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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey and Complaint Investigation #KS00173460. The 2567 was sent electronically on 09/20/22.	F 000		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility identified a census of 80 residents. The sample included 18 residents with three reviewed for activities of daily living (ADL's). Based on observations, record review, and interviews, the facility failed to provide R72's scheduled bathing per her preferred bathing schedule. This deficient practice placed R72 at risk for poor hygiene and related complications. Findings Included: - The "Medical Diagnosis" section within R72's Electronic Medical Records (EMR) included diagnoses of spinal stenosis (degenerative condition of the spine that could cause weakness and loss of use of extremities), hypertension (high blood pressure), muscle weakness, pressure ulcer right of the heal (localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction), unsteadiness on feet, atherosclerosis (narrowing and hardening of the blood vessels), and morbid	F 677		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 09/20/2022

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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obesity (severely overweight).

R72's "Admission Minimum Data Set (MDS)" dated 08/25/22 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS indicated that she required extensive assistance from two staff members for bed mobility, toileting, transfers, dressing, personal hygiene, and bathing.

A review of R72's "ADL's Care Area Assessment (CAA)" dated 08/30/22 noted that she required a Hoyer lift (total body mechanical lift used to transfer residents) for all transfers and needed one to two staff members assisting for all her ADL's.

R72's "Care Plan" initiated 08/21/22 indicated that she was a high risk for impaired skin integrity related to her medical diagnoses. The care plan instructed staff to ensure her skin was kept clean, dry, and use lotion. The care plan noted that she required one to two staff assistance for personal hygiene, toileting, dressing, and bathing.

A review of R72's "Bathing Lookback" report from 08/19/22 through 09/08/22 (21 days reviewed) indicated that she received only two bathing opportunities during the reviewed period (8/22 and 9/6). The review noted that she refused on two occasions (8/19 and 8/23). The report indicated that she preferred baths on Tuesday and Friday evenings.

On 09/06/22 at 12:15PM R72 stated that while staff take took good care of her she could not remember getting a bath recently and would like more baths each week. She noted that she was supposed to get two baths a week but did not

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F 677	Continued From page 2 think she was getting them. R72 laid in her bed with her feet supported with pillows and boots to protect her heels. On 09/08/22 at 02:41PM Certified Nurses Aide (CNA) M stated that all the residents were scheduled for two showers per week based upon the resident's preferences upon admission. She stated that the residents have a right to choose the days they receive their showers. She stated that the charge nurse creates the shower list for the day and the CNA staff were responsible for completing the showers. She stated that each resident's showers were documented in the EMR. She stated that if a resident refused a shower, they would be offered another time or different type of bathing opportunity. On 09/08/22 at 03:04PM Licensed Nurse (LN) H stated that the CNA staff were responsible for completing the baths and the nurses would review that they were completed. She stated that if a resident refused a bath, the nurse would offer them a choice of anther time or day to complete the bath. A review of the facility's "Supporting Activities of Daily Living" policy revised 03/2018 indicated that residents should be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily livings. The facility failed to provide R72's scheduled bathing opportunities per her preferred bathing schedule. This deficient practice place her at risk for poor hygiene and related complications.	F 677		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning	F 695		

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F 695	Continued From page 3 CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: The facility identified a census of 80 residents. The sample included 16 residents with one resident reviewed for respiratory services. Based on observation, record review, and interviews, the facility failed to store oxygen tubing and nasal cannula (device used to deliver supplemental oxygen or increased airflow to a patient or person in need of respiratory help) in a sanitary manner for Resident (R) 131. This deficient practice placed R31 at increased risk to develop a respiratory infection. Findings included: - R131's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness) and dementia in other diseases classified elsewhere with behaviors disturbances (progressive mental disorder characterized by failing memory, confusion). The "Admission Minimum Data Set" (MDS) was in progress. R131 admitted 08/29/22.	F 695		

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R131's "Care Area Assessment" (CAA) was in progress.

R131's "Care Plan" lacked documentation related to oxygen therapy.

Review of the EMR under "Orders" tab revealed physician orders:

Oxygen tubing change every Sunday night shift dated 09/11/22.

Oxygen at two liters per minute via nasal cannula as needed for hypoxia (inadequate supply of oxygen). Administer to maintain oxygen level at saturation of greater then (>) 92% dated 08/29/22.

Oxygen Saturation twice a day dated 08/29/22.

On 09/06/22 at 10:41 AM R131's oxygen tubing and cannula was coiled and stored unbagged in the handle of the concentrator.

On 09/07/22at 09:43 AM R131's oxygen tubing and cannula was coiled and stored unbagged in the handle of the concentrator.

On 09/08/22 at 01:05 PM Certified Medication Aide (CMA) R stated oxygen tubing and cannula when not in use would be wrapped in a towel and placed in a drawer.

