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	175242	A. BUILDING _____ B. WING _____	01/12/2023

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F 000	INITIAL COMMENTS The following citations represent the findings of a Health Resurvey. The 2567 was sent electronically on 01/20/23.	F 000		
F 558 SS=E	Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: The facility identified a census of 101 residents. The sample included 21 residents with 21 reviewed for reasonable accommodation of needs. Based on observation, record review, and interviews, the facility failed to ensure Resident (R) 6's call light remote was within reach while in her room. The facility additionally failed to ensure foot pedals were provided for Resident (R) 14's, R22's, and R19's wheelchairs to prevent their feet from dragging on the floor. This deficient practice placed R6 at risk unmet care needs and R14, R22, and R19 at risk for injuries. Findings Included: - The "Medical Diagnosis" section within R6's Electronic Medical Records (EMR) included diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), dysphagia (swallowing difficulty), abnormal posture, history of pneumonia (inflammation of the lungs), osteoarthritis	F 558		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 01/20/2023

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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(degenerative changes to one or many joints characterized by swelling and pain), and gastro-esophageal reflux disease (backflow of stomach contents to the esophagus).

R6's "Quarterly Minimum Data Set (MDS)" dated 12/06/22 noted a Brief Interview for Mental Status (BIMS) score of six indicating severe cognitive impairment. The MDS indicated that she required supervision with physical assistance from one staff for locomotion in her room and while eating. The MDS noted that she required a wheelchair for mobility. The MS indicated that R6 had one non-injury fall since admission.

A review of R6's "Dementia Care Area Assessment (CAA)" completed 09/06/22 indicated that she had cognitive impairment related to her medical diagnoses that placed her at risk for decline in activities of daily living (ADL's), falls, and decline in memory. The CAA indicated that R6's care plan will optimize her remaining function and prevent her cognitive decline.

A review of R6's "Care Plan" for ADL dated 01/26/22 indicated that she required assistance from one staff for all her ADLs. The plan noted that she used a Broda chair (specialized wheelchair with the ability to tilt and recline) for mobility to optimize her independence. The plan instructed staff to keep all personal items within reach. The plan noted that R6 had heart problems related to her medical diagnoses and required supplemental oxygen as ordered.

On 01/10/22 at 09:24AM R6 sat in her room eating her breakfast. R6 was calling out for help to change positions but staff were not in room to

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assist. R6 sat in her Broda chair facing the television with her bedside table directly in front of her. R6's call light was wrapped around the frame of her bed three feet behind her Broda chair and out of reach. R6 was unable to identify the location of her call light and unable to adjust herself to reach it to call for assistance.

On 01/12/22 at 11:25AM R6 sat in her room calling out for help. R6 was positioned in her Broda chair facing the door and watching television. R6 stated she needed assistance moving to her bed. R6's call light was wrapped around her bed frame. R6 was unable to reach the call light for assistance.

On 01/12/22 at 01:01PM in an interview with Certified Medication Aid (CMA) G, she stated that R6 often would yell out for her needs but would use the call lights if directly in front of her. She stated that staff should be checking to placement of the call light and reminding R6 to use it during every interaction. She stated that for residents in wheelchairs the call light should be either placed reach of the resident or attached to the resident to prevent it from falling on the floor or out of reach.

On 01/12/22 at 01:10PM in an interview with Licensed Nurse (LN) G, she stated R6 would know how to use the call light as long as it was in view and given frequent reminders from staff.

On 01/12/22 at 01:25PM, Administrative Nurse D stated that staff should be ensuring the call lights are in reach of the residents and checking on the residents frequently. She stated the call lights should be positioned with the residents that were in wheelchairs so that they could easily activate

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the light if needed.

A review of the facility's "Resident Call System" policy revised 11/2021 stated that the facility will ensure the residents can call for assistance or contact caregivers from their room.

The facility failed ensure R6's call light remote was within reach while in her room. This deficient practice placed R6 at risk for falls and unmet care needs.
- On 01/11/23 at 11:40 AM an unidentified female nursing staff member pushed R14 in a wheelchair without foot pedals into the dining room. R14's feet drug on the floor.

On 01/11/23 at 12:04 AM an unidentified female nursing staff member pushed R19 in a wheelchair without foot pedals into the dining room. R19's drug along the floor.

On 01/11/23 at 12:21 PM an unidentified nursing staff member pushed R22 in a wheelchair down the hall with no foot pedals. R22's knees were bent and both feet drug on floor.

On 01/12/23 at 01:05 PM Certified Medication Aide (CMA) R stated every wheelchair has foot pedals, but it was a tricky situation if every resident should have foot pedals on their wheelchairs. CMA R stated some of the residents were able to lift their feet up when staff pushed them in the wheelchair.

