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F 000	INITIAL COMMENTS the following citations represent the findings of a Health resurvey. This 2567 was electronically sent to the facility on 1/28/2020.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in	F 755		

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

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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order and that an account of all controlled drugs is maintained and periodically reconciled.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 27 residents, with 14 residents selected for review which included 5 residents reviewed for unnecessary medications. Based on observation, interview, and record review, the facility failed to assure the accurate acquisition and administration of multiple medications as ordered by the physician for one resident (R) 2.

Findings included:

- Review of Resident (R)2 's "Physician Orders," dated 01/21/20, documentation included diagnoses of chronic obstructive pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), atherosclerotic heart disease, Bi-Polar disorder, major depressive disorder (major mood disorder), muscle spasms, gastro-esophageal reflux disease, constipation, wedge compression fracture (broken bone)T11-T12 vertebra (back bone), anxiety disorder (disorder characterized by mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), insomnia (inability to sleep), pain, neuromuscular (nerve signals to muscles) disorder of the bladder, allergies, hypertension (high blood pressure), fracture of other parts of the pelvis, enterocolitis (disease of the digestive tract) due to Clostridium Difficile (contagious bacteria characterized by foul smelling frequent bowel movements), infectious gastroenteritis (inflammation of the stomach lining) and colitis (inflammation of the large intestine, characterized

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by severe diarrhea and ulceration of the large intestine).

The admission "Minimum Data Set" (MDS) dated 01/13/20, for entry date of 01/06/20, was not due.

The "Care Area Assessment" (CAA), was not yet completed or due.

The admission "Brief Interview for Mental Status" (BIMS), dated 01/07/20, documented a BIMS score of 15, indicating the resident was cognitively intact.

The baseline care plan, dated 01/06/2020, reviewed 01/07/2020 and 01/17/2020, directed staff the resident had pain related to a pelvic fracture. She received medications that had a black box warning or had nursing considerations that needed to be monitored due to the increased risk for side effects/adverse reactions. Staff instructions included to report concerns/changes to the charge nurse immediately. The resident took psychotherapeutic medications which included hypnotics/sedatives and antidepressants. She suffered with bipolar disorder, anxiety, and at times needed to be by herself. Staff should provide a space secure for her to relax. The pharmacist to review medication monthly and as needed.

The resident admitted 01/06/20, with medication physician orders as followed, which were not administered as ordered:

1. Bethanechol Chloride Tablet, 50 mg. (milligrams). give by mouth, before meals and at bedtime related to neuromuscular dysfunction of bladder. The electronic medication

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administration record (eMAR) revealed the staff failed to administer the medication as ordered, on 01/06/20 at 09:00 PM, and 01/07/20 at 07:30 AM, 11:00 AM, and 04:00 PM.

2. Buspirone HCL, 10 mg, give by mouth three times a day related to major depressive disorder. The eMAR revealed the staff failed to administer the medication as ordered on 01/06/20 at 09:00 PM, 01/07/20 at 09:00 AM and 02:00 PM.

3. Cholestyramine Packet, 4 grams (gm), give by mouth, two times a day before meals for infectious gastro-enteroenteritis and colitis. The eMAR revealed the staff failed to administer the medication as ordered at 07:30 AM on 01/07/2020, 01/09/2020, 01/10/2020, 01/11/2020, 01/13/2020, and at 04:00 PM dose on 01/07/2020, and 01/11/2020.

4. Gabapentine Tablet, 800 mg, give by mouth, at bedtime related to pain. The eMAR revealed the staff failed to administer the medication as ordered on 01/06/2020, 01/07/2020, 01/08/2020, 01/11/2020, and 01/13/2020.

5. Ipratropium Bromide Solution, two sprays, inhale orally, three times a day for allergic rhinitis. The medication was not given on 01/06/2020 at 09:00 PM, 01/07/2020 at 09:00 AM and 09:00 PM.

6. Isosorbide Mononitrate, extended release tablet 24 hours, 60 mg, give by mouth at bedtime, related to artheriosclerotic heart disease. The eMAR revealed the staff failed to administer the medication as ordered on 01/06/20 and 01/07/20.