On 09/08/22 at 01:20 PM Licensed Nurse (LN) I stated oxygen tubing was changed weekly on night shift and when soiled. LN, I stated oxygen tubing should be stored in a bag when not in use.

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F 695	Continued From page 5 On 09/08/22 at 03:59 PM Administrative Nurse D stated oxygen tubing should be stored in a bag when not in use. The facility "Oxygen Management" policy last revised November 2017 documented the cannula, mask, etc. would be stored in a plastic bag when not in use. The facility failed to store oxygen equipment in accordance with professional standards of practice placing R131 at risk for developing a respiratory infection and/or illness.	F 695		
F 756 SS=E	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.	F 756		

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(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 80 residents. The sample included 18 residents with seven reviewed for medication regimen review. Based of observations, record review, and interviews, the facility failed to ensure that the Consulting Pharmacist (CP) identified Resident (R)27's blood pressure medication given outside of physician ordered parameters. The CP also did not identify and report an inappropriate diagnoses for R11, R31, and R64's antipsychotic medications (class of medications used to treat psychosis and other mental emotional conditions). This placed the residents at risk for unnecessary medication and adverse side effects.

Findings Included:

- The "Medical Diagnosis" section within R27's Electronic Medical Records (EMR) included diagnoses of type two diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin),

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hypotension (low blood pressure), quadriplegia (paralysis of the arms, legs and trunk of the body below the level of an associated injury to the spinal cord), cerebral infarction (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), neuralgia (severe pain due to damaged nerves that causes severe burning pain), and muscle weakness.

R27's " Admission Minimum Data Set (MDS)" dated 07/18/22 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS noted that he required extensive assistance from two staff members for bed mobility, dressing, and toileting. The MDS indicated that he was totally dependent on two staff for all transfers and bathing. The MDS noted he had been taking opioid (narcotic pain medication) medication for pain.

A review of R27's "Pain Care Area Assessment (CAA)" dated 07/25/22 noted that he had alterations with his comfort levels due to his neuralgia (severe pain due to damaged nerves) and neuritis (inflammation of a or nerves, usually causing pain and loss of function) associated with his quadriplegia. The CAA noted that staff were to assess and treat with ordered medications.

R27's "Care Plan" initiated 07/12/22 indicated that he had an alteration in movement, pain, pulse (heart rate) and touch sensations. The care plan instructed staff to give medications as ordered. The care plan indicated that staff were to monitor and document the treatment for effectiveness and side effects.

A review of R27's EMR under "Physician's Order"

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revealed an order for midodrine (medication used to treat low blood pressure). The order noted for staff to give 10 milligrams (mg) of midodrine three times daily for hypotension. The order's parameters instructed that staff were to hold the medication if R27's systolic blood pressure (SBP-relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) was greater than (>) 140 millimeters of mercury (mmHg).

R27's "Medication Administration Record (MAR)" review from 07/12/22 throught 09/08/22 (59 days reviewed)revealed that the medication had been given on eight occasions outside of the ordered parameters. R27's EMR lacked documentation indicating why the medication had been given and if the physician had been notified. The dates noted were 8/3, 8/20, 8/23, 8/26, 8/28, 9/1, and 9/4.

A review of R27's "Pharmacy Medication Regimen Reviews" completed for "August 2022" revealed that the pharmacy had no concerns or recommendations related to R27's medications or physician's orders.

On 09/07/22 at 09:40AM R27 was in his room preparing for his discharge. Staff transferred R27 from his bed to electric wheelchair with a mechanical lift with two staff assisting. R27 was weighed using the lift's weight scale and transferred to his chair. R27 completed personal hygiene and awaited his transportation for discharge.

On 09/08/22 at 03:45PM Administrative Nurse D stated that nursing staff were required to review the medication parameters before administering

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the medications and notifying the physician. She stated that medications given should always be noted. She stated that the physicians were always around to ask in person if a medication should have been given and the nurse would not have noted it down.

On 09/08/22 at 04:00 PM Administrative Nurse D stated that the pharmacy recommendations got emailed to her and all the unit managers. The unit manager was then responsible for following up with and completing the recommendations.

On 09/12/2022 at 02:49PM the CP was unavailable for interview.

A review of the facility's "Medication Regimen Review (MRR)" policy revised 07/2018 noted that a medication review is completed for each resident at the time of admission, monthly, and as indicated upon the resident's condition. The policy noted that the consulting pharmacist (CP) will identify and report medication irregularities identified during the review to the facility.

The facility failed to ensure that the CP identified and reported R27's blood pressure medication was given on eight occasions outside of the ordered parameters. This deficient practice place R27 at risk for complications related to his cardiovascular health.
- The electronic medical record (EMR) for R11 documented diagnoses of: dementia with behavioral disturbance (progressive mental disorder characterized by failing memory, confusion and behaviors including agitation, verbal and physical aggression, wandering and hoarding), Alzheimer's disease (progressive mental deterioration characterized by confusion

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and memory failure), delusional disorder (a type of serious mental illness in which a person cannot tell what is real from what is imagined).