On 01/12/23 at 01:36 PM Licensed Nurse (LN) G stated residents should have foot pedals on their wheelchairs when being pushed by staff for safety purposes.

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F 558	Continued From page 4 On 01/12/23 at 01:55 PM Administrative Nurse D stated every resident's wheelchair had foot pedals and should have been used if staff pushed to the wheelchair. Administrative Nurse D stated some residents were able to propel their wheelchairs and foot pedals could be a fall risk. The facility was unable to provide a policy related to reasonable accommodation of needs/preferences. The facility failed to ensure foot pedals were provided for R14's, R22's, and R19's wheelchairs to prevent their feet from dragging on the floor. This deficient practice placed R14, R22 and R19 vulnerable for possible injuries.	F 558		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon	F 690		

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as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and
(iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible.

§483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 101 residents. The sample included 21 residents with four reviewed for bowel and bladder management. Based on observation, record review, and interviews, the facility failed follow up on identified changes in R61 bowel and bladder incontinence. This deficient practice placed the residents at risk for complications related to incontinence.

Findings Included:

- The "Medical Diagnosis" section within R61's Electronic Medical Records (EMR) included diagnoses dementia (progressive mental disorder characterized by failing memory, confusion), type two diabetes mellitus (when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin), muscle weakness, history of falling, need for assistance with personal cares, chronic kidney disease, major depressive disorder (major mood disorder), and abnormal gait and mobility.

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R61's "Quarterly Minimum Data Set (MDS)" dated 09/27/22 noted a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. The MDS indicated that she was frequently incontinent of bowel and bladder. The MDS indicated that she was not on a bowel toileting program.

A review of R61's "Urinary Incontinence Care Area Assessment (CAA)" completed 06/29/22 indicated that she was at risk for urinary incontinence related to her medical diagnoses, poor muscle strength, and impaired balance and mobility.

A review of R61's "Care Plan" initiated 06/22/22 indicated that R61 had fallen on 06/24 related to toileting. The facility noted an intervention she was continent, and staff were to assist her to the restroom with her walker. (06/24/22) The plan instructed staff to toilet her every odd hour during the day and every three hours at night. (06/24/22)

A review of R61's EMR revealed her "Care Plan" for "Urinary Incontinence" was updated on 07/20/22. The updated plan revealed the following interventions: monitor for symptoms of infections, provide incontinence briefs for protection, provide one staff assistance with peri-care, and provide medicated cream to peri-area after cares.

On 12/12/22, after a toileting related fall, R61's plan added the intervention for staff to assist her with toileting every odd hour during the day and every two hours at night (11:00pm, 01:00am, 03:00am, and 05:00am). The plan noted to apply barrier cream and incontinence briefs.

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A review of R61's EMR revealed a "Bowel and Bladder" assessment completed on 06/22/22 indicating that she was always continent of bowel but occasionally incontinent of urine. The plan noted that she required extensive assistance from one staff for toileting. The plan noted a change in her urinary pattern. The assessment's incontinence plan and comments section were left incomplete.

A "Bowel and Bladder" assessment completed 07/06/22 indicated that R61 was always continent of bowel but occasionally incontinent of urine. The plan noted that she required extensive assistance from one staff for toileting. The plan noted a change in her urinary pattern. The assessment's incontinence plan and comments section were incomplete.

A "Bowel and Bladder" assessment completed 09/27/22 indicated that R61 had become frequently incontinent of both bowel and bladder. The plan noted that she required extensive assistance from one staff for toileting. The plan noted a change in her urinary pattern. The assessment's incontinence plan and comments section were incomplete.

A "Bowel and Bladder" assessment completed 12/27/22 indicated that R61 had become frequently incontinent of bowel and bladder. The plan noted that she required extensive assistance from one staff for toileting. The plan noted a change in her urinary pattern. The assessment's incontinence plan and comments section were incomplete.

On 01/10/22 at 02:12AM R61 was resting in her

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bed. R61's bed was in the low position and her call light was next to her. R61 stated that she has had an increase in both bowel and bladder incontinence recently and had even had incontinence episodes waiting for staff to answer the call light. R61 stated that she has difficulty getting out of bed and worries that she may fall again.

On 01/12/22 at 01:01PM in an interview with Certified Medication Aid (CMA) G, she stated that R61 often will use her call light if she needed to use the restroom. CMA G stated that R61 does have both bowel and bladder incontinence episodes. She stated that R61 is checked on frequently but not sure it she is on an specific incontinence program. She stated that all residents should be toileted before and after meals.

On 01/12/22 at 01:10PM in an interview with Licensed Nurse (LN) G, she stated R61 would know how to use the call light as long as it was in view and given frequent reminders from staff not to go to the restroom without assistance. She stated that R61 had incontinent episodes but not sure if there have been recent changes.