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7. Lamotrigine tablet, 100 mg, give by mouth, daily, related to BiPolar disorder. The eMAR revealed the staff failed to administer the medication as ordered on 01/06/2020 and 01/07/2020.

8. Methocarbamol tablet, 500 mg, give by mouth, three times a day for other muscle spasms. The eMAR revealed the facility staff failed to administer the medication as ordered on 01/06/2020 at 08:00 PM, 01/07/2020 at 06:00 AM, 12:00 noon, 08:00 PM, 01/08/2020 at 08:00 PM, and 01/09/2020 at 06:00 AM and 12:00 PM.

9. Montelukast Sodium, 10 mg, give by mouth at bedtime for COPD. The eMAR revealed the facility staff failed to administer the medication as ordered on 01/06/20 and 01/07/20.

10. Olanzapine tablet, 20 mg, give one tablet by mouth at bedtime, for bipolar disorder. The eMAR revealed the facility staff failed to administer the medication as ordered on 01/06/2020 and 01/07/2020.

11. Tramadol, 50 mg, give two tablets by mouth, at bedtime related to pain. The eMAR revealed the facility staff failed to administer the medication as ordered on 01/06/2020.

12. Vancomycin HCL Solution, 50 mg/ml (milliliter), give 125 mg by mouth, every six hours related to enterocolitis due to Clostridium Difficile. The eMAR revealed the facility staff failed to administer the medication as ordered on 01/06/2020 at 06:00 PM.

Review of MARS and Treatment Administration Records (TARS), dated 01/06/2020 through

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01/21/2020, documentation revealed the facility staff failed to administer these medications, as ordered by the physician as noted above.

On 01/10/2020 at 07:48 PM, "Progress Note" (PN), documented: Methocarbamol Tablet 500 mg, give one tablet by mouth three times a day related to muscle spasms, was not available for administration.

On 1/12/2020 at 06:12 AM, PN documented the Methocarbamol Tablet 500 mg, give one tablet by mouth three times a day related to muscle spasms was not administered and the staff notified the nurse.

On 01/12/2020 at 07:37 AM, PN documented the Cholestyramine Packet 4 gm, give one packet by mouth two times a day related to infectious gastroenteritis and colitis before meals twice daily was not administered and the staff notified the nurse.

On 01/22/2020 at 09:34 AM, Licensed Nurse (LN) G confirmed the medications were not administered as indicated above. She stated the medications could be obtained from the local pharmacy within a couple of hours of notification if needed.

On 01/22/2020 at 09:41 AM, LN H confirmed the MAR revealed the medications were not given to the resident as indicated above.

On 01/22/2020 at 02:42 PM, Certified Medication Aide (CMA) S reported that when she gives medications, she documented the medication in the MAR in the electronic medical record (EMR). She stated that when medications were not

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available that the CMA should document the reason, they were not available and report it to the nurse. The medications were delivered routinely by the local pharmacy in the afternoon. As well, the local pharmacy would deliver medications when the facility called and notified them of the need for medication that day. The resident filled her medications at home prior to coming to the facility. The facility notified the family because the pharmacy would not fill them for the facility staff. The facility was told the Methocarbamol tablet had already been sent by the pharmacy, but it was not at the facility.

On 01/22/2020 at 10:02 AM, Administrative Nurse D, upon review of the MARs, confirmed the medications were not given as noted above. She stated the staff should give medications as ordered and that medications were available to the facility through a local pharmacy if needed. She stated she could not explain why the medications were not given as ordered and why the PN notes lacked documentation of the reasons the facility failed to administer the medications as ordered.

The facility policy for "Medication Ordering and Receiving From the Pharmacy Provider," dated 09/2010, documented timely delivery of new orders is required so that medication administration is not delayed. If available, the emergency kit is used when the resident needs a non-controlled medication prior to pharmacy delivery. If not available in the emergency kit then an emergency /STAT order is placed with the provider pharmacy, which will be delivered in a timely manner.