The "Significant Change Minimum Data Set" (MDS) dated 03/22/22 documented R11 had a Brief Interview for Mental Status (BIMS) score of three which indicated severely impaired cognition. R11 required extensive assistance with activities of daily living (ADLS) of one to two staff. R11 received an antipsychotic medication on seven of seven days during the lookback period. R11 received an antipsychotic medication on a routine basis.

The "Quarterly MDS" dated 06/15/22 documented R11 had a BIMS score of zero which indicated severely impaired cognition. R11 showed behaviors of inattention that fluctuated. R11 required extensive assistance of one staff member for her ADLs. R11 received antipsychotic medications on a routine basis on seven of seven days during the lookback period.

The "Psychotropic Drug Use Care Area Assessment" (CAA) documented R11 had the potential for adverse side effects due to the use of antidepressant (a class of medications used to treat mood disorders and relieve symptoms of depression) and antipsychotic medications. Both depression with behaviors and medications used to treat them can have a negative impact on the resident. Staff was to maintain adequate control of signs and symptoms with minimal to no adverse side effects.

The "Anti-psychotic Care Plan" revised 03/28/22 documented R11 used antipsychotic medication Seroquel related to dementia with behaviors.

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Staff was to administer medication as ordered. Pharmacy was to consult month and as needed.

The September 2022 "Medication Administration Record" (MAR) documented an order for Seroquel tablet 100 milligrams (mg) to give one tablet by mouth in the morning for anxiety/agitation related to dementia with behavioral disturbance with a start date of 08/23/2022.

The September 2022 MAR documented an order for Seroquel tablet 200mg to give one tablet by mouth at bedtime for "standard" with a start date 06/27/2022.

Upon review of the Medication Regimen Review (MRR) for the months of January 2022 through August 2022 the CP noted no irregularities related to R11's Seroquel order. The CP only made recommendations in January 2022 and March 2022 for a gradual dose reduction of the Seroquel.

The physician's response dated 04/14/22 was to decline the recommendation due to R11 being on hospice services with behaviors, combative and delusions. No changes made at that time.

The clinical record lacked evidence the prescribing physician documented thoroughly the indication for the medication including the benefits versus risks, the multiple attempts to implement care-planned, non-pharmacological approaches.

On 09/07/22 at 01:45PM R11 sat in her wheelchair in her room her spouse present with her. R11 was actively trying to stand up from her

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wheelchair to reach her spouse seated in front of her.

On 09/08/22 at 07:32AM R11 laid upon her bed that was in low position, fall mats present on floor beside the bed.

On 09/08/22 at 01:20 PM Licensed Nurse (LN) I stated that she did not have anything directly to do with the pharmacy recommendations and were taken care of by the unit nurse managers.

On 09/08/22 at 02:44 PM Licensed Nurse (LN) H stated that the unit managers would receive the monthly pharmacy recommendations from Administrative Nurse D and the unit managers would take care of the recommendations.

On 09/08/22 at 04:00 PM Administrative Nurse D stated that the pharmacy recommendations got emailed to her and all the unit managers. The unit manager was then responsible for following up with and completing the recommendations.

On 09/12/22 at 01:30 PM the CP was unavailable for interview.

The facility policy "Medication Regimen Review Policy" dated July 2018 documented the CP should review each resident's medical record, progress notes and other applicable documents as necessary per state and federal regulations, to determine whether or not irregularities exist in his/her medication regimen and complete a MRR.

The facility failed to ensure the CP identified and reported an incorrect diagnosis for the antipsychotic This failure had to potential of unnecessary antipsychotic medication use and

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related side effects for R11.

- R131's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness) and dementia with behaviors disturbances (progressive mental disorder characterized by failing memory, confusion).

The "Admission Minimum Data Set" (MDS) was in progress. R131 admitted 08/29/22.

R131's "Care Area Assessment" (CAA) was in progress.

R131's "Care Plan" dated 08/29/22 documented medications would be administered as ordered and monitored for effectiveness and side effects.

Review of the EMR under "Orders" tab revealed physician orders:

Quetiapine fumarate (Seroquel) oral tablet 100 milligrams (mg) give one tablet by mouth four times a day related to dementia in other diseases classified elsewhere with behavioral disturbance dated 08/29/22.

The "Monthly Medication Review" (MMR), performed by the CP for August 2022 lacked identification of the inappropriate diagnosis for R31 who received antipsychotic medication with a diagnosis of dementia.

The clinical record lacked evidence the

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prescribing physician documented thoroughly the indication for the medication including the benefits versus risks, the multiple attempts to implement care-planned, non-pharmacological approaches.

On 09/07/22 at 08:33 AM R131 sat in dining room as nursing staff sat next to R31 and assisted her with breakfast.

