

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

PRINTED: 02/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/03/2022
NAME OF PROVIDER OR SUPPLIER SPRING HILL CARE AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 251 E WILSON AVENUE SPRING HILL, KS 66083		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 558 SS=D	The following citations represent the findings of a Health Resurvey. The 2567 was sent electronically on 02/15/22. Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 41 residents. The sample included 13 residents with one resident reviewed for reasonable accommodations. Based on observations, record reviews, and interviews, the facility failed provide Resident (R)37 with access to his room's assigned telephone. This deficient practice placed the resident at risk for physical and psychosocial well-being. Findings Included: - The electronic medical records (EMR) documented the following diagnosis for R37: hemiplegia affecting right dominant side (paralysis of right side of the body), intracranial hemorrhage (loss of a large amount of blood in a short period of time), cerebral aneurysm (rupture of an artery to the brain), hypertension (high blood pressure), dysphagia (swallowing difficulty), gout (inflammation of the joints), constipation (difficulty passing stools), hyperlipidemia	F 558			

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

TITLE

(X6) DATE

02/15/2022

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 558	Continued From page 1 (condition of elevated blood lipid levels), cognitive communication deficit, muscle weakness, and major depressive disorder (major mood disorder). A review of R37's "Annual Minimum Data Set" (MDS) dated 01/17/22 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. R37's "Activities for Daily Living Care Area Assessment" (CAA) triggered for deficits related to his right sided paralysis, impaired range of motion (ROM), extensive assistance with two staff needed for bathing, mobility, transfers, toileting, and assistance from one staff for locomotion with his wheelchair. An observation of R37's room on 02/01/22 at 09:55 AM revealed a two-person shared room divided by a privacy curtain. R37's utilized a recliner chair instead of a bed related to personal preference. No telephone was observed reachable in his living space. The telephone was located five feet away from R37's recliner on roommate's side of room and blocked by divider curtain. The phone was unable to be moved closer due to short line setup of phone. On 02/01/22 at 10:00 AM R37 reported that he had not been able to access his room phone due to it being installed on the other side of the room since his admission. He stated that due to his physical limitations he cannot freely move himself around the room to answer or make calls out to his family and friends. He reported feeling isolated and bored due to not being able use the phone that is supposed to be available to him for use. He reported that if his family called, they were required to call the main desk and then see	F 558			

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F 558	Continued From page 2 if a staff member was available to run a cordless phone to the room. He reported that he did not like using the cordless phone because staff may be listening to him complaining about the facility. On 02/03/22 at 12:30 PM R37's responsible party stated that she had notified the facility multiple times that she would like her father to have access to his room phone. She offered to bring in a telephone line splitter to allow another telephone but was unable to get an answer about why this would not be possible. She reported that instead of being able to call her father directly, she must call the main line of the facility and wait for staff to take a cordless phone to his room. She reported this took up to 30 minutes at times and often must hang up and call again. In an interview completed on 02/03/22 at 02:15 PM, Certified Nurses Aid (CNA) M stated that each room had one phone per room that was shared between the two residents. Each resident had an individual phone number assigned to them for family members to call. If the phone in the room stopped working, the families can also call the main desk for assistance. An interview with Social Service X on 02/03/22 at 02:00 PM stated that the phone system will not allow a splitter to work with two phones in the room. She had notified R37's family to call the main desk and ask for the cordless phone when needed. A review of the facility's "Resident Rights" policy revised 11/2017 stated the facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity.	F 558			

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F 558	Continued From page 3 No policy was provided by the facility related to access to the telephone system. The facility failed to provide R37 with access to his room's assigned telephone. This deficient practice placed the resident at risk for physical and psychosocial well-being.	F 558			
F 582 SS=D	Medicaid/Medicare Coverage/Liability Notice CFR(s): 483.10(g)(17)(18)(i)-(v) §483.10(g)(17) The facility must-- (i) Inform each Medicaid-eligible resident, in writing, at the time of admission to the nursing facility and when the resident becomes eligible for Medicaid of- (A) The items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; (B) Those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and (ii) Inform each Medicaid-eligible resident when changes are made to the items and services specified in §483.10(g)(17)(i)(A) and (B) of this section. §483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide	F 582			