The facility failed to administer these multiple

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F 755	Continued From page 7 medications as ordered by the physician for this resident following admission to the facility for several days.	F 755		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly	F 756		

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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 reported a census of 27, with 14 residents sampled, which included five residents sampled for unnecessary medications. Based on observation, interview, and record review, the facility Consultant Pharmacist failed to identify and notify the Director of Nursing of medication irregularities for two (Resident (R) 27 and R2) of the five residents who lacked blood pressure parameters in place to monitor the effectiveness of antihypertensive medication. Furthermore, the consultant Pharmacist failed to identify and notify the Director of Nursing of further medication irregularities for R2 related to failure to monitor hypnotic medications and failure to ensure staff adequately administered physician ordered medications for the resident.

Findings included:

- Resident (R) 27 admitted to the facility on 04/24/19 with the following diagnoses that included: atrial fibrillation (rapid, irregular heart beat), hypertension (elevated blood pressure), congestive heart failure (a condition with low heart output and body becomes congested with fluid), and chronic obstructive pulmonary disease (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing.)

The admission "Minimum Data Set " (MDS), dated 05/01/19, revealed the Brief Interview for

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Mental Status (BIMS) score of 13, indicating intact cognition.

The Physician's Order dated, 12/24/19 included a medication order for diltiazem hcl ER (medication to treat high blood pressure) 360 mg (milligrams), give one capsule by mouth daily, related to hypertension (elevated blood pressure). This order lacked any parameters for monitoring of the resident's blood pressure and pulse.

Interview on 01/21/2020 at 08:46 AM, with Certified Medication Aid (CMA) R confirmed the record lacked parameters for monitoring and holding medication parameters, when administering the diltiazem hcl for R27.

Per interview with Administrative Nurse D on 01/23/2020 at 10:14 AM, she verified parameters were not present and the medication should have monitoring parameters.

The Consultant Pharmacist conducted monthly medication review on 01/13/2020. The consulting Pharmacist failed to identify the facility failure to ensure parameters for monitoring of blood pressure and pulse with anti-hypertensive medication, on this visit.

After several attempts, the Consultant Pharmacist was unable to be reached for an interview.

The facility's policy for "Medication Monitoring", dated 09/08 documented that the consultant pharmacist reviewed the medication regimen of each resident at least monthly. Findings and recommendations were then communicated to those with authority and/or responsibility to implement the recommendations.

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F 756	Continued From page 10 The facility Consultant Pharmacist failed to identify the lack of blood pressure and pulse parameters to monitor the effectiveness of this antihypertensive medication for R27. - Review of Resident (R) 2 's "Physician Orders," dated 01/21/2020, documentation included diagnoses of chronic obstructive pulmonary disease (COPD- progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing), atherosclerotic heart disease, Bi-Polar disorder, major depressive disorder (major mood disorder), muscle spasms, gastro-esophageal reflux disease, constipation, wedge compression fracture (broken bone)T11-T12 vertebra (back bone), anxiety disorder (disorder characterized by mental or emotional reaction characterized by apprehension, uncertainty and irrational fear), insomnia (inability to sleep), pain, neuromuscular (nerve signals to muscles) disorder of the bladder, allergies, hypertension (high blood pressure), fracture of other parts of the pelvis, enterocolitis (disease of the digestive tract) due to Clostridium Difficile (contagious bacteria characterized by foul smelling frequent bowel movements), infectious gastroenteritis (inflammation of the stomach lining) and colitis (inflammation of the large intestine, characterized by severe diarrhea and ulceration of the large intestine). The admission "Minimum Data Set" (MDS) dated	F 756		

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01/13/20, for entry date of 01/06/20, was not yet due.

The admission "Brief Interview for Mental Status" (BIMS), dated 01/07/20, documented a BIMS score of 15, indicating the resident as cognitively intact.