On 09/08/22 at 01:20 PM Licensed Nurse (LN) I stated that she did not have anything directly to do with the pharmacy recommendations and were taken care of by the unit nurse managers.

On 09/08/22 at 02:44 PM Licensed Nurse (LN) H stated that the unit managers would receive the monthly pharmacy recommendations from Administrative Nurse D and the unit managers would take care of the recommendations.

On 09/08/22 at 04:00 PM Administrative Nurse D stated that the pharmacy recommendations got emailed to her and all the unit managers. The unit manager was then responsible for following up with and completing the recommendations.

On 09/12/22 at 01:30 PM the CP was unavailable for interview.

The facility policy "Medication Regimen Review Policy" dated July 2018 documented the CP should review each resident's medical record, progress notes and other applicable documents as necessary per state and federal regulations, to determine whether or not irregularities exist in his/her medication regimen and complete a MRR.

The facility failed to ensure the CP identified and

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reported an incorrect diagnosis for the antipsychotic This failure had to potential of unnecessary antipsychotic medication use and related side effects for R131.

- R64's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and dementia with behavioral disturbance (progressive mental disorder characterized by failing memory, confusion).

The "Annual Minimum Data Set" (MDS) dated 12/01/21 documented a Brief Interview of Mental Status (BIMS) score of eight which indicated moderately impaired cognition. The MDS documented that R64 was dependent on two staff members assistance for activities of daily living (ADL's). The MDS documented R64 received antipsychotic medication class of medications used to treat psychosis {any major mental disorder characterized by a gross impairment testing} and other mental emotional conditions), antidepressant medication, (class of medications used to treat mood disorders and relieve symptoms of depression) and antibiotics (class of medication used to treat bacterial infections) for seven days during the look back period.

The "Quarterly MDS" dated 08/10/22 documented a BIMS score of four which indicated severely impaired cognitive. The MDS documented that R64 required extensive assistance of two staff members for ADL's. The MDS documented R64 received antipsychotic medication, antidepressant medication and antibiotics for seven days during the look back period.

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R64's "Psychotropic Drug Use Care Area Assessment" (CAA) dated 12/15/21 documented a dose reduction was done 09/22/21.

R64's "Care Plan" dated 03/03/16// documented the pharmacist consultant would review R64's medication monthly. The "Care Plan" dated 03/01/18 documented quetiapine (Seroquel) increased mortality in R64 with dementia related psychosis. Documentation of benefits verse risk and gradual reductions of antipsychotic medications if possible.

Review of the EMR under "Orders" tab revealed physician orders:

Seroquel tablet (antipsychotic) give 12.5 milligram (mg) by mouth at bedtime related to dementia with behavioral dated 09/22/21.

The "Monthly Medication Review" (MMR), performed by the CP reviewed from August 2021 through August 2022 lacked identification of the inappropriate diagnosis for R64 who received antipsychotic medication with a diagnosis of dementia.

The clinical record lacked evidence the prescribing physician documented thoroughly the indication for the medication including the benefits versus risks, the multiple attempts to implement care-planned, non-pharmacological approaches.

On 09/07/22 at 09:54 AM R64 was asleep in bed, bed was in the lowest position and the head of her bed was slightly elevated, no distress or behaviors were noted.

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F 756	Continued From page 17 On 09/08/22 at 01:20 PM Licensed Nurse (LN) I stated that she did not have anything directly to do with the pharmacy recommendations and were taken care of by the unit nurse managers. On 09/08/22 at 02:44 PM Licensed Nurse (LN) H stated that the unit managers would receive the monthly pharmacy recommendations from Administrative Nurse D and the unit managers would take care of the recommendations. On 09/08/22 at 04:00 PM Administrative Nurse D stated that the pharmacy recommendations got emailed to her and all the unit managers. The unit manager was then responsible for following up with and completing the recommendations. On 09/12/22 at 01:30 PM the CP was unavailable for interview. The facility policy "Medication Regimen Review Policy" dated July 2018 documented the CP should review each resident's medical record, progress notes and other applicable documents as necessary per state and federal regulations, to determine whether irregularities exist in his/her medication regimen and complete an MRR. The facility failed to ensure the CP identified and reported an incorrect diagnosis for the antipsychotic This failure had to potential of unnecessary antipsychotic medication use and related side effects for R64.	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	F 757		

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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

§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 80 residents. The sample included 18 residents with seven reviewed for unnecessary medications. Based of observations, record review, and interviews, the facility failed to ensure that the physician's ordered medication parameters were followed for Resident (R)27 and R39's blood pressure medication. This deficient practice placed the resident's at risk for unnecessary medication administration and adverse side effects.