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F 582	Continued From page 4 notice to residents of the change as soon as is reasonably possible. (ii) Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writing at least 60 days prior to implementation of the change. (iii) If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements. (iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility. (v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations. This REQUIREMENT is not met as evidenced by: The facility had a census of 41 residents. The sample included 13 residents with three reviewed for Center for Medicare and Medicaid Services (CMS) Beneficiary Liability notices. Based on record review and interview, the facility failed to provide form CMS 10055, "Advanced Beneficiary Notice" (ABN), which included the estimated cost for continued services for skilled services to the resident or their representative for the two residents, Resident (R) 28, and R32. This deficient practice placed both residents at risk for uninformed decisions and unanticipated costs related to skilled services.	F 582			

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F 582	Continued From page 5 Findings included: - The Medicare ABN form informed the beneficiaries that Medicare may not pay for future skilled therapy and did not provide an estimated cost to continue their services. The form included an option for the beneficiary to (1) receive specified services listed, and bill Medicare for an official decision on payment. I understand if Medicare does not pay, I will be responsible for payment, but can appeal to Medicare. (2) receive therapy listed, but do not bill Medicare, I am responsible for payment of services. Or (3) I do not want the listed services. The facility lacked documentation staff provided R28 or their representative the ABN form 10055 when the resident's skilled services ended 11/03/21. The facility provided form CMS-R-131 which lacked a cost estimate for continued services. The facility lacked documentation staff provided R82 or their representative the ABN form 10055 when the resident's skilled services ended 10/25/21. The facility provided the facility provided a facility-generated form CMS-R-131 which lacked a cost estimate for continued services. On 02/03/22 at 02:32 PM, Administrative Nurse D stated facility used the form she downloaded from the CMS website. Administrative Nurse D stated that she had not used the form CMS 10055, and acknowledged the facility had not provided the cost estimate for continued services. The facility did not provide a policy regarding beneficiaries.	F 582			

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F 582	Continued From page 6	F 582			
F 584 SS=D	The facility failed to provide R28 and R32 with the appropriate non-coverage notice and cost estimate for further services, placing the residents at risk for uninformed decisions regarding skilled services. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);	F 584			

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F 584	Continued From page 7 §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: The facility identified a census of 41 residents. The sample included 13 residents. Based on observations, record reviews, and interviews, the facility failed provide R37 with a comfortable home-like environment as evidenced by loud television noises in his room and uncomfortable water temperatures during showers. This deficient practice placed the resident at risk for impaired psychosocial well-being. -Findings Included: -The electronic medical records (EMR) documented the following diagnosis for R37: hemiplegia affecting right dominant side (paralysis of right side of the body), intracranial hemorrhage (loss of a large amount of blood in a short period of time), cerebral aneurysm (rupture of an artery to the brain), hypertension (high blood pressure), dysphagia (swallowing difficulty), gout (inflammation of the joints), constipation (difficulty passing stools), hyperlipidemia (condition of elevated blood lipid levels), cognitive communication deficit, muscle weakness, and major depressive disorder (major mood disorder). A review of R37's "Annual Minimum Data Set"	F 584			

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F 584	Continued From page 8 (MDS) dated 01/17/22 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. R37's "Activities for Daily Living Care Area Assessment" (CAA) triggered for deficits related to his right sided paralysis, impaired range of motion (ROM), extensive assistance with two staff needed for bathing, mobility, transfers, toileting, and assistance from 1 staff for locomotion with his wheelchair. R37's "Psychosocial Wellbeing" (CAA) triggered for major depressive disorder. A review of R37's EMR under "Care Tasks" indicated that he prefers his showers on Sunday and Thursday during the day shift. A review of the resident's "Lookback Report" revealed R37 refused showering on five occasion during his first 45 days admitted. (5/12, 5/23, 6/2, 6/13, and 6/23) On 02/01/22 at 10:00 AM R37 reported that he has made multiple complaints about the water temperatures during his bathing session. He reported that the water is either too hot or cold when given baths. He stated that he has reported that a specific Certified Nurses Aid (CNA) keeps dismissing his concerns each time she tries to give him a bath. R37 reported that he has refused bathing several times when he first admitted due to being assigned that specific CNA. During the interview with R37 loud television noises were present in his room. R37 reported that these noises keep him from being able to enjoy his own television and he often just sets in his room must days.	F 584			