The baseline care plan, dated 01/06/2020, reviewed 01/07/2020 and 01/17/2020, directed staff the resident had pain related to a pelvic fracture. She received medications that had a black box warning or had nursing considerations that needed to be monitored due to increased risk for side effects/adverse reactions. Instructions to the staff included to report concerns/changes to the charge nurse immediately. The pharmacist was to review her medications monthly and as needed.

The resident admitted on 01/06/2020, with medication orders with irregularities as follows.

1. Bethanechol Chloride Tablet, 50 mg. (milligrams), give by mouth, before meals and at bedtime related to neuromuscular dysfunction of bladder. The medication was not given on 01/06/2020 at 09:00 PM, and 01/07/2020 at 07:30 AM, 11:00 AM, and 04:00 PM.

2. Buspirone HCL, 10 mg, give by mouth three times a day related to major depressive disorder. The medication was not given on 01/06/2020 at 9:00 PM, 01/07/2020 at 09:00 AM and 02:00 PM.

3. Cholestyramine Packet, 4 gm, give by mouth, two times a day before meals for infectious gastro-enteroenteritis and colitis. The medication was not given at 07:30 AM on 01/07/2020,

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01/09/2020, 01/10/2020, 01/11/2020, 01/13/2020, and at 04:00 PM dose on 01/07/2020, and 01/11/2020.

On 01/12/2020 at 07:37 AM, "Progress Note" (PN): Cholestyramine Packet 4 GM give 1 packet by mouth two times a day related to infectious gastroenteritis and colitis before meals twice daily was not given nurse notified.

4. Gabapentin Tablet, 800 mg, give by mouth, at bedtime related to pain. The medication was not given on 01/06/2020, 01/07/2020, 01/08/2020, 01/11/2020, and 01/13/2020.

5. Ipratropium Bromide Solution, two sprays, inhale orally, three times a day for allergic rhinitis. The medication was not given on 01/06/2020 at 09:00 PM, 01/07/2020 at 09:00 AM and 09:00 PM.

6. Isosorbide Mononitrate, extended release tablet 24 hours, 60 mg, give by mouth at bedtime, related to arteriosclerotic heart disease. The medication was not given on 01/06/2020 and 01/07/2020.

7. Lamotrigine tablet, 100 mg, give by mouth, daily, related to Bipolar disorder. The medication was not given on 01/06/2020 and 01/07/2020.

8. Methocarbamol tablet, 500 mg, give by mouth, three times a day for other muscle spasms. The medication was not given on 01/06/2020 at 08:00 PM, 01/07/20 at 6:00 AM, 12:00 noon, 08:00 PM, 01/08/20 at 08:00 PM, and 01/09/2020 at 06:00 AM and 12:00 PM.

On 01/10/2020 at 07:48 PM, "Progress Note"

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(PN), documented Methocarbamol Tablet 500 MG, give 1 tablet by mouth three times a day related to muscle spasms, was not available.
On 1/12/2020 at 06:12 AM, PN: Methocarbamol Tablet 500 MG, give 1 tablet by mouth three times a day related to muscle spasms was not given nurse notified.

9. Montelukast Sodium, 10 mg, give by mouth at bedtime for COPD. The medication was not given on 01/06/2020 and 01/07/2020.

10. Olanzapine tablet, 20 mg, give 1 tablet by mouth at bedtime for bipolar disorder. The medication was not given on 01/06/2020 and 01/07/2020.

11. Tramadol, 50 mg, give 2 tablets by mouth, at bedtime related to pain. The medication was not given on 01/06/2020.

12. Vancomycin HCL Solution, 50 mg/ml (milliliter), give 125 mg by mouth, every six hours related to enterocolitis due to Clostridium Difficile. The medication was not given on 01/06/2020 at 06:00 PM.
Review of MARS dated 01/06/2020 through 01/21/2020, documentation revealed the medications, were not given as ordered, as noted above.

13. Amlodipine 5 mg. (milligrams), give one tablet by mouth, daily, related to hypertension, ordered 01/06/2020. The facility did not have blood pressure parameters to guide the staff to hold medication or to notify the physician of hypotensive (low blood pressure-less than 90/less than 60) episodes.