Findings Included:

- The "Medical Diagnosis" section within R27's Electronic Medical Records (EMR) included diagnoses of type two diabetes mellitus (when the body cannot use glucose, not enough insulin

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made or the body cannot respond to the insulin), hypotension (low blood pressure), quadriplegia (paralysis of the arms, legs and trunk of the body below the level of an associated injury to the spinal cord), cerebral infarction (sudden death of brain cells due to lack of oxygen caused by impaired blood flow to the brain by blockage or rupture of an artery to the brain), neuralgia (severe pain due to damaged nerves that causes severe burning pain), and muscle weakness.

R27's " Admission Minimum Data Set (MDS)" dated 07/18/22 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS noted that he required extensive assistance from two staff members for bed mobility, dressing, and toileting. The MDS indicated that he was totally dependent on two staff for all transfers and bathing. The MDS noted he had been taking opioid (narcotic pain medication) medication for pain.

A review of R27's "Pain Care Area Assessment (CAA)" dated 07/25/22 noted that he has alterations with his comfort levels due to his neuralgia (severe pain due to damaged nerves) and neuritis (inflammation of a or nerves, usually causing pain and loss of function) associated with his quadriplegia. The CAA noted that staff were to assess and treat with ordered medications.

R27's "Care Plan" initiated 07/12/22 indicated that he had an alteration in movement, pain, pulse (heart rate) and touch sensations. The care plan instructed staff to give medications as ordered. The care plan indicated that staff were to monitor and document the treatment for effectiveness and side effects.

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A review of R27's EMR under "Physician's Order" revealed an order for midodrine (medication used to treat low blood pressure). The order noted for staff to give 10 milligrams (mg) of midodrine three times daily for hypotension. The order's parameters instructed that staff were to hold the medication if R27's systolic blood pressure (SBP-relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) was greater than (>) 140 millimeters of mercury (mmHg).

R27's "Medication Administration Record (MAR)" review between 07/12/22 through 09/08/22 (59 days reviewed) revealed that the medication had been given on eight occasions outside of the given parameters. R27's EMR lacked documentation indicating why the medication had been given and if the physician had been notified. The dates noted were 8/3, 8/20, 8/23, 8/26, 8/28, 9/1, and 9/4.

On 09/07/22 at 09:40AM R27 was in his room preparing for his discharge. Staff transferred R27 from his bed to an electric wheelchair with a mechanical lift with two staff assisting. Staff weighed R27 using the lift's weight scale and transferred to his chair.

On 09/08/22 at 03:04PM Licensed Nurse (LN) H stated that when a resident was admitted to the facility each medication was reviewed and parameters were added based on the type of medication. She stated that if a medication needed to be held due to the parameters, it would be noted in the chart why it was held. She stated that medications should not be given outside of the parameters unless approved by the attending physician. She stated that a note should be

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entered showing why the medication was given or held.

On 09/08/22 at 03:45PM Administrative Nurse D stated that nursing staff were required to review the medication parameters before administering the medications and notifying the physician. She stated that medications given should always be noted. She stated that the physicians were always around to ask in person if a medication should have been given and the nurse would not have noted it if they spoke to the physician in person.

The facility did not provide a medication administration policy for review.

The facility failed to follow R27's physician's order parameters for his blood pressure medication. This deficient practice placed R27 at risk for unnecessary medication administration and adverse side effects.

- The "Medical Diagnosis" section within R39's Electronic Medical Records (EMR) included diagnoses of hemiplegia (paralysis of one side of the body), hemiparesis (muscular weakness of one half of the body), type two diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), atherosclerotic heart disease (hardening and narrowing of the blood vessels in the heart), hypertension (high blood pressure), and congestive heart failure (CHF- a condition with low heart output and the body becomes congested with fluid).

R39's "Admission Minimum Data Set (MDS)" dated 08/07/22 noted a Brief Interview for Mental Status (BIMS) score of 15 indicating intact

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cognition. The MDS noted that R39 had hypertension and heart failure. The MDS noted that she received a diuretic (medication to promote the formation and excretion of urine) and opioid (medication used to treat pain) medication.

A review of R39's "Activities of Daily Living (ADL'S) Care Area Assessment (CAA)" dated 08/12/22 noted that she received therapy and nursing services due to decreased ADL functioning related to a fall that occurred at home.

R39's "Care Plan" initiated 08/01/2022 indicated that she had altered cardiovascular status due to her cardiac medical diagnoses and the use of diuretic medication. The care plan noted staff should monitor for shortness of breath and cyanosis (bluish discoloration of the skin) during cares. The care plan noted that R39 took lisinopril (medication used to lower high blood pressure and treat heart failure).

A review of R39's EMR under "Physician's Orders" revealed an order for staff to give 40 milligrams (mg) of lisinopril once daily every morning for hypertension. The order's parameters instructed that staff were to hold the medication if R39's systolic blood pressure (SBP-relating to the phase of the heartbeat when the heart muscle contracts and pumps blood from the chambers into the arteries) was less than (<) 110 millimeters of mercury (mmHg).

