neurological checks were within normal limits, and she had no complaints of pain. Pressure was applied to laceration to right side of head with scant amount of bleeding noted, skin tears to right arm areas were cleaned and dressings placed. The note further revealed the Nurse Practitioner (NP) was in the facility when the resident returned, and he assessed the resident and sent order to send her to the</p>	F 689			

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F 689	<p>Continued From page 70</p> <p>emergency department (ED) for evaluation and treatment. Resident #51 was not assessed by a licensed professional prior to returning to the facility.</p> <p>A review of the written statement written by the Transport Driver on 8/18/2022 revealed in part, "I had to transport Resident #51 to a dermatology appointment. I put resident on our lift to raise up in the van while I was with her. Chair was locked both wheels. I then unlocked her wheelchair wheels and rolled her into position to secure the wheelchair. Her lap belt was secured, and her wheelchair frame was secured with 4 locks to the frame of the chair. 2 locks in front and 2 locks to the rear. Then I checked to make sure her seatbelt wasn't too tight across her stomach. I could put 2 fingers underneath and resident stated it was fine. We then started to the appointment. Construction and traffic were very heavy on Route 57 having to stop 3 times due to heavy traffic and construction. When we got to the stop light to make a left turn, the light turned green and an 18-wheeler was in front of me, he turned and then I turned right behind him. Then driving straight, I heard a commotion in the back. Resident #51's wheelchair had turned not completely over to the right. I then pulled over immediately and I went back to Resident #51 and her wheelchair was not laying flat on the floor, the arms of the wheelchair didn't touch the floor. I was trying to help her, but the seat belt she had on, and the locks (4) of them that were on the frame of the chair were pulled so tight that I could barely budge them to unlock them to unlock the hooks that were securing her wheelchair by the frame. I finally was able to get the locks unlocked from the frame trying not to let the chair fall completely to the floor, because she was still</p>	F 689			

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F 689	<p>Continued From page 71</p> <p>secured from the lap belt. With all my strength I got the wheelchair back up right. Resident #51 stated her right hand was stinging and I saw she had a little skin tear, then on her right arm I saw some blood and she had a skin tear around the elbow area. After placing the wheelchair with her still in it back up, Resident #51 asked if she was going to her doctor's appointment. I am very upset what took place, but first thing I did was put a band aid on her pinky and right forearm, we then returned to the facility."</p> <p>The Post Fall Huddle Form dated 8/18/2022 revealed the Interdisciplinary Team had determined the root cause of the fall was the shoulder safety strap was not engaged.</p> <p>The emergency department Physician report for Resident #51 dated 8/18/22 at 3:32 PM revealed that after profuse irrigation and exploration the 3-millimeter (mm) x 0.5mm laceration to right arm was repaired with sterile skin adhesive. There was no evidence of nerve, vessel or tendon injury or foreign body. The 0.5mm scalp wound was repaired with Dermabond with good results. Computed Tomography (CT) scan of the brain/head was negative for acute cranial abnormality. Resident #51 was discharged back to the facility.</p> <p>A nursing progress note written by Nurse #9 on 8/18/22 revealed Resident #51 returned to the facility at 6:45 PM with the RP.</p> <p>An interview was conducted with Resident #51 on 9/1/2022 at 3:25 PM. She stated 2 weeks ago while being transported in the facility van, the driver took a sharp turn and she fell over and hit her head on the floor. She indicated her shoulder strap was not on, but her lap belt was on, and the</p>	F 689			