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Review of the resident's vital signs revealed hypotensive episode on 01/19/2020 with a diastolic BP of 59 and 01/21/2020, diastolic BP of 57. The resident received the blood pressure medication and the physician was not notified of the low diastolic BP.

14. Zolpidem Tartrate extended release, 12.5 mg, give by mouth, at bedtime related to insomnia, ordered 01/06/2020.

Review of the pharmacist monthly regimen review, dated 01/13/20, revealed a lack of address of the resident's not receiving medications as ordered by the physician and failure to identify a lack of BP parameters for the resident receiving antihypertensive medication.

On 01/22/20 at 09:34 AM, Licensed Nurse (LN) G confirmed the medications were not given as indicated above. She stated if the medications could be obtained from the local pharmacy within a couple of hours of notification if needed. She stated she would expect the pharmacist to identify the irregularities as noted above and report them to the DON in their monthly report.

On 01/22/20 at 09:41 AM, LN H confirmed the "Medication Administration Record" (MAR) revealed the medications were not given to the resident as indicated above. the standard of practice for hypotension included diastolic less than 60, which would indicate the need to hold the antihypertensive and notify the physician of the BP. She reported the resident did not have hold or notification parameters prior to 01/22/20. She stated that resident's that received a hypnotic should have their sleep monitored to determine the effectiveness and continued need for the

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F 756	Continued From page 15 medication. She stated she would expect the pharmacist to identify the irregularities as noted above and report them to the DON in their monthly report. On 01/22/20 at 10:02 AM, Administrative Nurse D, upon review of the pharmacy monthly medication regimen review, she confirmed the pharmacist failed to address the resident's lack of BP parameters and the failure to receive multiple medications as she would expect. On 01/23/20 and 01/23/20 at 11:15 AM, contacts to reach the pharmacist for interview were unsuccessful. The facility policy for "Medication Monitoring," dated 09/2008, documentation included the consultant pharmacist reviews the medication regimen of each resident at least monthly. Findings and recommendations are communicated to those with authority and/or authority and/or responsibility to implement the recommendations. The facility pharmacist failed to identify medication irregularities for this resident and report them to the DON and Medical Director related to blood pressure parameters and medications not administered as ordered by the physician.	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-	F 757		

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F 757	Continued From page 16 §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility reported a census of 27 residents, with 14 of those selected for review, including five reviewed for unnecessary medication monitoring. Based on observation, record review, and interview, the facility failed to obtain parameters for blood pressure medication monitoring for two of the five residents, resident (R) 2 and R27, and failed to monitor R20's constipation and administer the resident with adequate medication to relieve the constipation. Findings included: - The "Order Summary Report," dated 01/14/2020, for resident (R) 20 included a diagnosis of constipation (difficulty passing stools). The quarterly "Minimum Data Set" (MDS), dated	F 757		

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09/06/19, assessed R20 with a Brief Interview of Mental Status (BIMS) score of seven, indicating severe cognitive impairment, required extensive assist of two or more for toileting, and was always incontinent of bowels.

The annual "MDS," dated 12/05/19, assessed R20 with a BIMS score of six, indicating severe cognitive impairment, required extensive assist of two or more for toileting, was occasionally incontinent (one episode) of bowels, not on a bowel toileting program, and constipation was not present.

The "Urinary Incontinence and Indwelling Catheter Care Area Assessment " (CAA), dated 12/16/19, revealed R20 required extensive assist of two staff for toileting and transfers. The resident was always continent of bowels during this lookback period.

The care plan, dated 08/22/19, for Activities of Daily Living (ADL's) revealed R20 needed assist of two staff for safety of transfers, toilets with staff assist of one, and was continent of bladder. The care plan for medications included constipation as a side effect for the medication Fentanyl (a narcotic medication used to treat severe pain).

The physician orders, included orders on 11/23/19 for Colace (a medication to soften the stool) twice a day, and Bisacodyl suppository (a medication used to treat constipation) as needed every 24 hours for constipation. Milk of Magnesia (MOM-a medication used to treat constipation) was ordered on 12/01/19 as needed every other day.