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F 584	Continued From page 9 On 02/02/22 at 11:00 AM R37 was observed sitting in his recliner watching his television with the sound muted. He appeared calm and happy. He reported that his daughter brought in some headphones to wear while watching television, but they hurt his ears. He reported that he was just watching to see what was on the news. The volume of the other television in the room was fairly high upon observation. On 02/03/22 at 12:30 PM R37's responsible party stated that since her father's paralysis, his body has become very sensitive to temperatures. She reported that he easily gets overheated with water temperatures and needs to be monitored closely during bathing. She reported that her father cannot watch his television due to the loud noises in his room. She reported that her father cannot wear noise canceling devices due to the sensitivity of his ear related to his recent paralysis. She notified the facility of both concerns. In an interview completed on 02/03/22 at 02:00 AM, Certified Nurses Aid (CNA) M stated that residents will sometimes refuse showers, but staff will always offer alternatives or try and reschedule to meet the resident's preference. CMA M reported that R37 has been known to refuse cares but not sure if it was related to water temperatures. He reported he was unaware of the loud television noises in R37's room. An interview on 02/03/22 at 02:20 AM with Social Service X stated that the facility was unaware of R37's bathing concerns until 01/31/2022. She reported that R37 will be taken to the other unit shower for bathing and a plumber has been called to come look at the	F 584			

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F 584	Continued From page 10 water heating system. She also reported that she was unaware of the noise complaint in R37's room. An interview with Administrative Nurse D on 02/03/22 at 02:44 AM stated that she was notified about the water temperature complaint on 01/31/2022 and has completed a maintenance ticket. She reassigned that bathing CNA for R37 to a different staff. A review of the "Shower/Tub Bath" dated 05/2021 stated bathing area should be at a comfortable temperature and staff should test the water with a thermometer before bathing resident. The policy indicated staff should document how each resident tolerates the bathing task and report to supervisor any concerns or refusals. A review of the facility's "Resident Rights" policy revised 11/2017 stated the facility will make every effort to assist each resident in exercising his/her rights to assure that the resident is always treated with respect, kindness, and dignity. The facility failed provide R37 with a comfortable home-like environment as evidenced by the loud television noises in his room and uncomfortable water temperatures during showers. This deficient practice placed the resident at risk for impaired psychosocial well-being..	F 584			
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.	F 756			

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F 756	Continued From page 11 §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: The facility identified a census of 41 residents. The sample included 13 residents, five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the	F 756			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 756	Continued From page 12 facility failed ensure the Consultant Pharmacist (CP) identified and reported irregularities for hypertensive medication (class of medication used to treat hypertension (high blood pressure) given outside the physician ordered parameters. which had the potential of unnecessary medication administration thus leading to possible harmful side effects. The CP had not reported irregularities related to physician notification and insulin (medication to regulate blood sugar) administered when blood sugar was outside the physician ordered parameters for Resident (R) 24. These failures placed the resident at risk for possible harmful side effects. Findings included: - R24's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of diabetes mellitus (- when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and hypertension (elevated blood pressure). The "Annual Minimum Data Set" (MDS) dated 09/23/21 documented a Brief Interview of Mental Status (BIMS) score of 14 which indicated intact cognition. The MDS documented that R24 required limited assistance of one staff member for activities of daily living (ADL's). The MDS documented R24 had received insulin and antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of depression) for seven days during the look back period.	F 756			

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F 756	Continued From page 13 The "Quarterly MDS" dated 12/24/21 documented a BIMS score of 14 which indicated intact cognition. The MDS documented that R24 required limited assistance of one staff member for ADL's. The MDS documented R24 received insulin and antidepressant for the seven days during the look back period. R24's " Activities of Daily Living Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 10/07/21 lacked documentation of analyze of findings. R24's "Care Plan" with a revision date of 10/11/21 documented antihypertensive medication was to be given as ordered. The "Care Plan" directed the staff was to monitor for side effects such as orthostatic hypotension (blood pressure dropping with change of position) and tachycardia (increased heart rate) and effectiveness. The "Care Plan" dated 05/18/21 directed staff to hold Novolog insulin for blood sugar less then (<) 100 and notify the physician for blood sugar greater then (>) 350. Review of the EMR under the "Orders" tab revealed physician orders: Amlodipine besylate (antihypertensive) tablet five milligram (mg) give one tablet by mouth daily shift for hypertension. Hold medication for Systolic (relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) blood pressure (SBP) <110 millimeters of mercury (mmHg), diastolic blood pressure (minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) (DBP)<60 mmHg dated 10/15/2020.	F 756			