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F 689	<p>Continued From page 72</p> <p>wheelchair was strapped to the floor. Resident #51 further stated she did not drop her stuffed dog and was not leaning over the wheelchair when the incident occurred. Resident #51 stated she went to the hospital, and she had a laceration to the right side of her head and abrasions to right arm, elbow, and pinky finger.</p> <p>An interview was conducted with DON on 9/1/2022 at 6:55 PM, She stated that the only person that drives the transport van at the facility was the Transport Driver. She further stated that when Transport Driver is not working, the facility utilizes the contracted transport service.</p> <p>An interview was conducted with Transport Driver on 9/1/2022 at 7:00 PM. She stated that when the incident occurred, she had been working at the facility for about a month, and that she felt like her training was adequate. She further stated that she had secured the wheelchair to the floor of the van with the 4 retractable locks. She then secured the belt around the waist and checked with her two fingers to ensure it was secure enough. Transport Driver stated she was in a lot of heavy traffic on the road when she finally got through construction. She further stated an 18-wheeler was in front of her and they were turning left at the stop light. The Transport Driver stated she had made the turn and started to go straight when she heard Resident #51's animated dog (resident's puppy) bark. She stated she did not see the dog; she just heard it. She further stated that when she heard the dog bark, she was no longer making the turn and was driving straight. She stated her first thought was for the resident not to bend over and reach for the dog or climb out of the wheelchair to reach it. She stated she was moving at about 8-9 miles per hour at</p>	F 689			

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F 689	<p>Continued From page 73</p> <p>the time and didn't know what made the wheelchair tip over. She indicated that once she heard the dog she pulled over and went immediately to the back of the van. She stated that Resident #51 was still strapped in her wheelchair with the seatbelt. She further stated that the 2 retractable locks were still secured to the front of the wheelchair and the 2 back ones were also still secured. She indicated that the wheelchair arm was about 5 inches from the floor. She stated she forgot to secure Resident #51 with the shoulder strap, and it was a mistake. The Transport driver stated that she had not asked Resident #51 what happened, she just wanted to get her back upright. She further stated that she had not seen the stuffed dog on the floor. She indicated she had been able get the wheelchair up to position because the wheelchair was not completely down on the floor. She stated that Resident #51 never came out of the wheelchair and seatbelt. She further stated that when she raised the wheelchair up it was still in the same spot it had been in originally, because the retractable locks were still secured. She stated that Resident #51 did not say much, and she wasn't crying. She stated she just kept observing Resident #51 in the mirror and she was not crying or anything. She indicated Resident #51 had a skin tear on her right forearm and some blood on the right side of her head. She stated Resident #51 did not complain of pain or headache, and she was not dizzy.</p> <p>An interview and observation of the Transport Driver securing a wheelchair in the transport van occurred on 9/1/2022 at 7:25 PM. The Transport Driver lowered the lift to the ground and proceeded to load the wheelchair facing forward and locked the brakes. She stated she would ask</p>	F 689			

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F 689	Continued From page 74 the resident to hold on to the bars as the lift was raised up into the van. She unlocked the wheelchair brakes and backed the wheelchair into place in the van and locked the brakes. The Transport Driver pulled the retractable locks one at a time from the floor and secured the wheelchair with S hooks to the front frame of the wheelchair. She then went to the back of the wheelchair and applied the retractable locks to the frame of the wheelchair one at a time. The Transport Driver checked all the straps to make sure they were secure and attached properly. She applied the seat belt and put 2 fingers underneath the strap to make sure it wasn't too tight. The Transport Driver applied the shoulder strap and stated that on 8/18/2022 she forgot to secure Resident #51 with the shoulder strap. The Transport Driver then tried to wiggle the wheelchair to see if it would move and it did not move. The Transport Driver stated that when she heard Resident #51's stuffed dog bark, she had looked in the mirror and observed the resident's wheelchair tipped over on the right side. She further stated that she had immediately pulled over in a parking lot and went back to help Resident #51. She indicated that Resident #51's head was laying up against the van lift and the wheelchair was approximately 5 inches off the floor. She stated that she knew she couldn't release the retractable locks because Resident #51 would have fallen hard on the floor. She further indicated that her written statement was wrong because she had not released the retractable locks. She further stated that it had taken all her strength to upright the wheelchair and it went right back into the same place. The Transport Driver stated that she had checked all the retractable locks and they were secure. She further stated that if the shoulder strap had been	F 689			