R39's "Medication Administration Record (MAR)" revealed that the medication was given outside of parameters on two occasions (09/06/22 and 09/07/22). A review of R39's EMR revealed a lack of documentation indicating why the medication was given outside parameters. The MAR

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indicated that on the morning of 09/06/22 R39's SBP was documented as 104mmHg during medication administration and on the morning of 09/07/22 her SBP was 93mmHg.

On 09/07/22 at 09:00AM R39 was clean, well-groomed, and completed her bath earlier in the morning. R39 stated that she was hopefully discharging soon and looking forward to going home. R39 reported that she was receiving her medication on time but she had concerns if her blood pressure was okay when she was taking her lisinopril this morning.

On 09/08/22 at 03:04PM Licensed Nurse (LN) H stated that when a resident was admitted to the facility each medication was reviewed and parameters werw added based on the type of medication. She stated that if a medication needed to be held due to the parameters, it would be noted in the chart why it was held. She stated that medications should not be given outside of the parameters unless approved by the attending physician. She stated that a note should be entered showing why the medication was given or held.

On 09/08/22 at 03:45PM Administrative Nurse D stated that nursing staff are required to review the medication parameters before administering the medications and notifying the physician. She stated that medications given should always be noted. She stated that the physicians were always around to ask in person if a medication should have been given and the nurse would not have noted it down.

The facility did not provide a medication administration policy for review.

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F 757	Continued From page 24 The facility failed to follow R39's physician's order parameters for her blood pressure medication. This deficient practice placed R39 at risk for unnecessary medication administration and adverse side effects.	F 757		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that--- §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a	F 758		

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diagnosed specific condition that is documented in the clinical record; and

§483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.

§483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 80 residents. The sample included 18 residents with five residents sampled for unnecessary medication review. Based on observation, record review and interview, the facility failed to ensure that Resident (R)11, R64, and R131 had an appropriate diagnosis for their antipsychotic (a class of medications used to treat psychosis and other mental emotional conditions) medication Seroquel (medication used to treat certain mental/mood conditions [such as schizophrenia a psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought]). This placed R11, R64, and R31 at risk for unnecessary antipsychotic medication administration and related side effects.

Findings included:

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- The electronic medical record (EMR) for R11 documented diagnoses of: dementia with behavioral disturbance (progressive mental disorder characterized by failing memory, confusion and behaviors including agitation, verbal and physical aggression, wandering and hoarding), Alzheimer's disease (progressive mental deterioration characterized by confusion and memory failure), delusional disorder (a type of serious mental illness in which a person cannot tell what is real from what is imagined).

The "Significant Change Minimum Data Set" (MDS) dated 03/22/22 documented R11 had a Brief Interview for Mental Status (BIMS) score of three which indicated severely impaired cognition. R11 required extensive assistance with activities of daily living (ADLS) of one to two staff. R11 received an antipsychotic medication on seven of seven days during the lookback period. R11 received an antipsychotic medication on a routine basis.

The "Quarterly MDS" dated 06/15/22 documented R11 had a BIMS score of zero which indicated severely impaired cognition. R11 showed behaviors of inattention that fluctuated. R11 required extensive assistance of one staff member for her ADLs. R11 received antipsychotic medications on a routine basis on seven of seven days during the lookback period.

The "Psychotropic Drug Use Care Area Assessment" (CAA) documented R11 had the potential for adverse side effects due to the use of antidepressant (a class of medications used to treat mood disorders and relieve symptoms of depression) and antipsychotic medications. Both depression with behaviors and medications used

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to treat them can have a negative impact on the resident. Staff was to maintain adequate control of signs and symptoms with minimal to no adverse side effects.

The "Anti-psychotic Care Plan" revised 03/28/22 documented R11 used antipsychotic medication Seroquel related to dementia with behaviors. Staff was to administer medication as ordered. Pharmacy was to consult month and as needed.

The September 2022 "Medication Administration Record" (MAR) documented an order for Seroquel tablet 100 milligrams (mg) to give one tablet by mouth in the morning for anxiety/agitation related to dementia with behavioral disturbance with a start date of 08/23/2022.

The September 2022 MAR documented an order for Seroquel tablet 200mg to give one tablet by mouth at bedtime for "standard" with a start date 06/27/2022.

The clinical record lacked evidence the prescribing physician documented thoroughly the indication for the medication including the benefits versus risks, the multiple attempts to implement care-planned, non-pharmacological approaches.

On 09/07/22 at 01:45PM R11 sat in her wheelchair in her room her spouse present with her. R11 was actively trying to stand up from her wheelchair to reach her spouse seated in front of her.

On 09/08/22 at 07:32AM R11 laid upon her bed that was in low position, fall mats present on floor

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beside the bed.