Review of R20's bowel function, under the task

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tab in the electronic medical record (EMR), from date 12/24/19 through 01/22/2020, revealed R20 had a small hard bowel movement (BM) on 12/27/19. Then R20 did not have a BM for four days from 12/28/19 through 12/31/19.

Review of the medication administration record (MAR), dated 12/2019 through 01/22/2020 revealed that staff administered R20 a Bisacodyl suppository on 01/01/2020 for a hard, constipated BM she was unable to pass. R20's abdomen was soft and non-tender and bowel sounds were audible in four quadrants. The record further revealed, on 01/01/2020 that R20 was finally able to have a large hard constipated BM. Review of the MAR, dated 01/07/2020 revealed that staff administered Milk of Magnesia on 01/07/2020 for no BM in three days and it was effective on 01/08/20.

Review of R20's bowel function, under the task tab in the EMR, revealed that she did not have a BM for four days from 1/04/2020 through 01/07/20.

Review of R20's bowel function, under the task tab in the EMR, revealed that she did not have a BM for four days from 01/09/2020 through 01/12/2020.

Review of the MAR, dated 01/12/2020 revealed that staff administered Milk of Magnesia on 01/12/2020 for no BM in three days, and on 01/13/2020 the MAR revealed it was ineffective. On 01/13/2020 staff administered the resident a Bisacodyl suppository.

Review of R20's bowel function, under the task tab in the EMR, revealed R20 had a medium hard

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BM on 01/13/2020, a small loose BM on 01/14/2020, and a medium hard BM on 01/17/2020, then went four more days without a BM from 01/18/20 through 01/21/2020.

Review of the MAR, dated 01/20/2020, revealed that MOM was given for no BM in three days and was not effective. Furthermore, the MAR revealed the staff failed to administer any as needed medication given on 01/21/2020, and on 01/22/2020 staff administered a Bisacodyl suppository for no BM in three days, MOM was given with no results on 01/20/2020, and R20's bowel sounds were hypoactive (an abnormally less than normal activity).

Review of R20's bowel function, under the task tab in the EMR, revealed R20 had a medium formed BM.

Interview, on 01/22/2020 at 12:56 PM, with Certified Nurse Aide (CNA) M, revealed R20 was continent of bowels, needed assist of two staff to toilet, she would let the staff know when she needed to use the bathroom, and let the charge nurse know if her stools were hard. BM's were charted in the electronic record when they occurred.

Interview, on 01/22/2020 at 01:04 PM, with Licensed Nurse (LN) G, that bowel monitoring was done by notification in the electronic record if a resident had not had a bowel movement in so many days, then she would go to the task tab in the record to see when staff documented the resident's last BM. Then, she would go to the MAR and see the ordered medications for constipation and administer it. If they did not have a BM within 24 hours after administration, then

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the next day the staff would see if they had a suppository order and if not staff would report to the doctor. We listen to the resident's bowel sounds and include the assessment in the MAR. If the resident had no BM on the third day, staff would monitor during the 12 hours shift, and if they continued to not have a BM, then staff would administer a laxative towards the end of the shift. Furthermore, she reported R20 did have problems with constipation, and that a suppository should have been given to her on 01/21/2020 since the Milk of Magnesia was not effective. The physician was made aware of R20 having constipation problems more frequently and Miralax (a medication used to treat constipation and soften stools) had been started this month on 01/09/2020.

Interview, on 01/22/2020 at 03:35 PM, with Administrative Nurse D, confirmed that staff document in the electronic record when a BM occurred, and it may not get charted until the end of the shift. A message showed up on the dashboard of the electronic medical record program when a resident has gone 72 hours without a BM, so the staff could administer a PRN (as needed) medication such as Milk of Magnesia. Then if it was not effective staff would give another medication or contact the physician. Bowel sounds and assessment of abdominal softness and tenderness should be in the documentation note in the MAR. R20 should have been given a PRN medication on 12/31/19 and a Bisacodyl suppository should have been given on 01/21/20 when the Milk of Magnesia given on 01/20/20 was ineffective.