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F 689	<p>Continued From page 75</p> <p>on Resident #51 the wheelchair would not have tipped over. She indicated that she had been trained that in case of an emergency, she was supposed to call 911, but all she could think of was getting the resident back to the facility as soon as possible.</p> <p>An interview was conducted with the Administrator on 9/1/2022 at 8:06 PM. He stated that he was the person who was responsible for the Transport Driver's training and competencies. The Administrator further stated that he had watched the wheelchair lift video and the video for the retractable locks and safety straps with the Transport Driver. He then stated that the competencies were demonstrated and repeat demonstration by the Transport Driver. He stated that she had performed all the steps correctly. The Administrator indicated that the Transport Driver was trained to engage the shoulder strap when transporting residents in wheelchairs in the van. He stated that he and the Receptionist, and the Medical Records Director, had done ride-a-longs with the Transport Driver, and she had done everything correctly. The Administrator stated that the Transport Driver had driven very safely and obeyed the posted traffic signs. He further stated that the facility had done a background check on her, and her driving record and driver's license was verified and was in good standing. The Administrator indicated the Transport Driver had no tickets or accidents on her record. He stated that he was the first person to enter the van on the day of the incident and he had verified that the retractable locks were secure to the frame of the chair and the seatbelt was on Resident #51, but the shoulder strap was not engaged. He further stated that the ADON had assessed Resident #51's head and applied gauze</p>	F 689			

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F 689	<p>Continued From page 76</p> <p>and the resident was unloaded from the van. He indicated that the Transport Driver stated she had forgotten to apply the shoulder strap. The Administrator stated that the Transport Driver was reeducated that evening and passed her competencies when he retested her on 8/18/2022. The Administrator stated that on 8/18/2022 corrective action was completed with the Transport Driver. He indicated that the facility staff had interviewed the alert and oriented residents on 8/18/2022 that had been transported in the van by the Transport Driver. The Administrator further indicated that all the residents stated they were secured properly in the van, and they felt safe riding with the Transport Driver. He stated that the facility staff had performed skin checks on the residents that were not alert and oriented on 8/18/2022 with no negative findings. He stated that everyone makes mistakes, and he did not think she would forget to utilize the shoulder strap again. The Administrator stated that to monitor for on-going compliance he or his designee were completing the Van/Restraint competency tool for all arrivals and departures: 5 days a week when driver has transportation x 1 month, then 3 days a week x 1 month, then weekly x 1 month. He stated that all findings would be reported to the QAPI team for review and additional follow-up as needed.</p> <p>A telephone interview was conducted with the Director of Nursing (DON) on 9/2/2022 at 10:14 AM. The DON stated that the Transport Driver had called her 8/18/2022 and she was very upset and crying. She further stated that the Transport Driver had told her she was driving the van and going around a curve when Resident #51's wheelchair had tipped over. She stated that the Transport Driver told her the resident was okay,</p>	F 689			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345575</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/02/2022</b>
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F 689	<p>Continued From page 77</p> <p>and was alert and oriented, and not complaining of pain. The DON stated that the Transport Driver indicated that she was only about 10 minutes away and she was turning around and bringing the resident back to the facility. She indicated that the first thing she said to the Transport Driver was did you call 911? The DON stated that they unloaded the Resident and brought her into to the facility. She stated that the nurse practitioner (NP) was at the facility, and he assessed Resident #51 and observed that she had hit her head and it was bleeding, he stated to call EMS and send her to the hospital. The DON indicated that while they were waiting for EMS to arrive, she had called the responsible party (RP) and the Assistant Director of Nursing (ADON) treated the skin tears.</p> <p>A telephone interview was conducted with the Administrator's designee for the Restraint competency Audit Tool, the front desk Receptionist, on 9/2/2022 at 10:55 AM. She stated that the Administrator had trained her to check the wheelchair of the resident being transported after they are loaded on the van and before it departed. The Receptionist further stated that she ensured the shoulder strap was correctly applied and the seat belt was secure, then she checked all 4 retractable locks to make sure they were placed securely. She indicated that after she performed the checks, she would try to wiggle the wheelchair to make sure it would not move. She further stated when she was finished with the checks the van was allowed to depart. The Receptionist stated that she watched for the van to return, and then she went out and performed the same checks upon arrival. She further stated that she documented the findings on the Van Restraint Audit sheet, which is a component of the plan of correction (POC).</p>	F 689			