On 09/08/22 at 02:44 PM Licensed Nurse (LN) H stated that a dementia diagnosis was not appropriate for someone on Seroquel. LN H stated a person with a diagnosis of schizophrenia would be more appropriate diagnosis for Seroquel use. LN H did not have an explanation or reason why "for standard" would be used as a diagnosis on an order for R11.

On 09/08/22 at 04:00 PM Administrative Nurse D stated Seroquel was an antipsychotic mediation used for schizophrenia and that dementia would not be an appropriate diagnosis for Seroquel use.

The facility policy "Psychotropic Drug Management Policy" last revised January 2022 documented that the health care provider responsibilities included that the psychotropic medication order shall include the following information: an appropriate diagnosis for the medication.

The facility failed to ensure an appropriate indication for use for the antipsychotic medication Seroquel. This failure had to potential of unnecessary antipsychotic medication use and related side effects for R11.

- R64's Electronic Medical Record (EMR) from the "Diagnoses" tab documented diagnoses of anxiety (mental or emotional reaction characterized by apprehension, uncertainty and irrational fear) and dementia with behavioral disturbance (progressive mental disorder characterized by failing memory, confusion).

The "Annual Minimum Data Set" (MDS) dated

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12/01/21 documented a Brief Interview of Mental Status (BIMS) score of eight which indicated moderately impaired cognition. The MDS documented that R64 was dependent on two staff members assistance for activities of daily living (ADL's). The MDS documented R64 received antipsychotic medication class of medications used to treat psychosis {any major mental disorder characterized by a gross impairment testing} and other mental emotional conditions), antidepressant medication, (class of medications used to treat mood disorders and relieve symptoms of depression) and antibiotics (class of medication used to treat bacterial infections) for seven days during the look back period.

The "Quarterly MDS" dated 08/10/22 documented a BIMS score of four which indicated severely impaired cognitive. The MDS documented that R64 required extensive assistance of two staff members for ADL's. The MDS documented R64 received antipsychotic medication, antidepressant medication and antibiotics for seven days during the look back period.

R64's " Psychotropic Drug Use Care Area Assessment" (CAA) dated 12/15/21 documented a dose reduction was done 09/22/21.

R64's "Care Plan" dated 03/03/16// documented the pharmacist consultant would review R64's medication monthly. The "Care Plan" dated 03/01/18 documented quetiapine (Seroquel) increased mortality in R64 with dementia related psychosis. Documentation of benefits verse risk and gradual reductions of antipsychotic medications if possible.

Review of the EMR under "Orders" tab revealed

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physician orders:

Seroquel tablet (antipsychotic) give 12.5 milligram (mg) by mouth at bedtime related to dementia with behavioral dated 09/22/21.

The clinical record lacked evidence the prescribing physician documented thoroughly the indication for the medication including the benefits versus risks, the multiple attempts to implement care-planned, non-pharmacological approaches.

On 09/07/22 at 09:54 AM R64 was asleep in bed, bed was in the lowest position and the head of her bed was slightly elevated, no distress or behaviors were noted.

On 09/08/22 at 02:44 PM Licensed Nurse (LN) H stated that a dementia diagnosis was not appropriate for someone on Seroquel. LN H stated a person with a diagnosis of schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought) would be more appropriate diagnosis for Seroquel use.

On 09/08/22 at 04:00 PM Administrative Nurse D stated Seroquel was an antipsychotic mediation used for schizophrenia and that dementia would not be an appropriate diagnosis for Seroquel use.

The facility policy "Psychotropic Drug Management Policy" last revised January 2022 documented that the health care provider responsibilities included that the psychotropic medication order shall include the following information: an appropriate diagnosis for the

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medication.

The facility failed to ensure an appropriate indication for use for the antipsychotic medication Seroquel. This failure had to potential of unnecessary antipsychotic medication use and related side effects for R64.

- R131's electronic medical record (EMR) from the "Diagnoses" tab documented diagnoses of depression (abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness) and dementia with behaviors disturbances (progressive mental disorder characterized by failing memory, confusion).

The "Admission Minimum Data Set" (MDS) was in progress. R131 admitted 08/29/22.

R131's "Care Area Assessment" (CAA) was in progress.

R131's "Care Plan" dated 08/29/22 documented medications would be administered as ordered and monitored for effectiveness and side effects.

Review of the EMR under "Orders" tab revealed physician orders:

Quetiapine fumarate (Seroquel) oral tablet 100 milligrams (mg) give one tablet by mouth four times a day related to dementia in other diseases classified elsewhere with behavioral disturbance dated 08/29/22.