Interview, on 01/23/2020 at 11:45 AM, with Administrative Nurse D, reported that residents'

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bowel monitoring was done per the daily clinical excellence program. There was not a policy specific for bowel monitoring. If a resident had no BM in 3 days then a clinical alert was sent out, which goes out to the nurses and the CNA's. We would then give the PRN medication or obtain an order for one if the resident did not have an order for PRN constipation. There was no specific policy for bowel function monitoring.

The "Daily Clinical Excellence" policy, revised 12/2019, indicated that the purpose was to conduct an interdisciplinary overview of care delivery in order to prioritize care needs, communicate with providers, residents, families and staff, to coach and mentor staff, expectations and to assure documentation was reflective of care delivered. To identify residents who may require further review during Risk Committee to address potential change in status. The Daily Clinical Excellence is to be conducted by the Director of Nursing (DON) or designee on a daily basis at the beginning of each day and prior to the daily stand up meeting. Areas for review included residents with no BM in 3 days.

The facility failed to monitor R20's constipation and administer the resident with adequate medication to relieve and prevent further episodes of the resident's constipation.
- Review of Resident (R)2's "Physician Orders," dated 01/21/20, documentation included diagnoses documentation included diagnoses of anxiety disorder (disorder characterized by mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and hypertension (high blood pressure).

The admission "Minimum Data Set" (MDS) dated

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01/13/20, for entry date of 01/06/20, was not yet due.

The baseline care plan, dated 01/06/20, reviewed 01/07/20 and 01/17/20, directed staff the resident received medications that had a black box warning or had nursing considerations that needed to be monitored due to increased risk for side effects/adverse reactions. Staff instructions included to report concerns/changes to the charge nurse immediately. The pharmacist was to review her medication monthly and as needed.

The care plan did not address the parameters for monitoring the resident's blood pressure (BP) to evaluate the effectiveness of the anti-hypertensive medication.

The resident admitted 01/06/20, with medication orders as followed:

1. Amilodipine 5 mg. (milligrams), give one tablet by mouth, daily, related to hypertension, ordered 01/06/20. The facility did not have blood pressure parameters to guide the staff to hold medication or to notify the physician of hypotensive (low blood pressure-less than 90/less than 60) episodes.

Review of the resident's vital signs records revealed a hypotensive episode on 01/19/20, with a diastolic BP of 59 and 01/21/20, diastolic BP of 57. The resident received the blood pressure medication and the staff did not notify the physician of the low diastolic BP.

On 01/22/20 at 01:22 PM, the resident stated she had been taking BP medications for about 4 years and the bottom number was usually around

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68. The resident stated if it was below 60 she would call the doctor if she was at home.

On 01/22/20 at 02:42 PM, Certified Medication Aide (CMA) T reported she administered the resident's medications and she had no behaviors. CMA T explained she administered the medications and documented them on the medication administration record (MAR), if she did not give the medication she would mark other and document why or not available. Parameters for BP medication were listed on the medication cards, on occasion.

On 1/22/20 at 09:41 PM, Licensed Nurse (LN) H stated the standard of practice for hypotension included diastolic less than 60, which would indicate the need to hold the antihypertensive medication and notify the physician of the BP. She reported the resident did not have hold or notification parameters prior to 01/22/20.

On 01/22/2020 at 10:02 AM, Administrative Nurse D reported that yesterday the CMA reported a resident did not have parameters for BP medications during medication administration observation. The facility conducted an audit for residents with antihypertensive medications, the audit included this resident. She confirmed the resident's hypotensive episodes as noted above and stated the BP parameters were not in place prior to today.

The facility policy for "Medication Monitoring," dated 09/2010, lacked address of monitoring BP for effectiveness of antihypertensives.

The facility failed to monitor the resident's medications for the effectiveness and indication

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for use for an antihypertensive medication, to ensure no unnecessary medication usage by the resident or adverse side effects.