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F 689	Continued From page 78  An interview was conducted with the resident (Resident #17) who was riding in the wheelchair in the van in front of Resident #51 on 8/18/2022. She stated that was the first time she had ever been transported in the van. Resident #17 further stated that the Transport Driver had secured her wheelchair with the locks on the floor, secured her seatbelt, and applied the shoulder strap. Resident #17 stated there was a lot of traffic and construction and big vehicles like trucks and buses. The driver was not driving fast at all. She indicated that there was a lot of stop and go traffic. Resident #17 further stated she could not see the resident behind her because she was not able to turn around once she was secured in, but she and Resident #51 were conversing back and forth. She stated she heard a scream behind her, and the Transport Driver pulled over immediately and parked the van and went to help the resident behind her. Resident #17 stated she could not remember exactly what the van was doing at the time of the scream, but she thought they were going straight and not very fast. She added that the Transport Driver had done a very good job maneuvering the van in the heavy traffic and the construction. Resident #17 stated that the Transport Driver was an excellent driver, and she had felt safe in the van. She further stated she would get on the van again with the Transport Driver.  A telephone interview was conducted with the NP on 9/2/2022 at 12:47 PM. He stated that when assessed Resident #51 on 8/18/2022 she had a scalp wound to her right parietal lobe and it was bleeding. The NP indicated that he spoke to the facility staff and determined that Resident #51 needed to be sent to the ER for evaluation and	F 689			

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F 689	<p>Continued From page 79 treatment.</p> <p>The Administrator was notified of the Immediate Jeopardy on 9/1/2022 at 8:44 PM.</p> <p>The facility submitted the following Plan of Correction:</p> <p>F689</p> <p>Root Cause Analysis completed 8/18/2022</p> <p>The Transport Driver forgot to engage the shoulder strap for Resident #51, resulting in a head contusion and abrasions to right arm. The Corrective action for noncompliance was completed on 8/19/2022.</p> <p>1. On 8/18/2022 the facility driver failed to secure the shoulder strap during transport for resident #51. The wheelchair tipped to the right side in the van causing her to strike her head, resulting in a contusion and a skin tear. Once at facility the resident was assessed by the facility provider and sent to the hospital for evaluation and treatment. Resident returned to the facility later in the day.</p> <p>2. On 8/18/2022 to identify other potentially affected residents the Administrator/designee interviewed all alert and oriented residents that were transported by the facility for 30 days prior to the incident to ensure that when they were transported, they were securely transported with a shoulder strap. No new issues were identified. All residents that were transported in the facility van in the past 30 days that were cognitively impaired received skin assessment with no skin</p>	F 689			



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F 689	<p>Continued From page 80</p> <p>issues identified. Van Driver received education QRT Max training video, Competency for securing wheelchair and resident in van, and competency for loading/unloading passenger in van. The transportation van securement straps, lab belt and shoulder belt were assessed for functionality by the Administrator with no findings noted. Drive along was done to verify van driver competency by the Administrator. On 8/18/2022 corrective action was completed with the employee.</p> <p>3. To monitor for on-going compliance the Administrator/Designee will perform Van restraint competency tool: 5 days a week when driver has transportation x 1 month, then 3 days x one month, then weekly x one month.</p> <p>4. Administrator/Designee to monitor for on-going patterns and trends and report findings to the QAPI team for review and additional f/u as indicated.</p> <p>The Quality Assurance Committee members are as follows: Administrator Director of Nursing Assistant Director of Nursing Life Enrichment Director Dietary Manager Director of Social Services Housekeeping Supervisor Medical Director Nurse Practitioner</p> <p>Completion Date: 8/19/2022</p>	F 689			

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F 689	Continued From page 81	F 689			
F 692 SS=E	<p>Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)</p> <p>§483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p>	F 692		9/30/22	