A review of the facility's "Continence Care Management Program" revised 11/2020 indicated that the facility will complete ongoing assessment to identify changes in continence and maintain the highest level of bowel and bladder function.

The facility failed follow up on assessed changes in R61 bowel and bladder incontinence levels. This deficient practice placed the residents at risk for complications related to incontinence.

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F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning 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 101 residents. The sample included 21 residents with two reviewed for respiratory care. Based on observation, record review, and interviews, the facility failed to provide orders to administer supplemental oxygen to Resident (R)6. The facility additionally failed to store R5 and R6's supplemental oxygen equipment (masks and tubing) in a sanitary manner. This deficient practice placed R6 at risk for complications related to respiratory care and infections. Findings Included: - The "Medical Diagnosis" section within R6's Electronic Medical Records (EMR) included diagnoses of dementia (progressive mental disorder characterized by failing memory, confusion), tachycardia (rapid heartbeat greater than 100 beats per minute), dysphagia (swallowing difficulty), abnormal posture, hypertension (high blood pressure), cardiomegaly (enlarged heart with serious complications related to pumping blood and oxygen throughout the body), history of pneumonia (inflammation of the	F 695		

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lungs), osteoarthritis (degenerative changes to one or many joints characterized by swelling and pain), and gastro-esophageal reflux disease (backflow of stomach contents to the esophagus).

R6's "Quarterly Minimum Data Set (MDS)" dated 12/06/22 noted a Brief Interview for Mental Status (BIMS) score of six indicating severe cognitive impairment. The MDS indicated that she required supervision with physical assistance from one staff for locomotion in her room and while eating. The MDS noted that she required a wheelchair for mobility. The MDS did not indicate that she was receiving oxygen therapy services.

A review of R6's "Dementia Care Area Assessment (CAA)" completed 09/06/22 indicated that she had cognitive impairment related to her medical diagnoses that placed her at risk for decline in activities of daily living (ADLs), falls, and decline in memory. The CAA indicated that R6's care plan will optimize her remaining function and prevent her cognitive decline.

A review of R6's "Care Plan" for "ADL" dated 01/26/22 indicated that she required assistance from one staff for all her ADLs. The plan noted that she used a Broda chair (specialized wheelchair with the ability to tilt and recline) for mobility to optimize her independence. The plan instructed staff to keep all personal items within reach. The plan noted that R6 had heart problems related to her medical diagnoses and required supplemental oxygen as ordered.

A review of R6's EMR under "Physician's Orders" revealed no order to clean, maintain, or administer supplemental oxygen to R6 as

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instructed in her "Care Plan".

On 01/10/22 at 09:24AM R6 sat in her room eating her breakfast. R6 was calling out for help to change positions but staff not in room to assist. R6 sat in her Broda chair facing the television with her bedside table directly in front of her. R6's nebulizer mask and oxygen tubing sat on a small desk behind her without a protective barrier or bag for storage. The oxygen tubing was dated 1/8/22. At 01:45PM her mask and oxygen tubing sat out on desk.

On 01/11/22 at 02:36PM R6's nebulizer mask was stored in mesh bag located on oxygen machine.

On 01/12/22 at 01:01PM in an interview with Certified Medication Aid (CMA) G, she stated that the oxygen equipment should be stored in a provided bag when not in use. She stated that oxygen equipment should be cleaned and disinfected if left touching contaminated surfaces.

On 01/12/22 at 01:10PM in an interview with Licensed Nurse (LN) G, she stated oxygen tubing should be changed weekly and dated. She stated that mesh bags should be provided with each resident on oxygen therapy to store the equipment.

On 01/12/22 at 01:25PM, Administrative Nurse D stated that staff are expected to check the equipment each time they are in the room to ensure it gets stored properly. She stated that the oxygen tubing should be dated and changed base on the resident's order. She stated that all residents should have an order to receive oxygen. She stated that all the equipment should be

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stored in bags when not in use.

A review of the facility's "Nebulizer and Oxygen Storage and Cleaning" policy revised 11/2021 indicated the oxygen tubing for respiratory equipment would be changed out weekly. The policy noted that respiratory equipment (nebulizer and oxygen tubing) must be stored in a mesh bag when not in use.

The facility failed to provide orders to administer supplemental oxygen care to R6. The facility additionally failed to store R6's supplemental oxygen equipment (masks and tubing) in a sanitary manner. This deficient practice placed R6 at risk for complications related to respiratory care and infections.

- The electronic medical record (EMR) for R5 documented diagnoses of hypertension (HTN-an elevated blood pressure), cerebrovascular accident (CVA-stroke, 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), and sleep apnea (a disorder of sleep characterized by periods without respirations).