- Resident (R) 27 admitted to the facility on 04/24/19 with the following diagnoses that included: atrial fibrillation (rapid, irregular heart beat), hypertension (elevated blood pressure), congestive heart failure (a condition with low heart output and body becomes congested with fluid), and chronic obstructive pulmonary disease (progressive and irreversible condition characterized by diminished lung capacity and difficulty or discomfort in breathing.)

The admission "Minimum Data Set " (MDS), dated 05/01/19, revealed the Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition.

The Physician's Order dated, 12/24/19 included a medication order for diltiazem hcl ER 360mg, give one capsule by mouth daily related to hypertension. This order lacked parameters for monitoring of blood pressure and pulse.

Interview on 01/21/20 at 08:46 AM, with Certified Medication Aid (CMA) R confirmed the record lacked any parameters for monitoring and holding of the medication, when administering the diltiazem hcl for R27.

Per interview with Administrative Nurse D on 01/23/20 at 10:14 AM, she verified parameters were not present and the antihypertensive medication should have monitoring parameters.

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F 757	Continued From page 25 The Consultant Pharmacist conducted a monthly medication review on 01/13/20. The lack of parameters for monitoring of blood pressure and pulse for this medication was not identified on these visits. The facility's policy for, "Medication Administration" documented and dated 09/08, medications are administered in accordance with manufacturers' specifications, good nursing principles and practices ... The facility failed to obtain blood pressure parameters from the physician for this resident to ensure proper monitoring of antihypertensive medications.	F 757		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals	F 880		

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providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;

§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;
(ii) When and to whom possible incidents of communicable disease or infections should be reported;
(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
(iv)When and how isolation should be used for a resident; including but not limited to:
(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	175264	A. BUILDING _____ B. WING _____	01/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEDICALODGES COLUMBUS	101 LEE AVENUE COLUMBUS, KS 66725

(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
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Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
The facility reported a census of 27 residents. Based on observation, interview and record review the facility failed to establish and maintain an ongoing infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infection for the residents of the facility.

Findings included:

- Review of the facility monthly infection control logs, revealed the lack of an ongoing analysis of data to identify trends and patterns of facility infections to determine the cause and contributing factors of facility acquired infections in a timely manner to prevent the spread of infections, as exhibited by:

The "Infection Control Log" (IFCL) for November, 2019, documented the facility with seven acquired urinary tract infections (UTIs). The Report lacked documentation of analysis of findings to determine causes or contributing factors related to the multiple UTIs.

Review of the December 2019 and January 2020 IFCL, revealed a lack of analysis of the collected data.

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On 01/23/2020 at 01:07 PM, Administrative Nurse F stated that the analysis of data collected for the month was not reviewed for causation until the following month. The trends and patterns were identified prior to the Quality Assurance (QA) meeting. Interventions to prevent the spread of infection were implemented. She confirmed the November log revealed seven urinary tract infections, six of which were within one week of each other. The reported intervention was providing the staff with inservice training for handwashing and peri-care. The inservice training was provided on 12/31/19, more than a month after the first UTIs were identified. Additionally, Administrative Nurse F reported she had not analyzed the collected data for December and would not do this until later in the month of January 2020. She stated that January's data would not be analyzed until February sometime under the facility's current surveillance program. The facility's surveillance program lacked ongoing analysis to interrupt the spread of infections for the residents.

On 01/23/2020 at 02:07 PM, Administrative Nurse D agreed the facility's surveillance program lacked ongoing analysis to interrupt the spread of infections for the residents.

The facility policy for "Infection Management Process," dated 12/2019, documented the infection Management Process would assist the facility with preventing and managing infection events. Infection events would be placed on the Infection Control Surveillance Log to assist with monitoring types, locations, and resolution. The facility would review and evaluate infection events weekly during the Risk Committee Meetings and monthly QAPI meeting.

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F 880	Continued From page 29 The facility failed to establish and maintain an ongoing infection prevention and control program designed to help prevent the development and transmission of communicable diseases and infection for the residents of the facility.	F 880		