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F 692	<p>Continued From page 82</p> <p>Based on record review, staff interviews, and Nurse Practitioner (NP) interview the facility failed to obtain reweights for residents who were documented as having significant weight changes for 3 of 19 residents reviewed for nutrition (Residents #86, #28, #144).</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Resident #86 was admitted to the facility on 5/17/2022 with diagnoses to include cerebral infarction (stroke), unspecified protein calorie malnutrition, and localized edema.</li> </ol> <p>A physician's order dated 6/14/2022 for Resident #86 to be weighted every Monday-Wednesday-Friday.</p> <p>Review of Resident #86's quarterly Minimum Data Set (MDS) assessment dated 8/9/2022 revealed she was severely cognitively impaired and required supervision with setup help only for eating.</p> <p>Review of Resident #86's Care Plan dated 8/9/2022 revealed she was at risk for nutritional decline, dehydration, and weight fluctuations related to dementia, stroke, and variable oral intake. The goal was for the resident to maintain adequate nutritional status. Interventions included to obtain weights per physician's order every Monday-Wednesday-Friday</p> <p>A review of Resident #86's electronic medical record (EMR) revealed recorded weight of 134.6 lbs. on 8/24/2022 and a weight of 123.6 lbs. on 8/26/2022. No reweight was recorded for the weight of 123.6 lbs. on 8/26/2022, which reflected a significant weight loss of 8.17% in 2 days.</p>	F 692	<p>The facility did not obtain re-weights for residents who were documented as having significant weight changes.</p> <ol style="list-style-type: none"> <li>Resident #28, #86, and #144 were re-weighed for accuracy on 9/1/2022 and the NP was notified of any inconsistencies with previous weights in the medical record.</li> <li>Residents' with a significant weight loss have the potential to be effected by the alleged deficient practice. The DON and or designee(s) will audit the resident weights that were obtained from 8/1/2022 to 9/20/2022 to validate that the physician was notified of any significant change in condition. The DON and or designee(s) will educate license nurses on the "weight" policy and if significant weight gain or loss is noted, a re-weight must be obtained within 24 hours.</li> <li>The DON and or designee(s) will monitor the weight report to validate any significant weight loss/gain and that the MD/RP is made aware. 5x a week for 4 weeks, then weekly for 8 weeks.</li> <li>The DON and or designee(s) will monitor audits and submit to QAPI for review and revisions for 3 months</li> </ol>		

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F 692	Continued From page 83  An interview was conducted with the Nurse Practitioner (NP) on 9/1/2022 at 10:43 AM. The NP further stated he would have expected the facility to reweigh Resident #86 to confirm accuracy. The NP indicated Resident #86 was prescribed diuretics for fluid retention and swelling and it was important for the weights to be accurate.  An interview was conducted with the Director of Nursing (DON) on 9/1/2022 at 9:15 AM. The DON stated it was her expectation for the facility nursing staff to follow the facility weight policy. She further stated residents with significant weight changes should be reweighed for accuracy.  2), Resident # 28 was admitted to the facility on 03/09/22. Diagnoses included, in part, fracture of left femur, Alzheimer ' s dementia, protein calorie malnutrition, and diabetes.  The Minimum Data Set (MDS) quarterly assessment dated 06/15/22 revealed Resident #28 was severely cognitively impaired, required supervision with one staff physical assistance with eating. Weight was recorded as 113 lbs.  A review of Resident #28' s care plan revealed resident was at risk for nutritional decline, dehydration, and weight fluctuations related to recent fracture surgical repair, diagnoses of dementia, and variable oral intake. The goal was to be free of significant weight changes every month 5% (+ or -) per nursing and weight reports.	F 692			

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F 692	<p>Continued From page 84</p> <p>Interventions included, in part, to monitor weights per protocol.</p> <p>A review of Resident #28's monthly weights revealed on 05/03/22 weight was obtained with mechanical lift and recorded as 115.4 lbs., on 06/01/22 weight was obtained with a wheelchair scale and recorded as 113.4 lbs., on 07/01/22 weight was obtained with a standing scale and was recorded as 114.6 lbs., and on 08/02/22 weight was obtained with a wheelchair and the weight was recorded as 150.6 lbs. which reflected a 36 lb. weight gain.</p> <p>A review of a nurse's progress note written on 08/02/22 revealed Resident's abdomen was very distended, day nurse reported that she called the Nurse Practitioner and that she was told the resident would be seen tomorrow. Bowel sounds were positive in all 4 quadrants, Nursing Assistant reported resident had a bowel movement last night, but it was very loose. Resident did not appear to be in pain and will continue to monitor.</p> <p>Review of a Nurse Practitioner progress note written on 08/03/22 revealed the NP addressed the resident's abdomen distention but there was no mention of the weight gain in the progress note.</p> <p>An observation of Resident #28 on 08/29/22 revealed an alert but confused resident propelling self in her wheelchair around the facility. She was noted to have a protruded abdomen and did not appear to have pain or discomfort.</p> <p>An interview was conducted with Nurse Aide (NA) #3 on 08/30/22 at 11:10 AM revealed she was familiar with Resident #28 and since she had</p>	F 692			