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F 756	Continued From page 14 Hold antihypertensive medications if SBP <110 mmHg and call physician if SBP >180mmHg daily related to hypertension dated 10/15/2020. Lisinopril tablet five mg give one tablet by mouth daily for hypertension hold for SBP<100mmHg, DBP<60mmHg dated 02/08/2021. Insulin lispro solution (insulin) inject five unit subcutaneously (SQ) in the evening for diabetes mellites to be given with scheduled three units for total dosage of eight units dated 06/28/2021. Levemir (insulin) flex touch solution pen-injector 100 units/milliliter (ml), inject 48 units SQ at bedtime for diabetes mellitus dated 10/11/2021. Levemir insulin inject 20 units every morning for diabetes mellitus. Hold for blood sugar <120 dated 12/11/2021. Insulin lispro solution 100 units/ml, inject eight units SQ before meals for diabetes mellitus dated 01/22/22. Insulin lispro solution 100 units/ml, inject as per sliding scale if blood sugar 100 to 150 give none, 151 to 200 inject two units SQ, 201 to 250 inject four units SQ, 251 to 300 inject seven units SQ, 301 to 350 inject 10 units SQ. Notify physician if blood sugar > 350 dated 01/21/22. Hold NovoLog/insulin lispro solution for blood sugar < 100. Notify physician if blood sugar >350 every day lacked a date. Review of the EMR under "Medication Administration Record" (MAR) from November	F 756			

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F 756	Continued From page 15 2021 to January 2022 documented lisinopril was administered outside the physician ordered parameters on 11/30/21 and 01/01/22. Physician was not notified of blood sugars >350 on 11/02/21 of 380, 11/04/21 of 386, 11/12/21 of 459, 11/21/21 of 472, 12/09/21 of 381 and 12/23/21 of 382. The clinical record lacked documentation of physician notification. 01/25/22 blood sugar 97, Insulin lispro solution was administered. Review of the "Monthly Medication Review" (MMR) reviewed November 2021 through January 2022 revealed no recommendation. On 02/02/22 at 11:51 AM laid on her back in bed, leg brace intact on right lower extremity. She watched TV, denied pain and no distress noted. On 02/03/22 at 02:15 PM in an interview, Administrative Nurse E stated the pharmacist reviews every resident's chart monthly and notifies the facility of any irregularities noted. Administrative Nurse E stated she did not recall any recommendation for R24 regarding lack of physician notification of blood sugars outside the physician ordered parameters, or antihypertensive medication given outside the physician ordered parameters. On 02/03/22 at 02:32 PM in an interview, Administrative Nurse D stated the pharmacist reviews the resident's clinical record monthly. Administrative Nurse D stated the reports are emailed monthly, she than reviews the reports. Administrative Nurse D stated she has the physician review the reports and recommendations made by the pharmacist. Administrative Nurse D stated she did not remember any irregularities related to R24.	F 756			

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F 756	Continued From page 16 On 02/07/22 CP GG was unable to reach for an interview. The facility failed to provide a policy related to monthly pharmacy review. The facility failed to ensure the CP identified and reported irregularities when antihypertensive medication was administered outside the physician ordered parameters, insulin was administered outside physician ordered parameters and physician was not notified for blood sugars >350 for R24, which had the potential of unnecessary medication administration thus leading to possible harmful side effects.			F 756			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or			F 757			

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F 757	Continued From page 17 §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 41 residents. The sample included 13 residents, five residents reviewed for unnecessary medications. Based on observation, record review, and interviews, the facility failed ensure that hypertensive medication (class of medication used to treat hypertension (high blood pressure) given outside the physician ordered parameters, which had the potential of unnecessary medication administration thus leading to possible harmful side effects. The facility failed to ensure the physician was notified and insulin (medication to regulate blood sugar) administered when blood sugar was outside the physician ordered parameters for Resident (R) 24. These failures placed the resident at risk for possible harmful side effects. Findings included: - R24's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin), depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and hypertension (elevated blood pressure). The "Annual Minimum Data Set" (MDS) dated 09/23/21 documented a Brief Interview of Mental Status (BIMS) score of 14 which indicated intact cognition. The MDS documented that R24	F 757			