The clinical record lacked evidence the prescribing physician documented thoroughly the

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F 758	Continued From page 32 indication for the medication including the benefits versus risks, the multiple attempts to implement care-planned, non-pharmacological approaches. On 09/07/22 at 08:33 AM R131 sat in dining room as nursing staff sat next to R31 and assisted her with breakfast. On 09/08/22 at 02:44 PM Licensed Nurse (LN) H stated that a dementia diagnosis was not appropriate for someone on Seroquel. LN H stated a person with a diagnosis of schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought) would be more appropriate diagnosis for Seroquel use. On 09/08/22 at 04:00 PM Administrative Nurse D stated Seroquel was an antipsychotic mediation used for schizophrenia and that dementia would not be an appropriate diagnosis for Seroquel use. The facility policy "Psychotropic Drug Management Policy" last revised January 2022 documented that the health care provider responsibilities included that the psychotropic medication order shall include the following information: an appropriate diagnosis for the medication. The facility failed to ensure an appropriate indication for use for the antipsychotic medication Seroquel. This failure had to potential of unnecessary antipsychotic medication use and related side effects for R131.	F 758		
F 880 SS=E	Infection Prevention & Control	F 880		

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F 880	Continued From page 33 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 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	F 880		

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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.
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 identified a census of 80 residents. Based of observations, record review, and interviews, the facility failed to promote adequate infection control practices related to wound care for Residents (R)72, R33, R73, and R180. This deficient practice placed the residents at risk for complications related to wound infections and increased the risk for cross contamination.

Findings Included:

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- On 09/07/22 at 10:20AM while performing wound care to R180, Licensed Nurse (LN) G gathered supplies and placed a Chux pad (absorbent disposable barrier) under R180. LN G washed her hands and donned gloves. LN G opened the supplies onto the Chux pad. LN G then removed the old bandages and threw them into the trash can. LN G then cleaned the wound area with the same soiled gloves. LN G removed her gloves and threw them in the trash. LN G donned a new pair of gloves without completing hand hygiene and applied new bandages. LN G gathered the used supplies and repositioned R180 in a comfortable position. LN G removed her gloves and completed hand hygiene.

On 09/07/22 at 10:30AM R33 received wound care from LN G. LN G washed her hands and donned gloves. LN G placed Chux pad on the floor and used scissors to remove the dressing from R33's left heel. LN G placed the soiled scissors in a container holding clean wound care supplies. LN G replaced her soiled gloves. LN G cleaned the left heel then set the heel directly onto the Chux pad. LN G used the soiled scissors to trim the new dressing and applied it to R33's left heel wound. LN G wrapped the wound with kerlix (woven absorbent gauze).

On 09/08/22 at 10:51AM R73 received wound care from LN G. LN G washed her hands, donned gloves, and placed a Chux pad on the bed under R73's heel-boots. LN G removed R73's boots and rested R73's stocking feet on the Chux pad. LN G then removed R73's socks and rested the feet on Chux pad. LN G removed R73's soiled wound dressing from the left heel then placed her heel on the Chux Pad. LN G

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sprayed wound cleanser onto R73's heel and then placed the heel back onto the same Chux pad. LN G repeated the process with R73's right heels. LN G reapplied the soiled socks and boots and removed the barrier. LN G doffed her gloves and completed hand hygiene.

On 09/08/22 at 10:50AM R72 received wound care from LN G. R72 laid in bed and wore her Prevalon boots (boots that protect heel and feet from pressure surfaces). LN G washed her hands and donned gloves. LN G lifted R72's legs and placed a Chux pad down. LN G lowered R72's legs down onto the Chux pad and removed R72's Prevalon boots and lowered her feet back down to the Chux pad. LN G removed R72's socks and lowered her bare feet back down to the Chux pad. LN G assessed R72's heels and removed the left ankle pressure injury dressing. LN G cleansed the wound with betadine wound wash and allowed wound to air dry. LN G applied pre-prepared dressing to the left ankle wound. LN G then assessed R72's left heel wound. LN G applied betadine cleaner to the left heel wound and allowed to dry but then placed left heel back down on soiled Chux pad. LN G repeated the process with the right heel and returned it directly to the soiled Chux pad. LN G put R42's same socks and Prevalon boots back on after the wound care and positioned her in a comfortable position. LN failed to change her gloves throughout the wound care.

In an interview on 09/08/22 at 02:55PM with LN G, she stated that hand hygiene should have been performed throughout providing wound care. She stated that clean surfaces should never be placed on soiled or contaminated surfaces.

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F 880	Continued From page 37 In an interview on 09/08/22 at 03:20PM with Administrative Nurse E stated that staff are regularly trained and reminded to complete hand hygiene in between providing cares to residents. She stated that staff complete annual in-services on infection control and have monthly training on topics like hand hygiene, peri-care, and infection prevention. A review of the facility's "Skin and Wound Care" protocol revised 09/2017 stated that heel ulcers must be assessed frequently for evidence of infections. The noted evidence included increased drainage, color change, warmth, pain, swelling, and fever. The protocol noted for staff to clean wound with cleanser and notify the physician. The facility failed to promote adequate infection control practices related to wound care for R72, R33, R73, and R180. This deficient practice placed the residents at risk for complications related to wound infections and increased potential for spread of infectious disease..	F 880		