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F 692	<p>Continued From page 85</p> <p>been admitted she had the protruded abdomen. NA #5 stated the resident never complained of any pain and she would have her good days and bad days with eating. NA #5 stated Resident #28 was weighed monthly, and they usually obtained the weights during the first week of each month. NA #3 stated the residents should be weighed the same way each month whether in their wheelchair, mechanical lift or standing scale for consistency and accuracy. NA #3 stated when she obtained the weight, she would give it to the nurse to record but she was not aware of the previous weight to know if there was a weight gain or loss. NA #3 stated the nurse would let her know if she needed to get a reweigh. NA #3 stated she was not asked to get a reweigh on Resident #28.</p> <p>An interview was conducted with Nurse #4 on 03/30/22 at 12:40 PM. Nurse #4 stated she was not aware of the weight gain of 36 lbs. for Resident #28 and stated had she been aware, she would have requested a reweigh. Nurse #4 stated she did not obtain the weight for Resident #28 on 08/02/22.</p> <p>An interview with the NP on 09/01/22 at 10:20 AM revealed he was not aware of the 36 lb. weight gain for Resident #28. The NP stated he believed the weight recorded was inaccurate and would have expected the nursing staff to obtain another weight to confirm the weight gain. The NP stated he assessed Resident #28 due to reports of a distended abdomen on 08/03/22 and the resident was at her baseline. The NP stated the nurse who notified him of the distended abdomen was new and was not aware of her protruded abdomen which was baseline for this resident. The NP stated the protruded abdomen</p>	F 692			

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F 692	<p>Continued From page 86</p> <p>was not a result of a 36 lb. weight gain and added, the resident was admitted to the facility with the protrusion.</p> <p>An interview was conducted with the DON on 09/01/22 at 10:45 AM. The DON reported she was the one that recorded the weight of 150.6 lbs., and she should have noticed the significant weight gain when she recorded the result. The DON reported she should have obtained a reweight for Resident #28 per the policy to confirm the weight gain. The DON stated the reweight should have been obtained within 24 hours.</p> <p>3. Resident #144 was admitted to the facility on 08/22/22 with diagnoses to include acute kidney failure, peripheral vascular disease (PVD), hypertension (HTN), congestive heart failure (CHF), diabetes (DM), atrial fibrillation (A-fib), and pulmonary HTN.</p> <p>Resident #144's electronic medical record (EMR) revealed recorded weights: 08/22/22 - 327.2 lbs., 08/24/22-330.4 lbs., 08/25/22-329.0 lbs., and 08/26/22-312.2 lbs. No re-weight was completed for the 312.2 lb. weight on 08/26/22, which reflected a significant weight loss of 16.8 lb. or a 5.11% weight loss in 24-hours.</p> <p>Resident #144's 5-day Minimum Data Set (MDS) dated 08/26/22 revealed resident had no cognitive impairments.</p> <p>A physician order dated 08-23-22 for Resident #144 to weight on admission and then weekly x 4.</p>	F 692			

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F 692	Continued From page 87 An interview on 09/01/22 with Nurse Practitioner (NP#1) revealed it was his expectation that an immediate re-weight should have been completed to verify the 24-hour weight loss of 16.8 lb., which was not done.  An interview on 09/01/22 at 3:30 PM with the Director of Nursing (DON) revealed she expected her nursing staff to follow their facility's weight policy. DON stated it was her expectation that Resident #144's significant weight change on 08/26/22 should have triggered a re-weight and for all significant re-weights greater than 5-lbs. from a previous weight and documented.	F 692		