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F 757	Continued From page 18 required limited assistance of one staff member for activities of daily living (ADL's). The MDS documented R24 had received insulin and antidepressant medication (class of medications used to treat mood disorders and relieve symptoms of depression) for seven days during the look back period. The "Quarterly MDS" dated 12/24/21 documented a BIMS score of 14 which indicated intact cognition. The MDS documented that R24 required limited assistance of one staff member for ADL's. The MDS documented R24 received insulin and antidepressant for the seven days during the look back period. R24's "Activities of Daily Living Functional/Rehabilitation Potential Care Area Assessment" (CAA) dated 10/07/21 lacked documentation of analyze of findings. R24's "Care Plan" with a revision date of 10/11/21 documented antihypertensive medication was to be given as ordered. The "Care Plan" directed the staff was to monitor for side effects such as orthostatic hypotension (blood pressure dropping with change of position) and tachycardia (increased heart rate) and effectiveness. The "Care Plan" dated 05/18/21 directed staff to hold Novolog insulin for blood sugar less than (<) 100 and notify the physician for blood sugar greater than (>) 350. Review of the EMR under the "Orders" tab revealed physician orders: Amlodipine besylate (antihypertensive) tablet five milligram (mg) give one tablet by mouth daily shift for hypertension. Hold medication for Systolic	F 757			

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F 757	Continued From page 19 (relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) blood pressure (SBP) <110 millimeters of mercury (mmHg), diastolic blood pressure (minimum level of blood pressure measured between contractions of the heart; the bottom number of a blood pressure reading) (DBP)<60 mmHg dated 10/15/2020. Hold antihypertensive medications if SBP <110 mmHg and call physician if SBP >180mmHg daily related to hypertension dated 10/15/2020. Lisinopril tablet five mg give one tablet by mouth daily for hypertension hold for SBP<100mmHg, DBP<60mmHg dated 02/08/2021. Insulin lispro solution (insulin) inject five unit subcutaneously (SQ) in the evening for diabetes mellites to be given with scheduled three units for total dosage of eight units dated 06/28/2021. Levemir (insulin) flex touch solution pen-injector 100 units/milliliter (ml), inject 48 units SQ at bedtime for diabetes mellitus dated 10/11/2021. Levemir insulin inject 20 units every morning for diabetes mellitus. Hold for blood sugar <120 dated 12/11/2021. Insulin lispro solution 100 units/ml, inject eight units SQ before meals for diabetes mellitus dated 01/22/22. Insulin lispro solution 100 units/ml, inject as per sliding scale if blood sugar 100 to 150 give none, 151 to 200 inject two units SQ, 201 to 250 inject four units SQ, 251 to 300 inject seven units SQ, 301 to 350 inject 10 units SQ. Notify physician if	F 757			

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F 757	Continued From page 20 blood sugar > 350 dated 01/21/22. Hold NovoLog/insulin lispro solution for blood sugar < 100. Notify physician if blood sugar >350 every day lacked a date. Review of the EMR under "Medication Administration Record" (MAR) from November 2021 to January 2022 documented lisinopril was administered outside the physician ordered parameters on 11/30/21 and 01/01/22. Physician was not notified of blood sugars >350 on 11/02/21 of 380, 11/04/21 of 386, 11/12/21 of 459, 11/21/21 of 472, 12/09/21 of 381 and 12/23/21 of 382. The clinical record lacked documentation of physician notification. 01/25/22 blood sugar 97, Insulin lispro solution was administered. On 02/02/22 at 11:51 AM R24 laid on her back in bed, leg brace intact on right lower extremity. She watched TV, denied pain and no distress noted. On 02/03/22 at 02:15 PM in an interview, Administrative Nurse E stated she would follow the physician ordered parameters for blood sugars and hypertensive medications. Administrative Nurse E stated she was not aware of any out of parameter blood sugars for R24. On 02/03/22 at 02:32 PM in an interview, Administrative Nurse D stated the would except the nurses to follow physician ordered parameters for blood sugar and antihypertensive medications. Administrative Nurse D stated she was aware that R24 blood sugars were elevated at times, but not aware off the physician was not notified of outside physician ordered parameters. The facility failed to provide a policy related to			F 757			

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F 757	Continued From page 21 following a physician order. The facility failed to ensure the antihypertensive medication was not administered outside the physician ordered parameters, insulin was not administered outside physician ordered parameters and physician was notified for blood sugars >350 for R24, which had the potential of unnecessary medication administration thus leading to possible harmful side effects.	F 757			