The "Annual Minimum Data Set" (MDS) dated 11/24/22 documented R5 had a Brief Interview for Mental Status (BIMS) score of three which indicated severely impaired cognition. R5 required extensive assistance for her activities of daily living (ADLs). The MDS did not mark continuous positive airway pressure (CPAP-a machine that uses mild air pressure to keep breathing airways open while you sleep) use.

The "ADL Care Area Assessment" (CAA) dated

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12/08/22 documented R5 required extensive assistance with ADLs.

The "Basic Needs and Preferences Care Plan" dated 09/14/22 directed staff R5 wore a CPAP at night-staff to assist with placement and notify nurse if refused.

The January 2023 "Physician's Orders" for R5 documented and order dated 05/28/20 for CPAP machine for sleep apnea. It directed staff to assist with placing CPAP on at bedtime and off in the morning.

The January 2023 "Physician's Orders" for R5 documented an order dated 05/12/21 to check water to CPAP and add water as needed every evening.

An observation on 01/10/23 at 08:25 AM revealed R5's CPAP mask was draped over the dresser beside her bed and was not stored in a plastic bag.

On 01/11/23 at 11:25 PM R5 laid on her bed resting, the unbagged CPAP mask was draped across her dresser; there was no bag present for the mask.

On 01/12/23 at 01:05 PM Certified Medication Aide (CMA) R stated that the oxygen tubing and CPAP masks should be stored in a plastic bag when not in use. The CPAP mask should be cleaned weekly.

On 01/12/23 at 10:16 PM Licensed Nurse (LN) G stated the CPAP masks should be stored in the black plastic bags after they have been cleaned or when not in use. The CPAP mask should be

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F 695	Continued From page 14 cleaned weekly. On 01/12/23 at 01:56 PM Administrative Nurse D stated the masks and tubing should be stored in a bag when not being used or after they had been cleaned. The CPAP mask should not ever just be draped over the table or machine. The facility policy "Nebulizer and Oxygen Storage and Cleaning" date 11/2021 did not address CPAP machine care. The facility failed to ensure R5's CPAP mask was properly stored while not being used. This deficient practice placed R5 at risk for respiratory complication and infection.	F 695		
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	F 756		

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director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified.
(iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.

§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident.
This REQUIREMENT is not met as evidenced by:
The facility identified a census of 101 residents. The sample included 21 residents. Five residents were sampled for medication review. Based on observation, record review and interview, the facility failed to ensure the Consultant Pharmacist (CP) identified that Resident (R) 14's anti-hypertensive (a medication used to treat elevated blood pressure) medication was given outside of physician ordered parameters. This deficient practice placed R14 at risk for unnecessary medication administration and adverse side effects.

Findings included:

- The electronic medical record (EMR) for R14 documented diagnoses of atrial fibrillation (A-fib-a rapid, irregular heartbeat), heart failure (the heart cannot pump blood as well as it should),

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hypertension (HTN- elevated blood pressure).

The "Annual Minimum Data Set" (MDS) dated 04/13/22 documented R14 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. R14 required limited to extensive assistance of one to two staff for her activities of daily living (ADLs). R14 required the administration of a diuretic (a medication to promote the formation and excretion of urine).

The "Quarterly MDS" dated 12/27/22 documented R14 had a BIMS of five which indicated a severely impaired cognition. R14 required extensive assistance of one to two staff for her ADLs. R14 required the administration of a diuretic.

The "ADL Care Area Assessment" CAA dated 04/13/22 for R14 documented she needed help with ADLs and mobility. R14 had cognitive deficits along with poor strength and took medications for HTN and A-fib.

The "Diagnosis/Conditions Care Plan" initiated 06/19/21 for R14 directed staff to monitor her medical issues. Staff was to see the current physician orders on the "Medication Administration Record" (MAR) and "Treatment Administration" (TAR) for exact medications, dosages, routes, frequencies as well as specific treatments and directions. Staff were to be aware of potential adverse side effects and notify physician.

The "Physician Orders" for January 2023 documented an order dated 05/02/21 for losartan (a medication used to treat high blood pressure)

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100 milligram (mg) tablet by mouth once daily for HTN. Hold for systolic blood pressure (SBP the pressure exerted when the heart beats and blood is ejected into the arteries) below 100 or a pulse below 60.

The "Physician Orders" for January 2023 documented an order dated 05/02/21 for metoprolol tartrate (a medication used to lower blood pressure) 12.5 mg by mouth twice daily for HTN. Hold for SBP below 100 or pulse below 60.

Review of R14's September 2022 MAR/TAR revealed R14's losartan and metoprolol was administered on two of 30 opportunities (09/02/22 and 09/16/22) outside of the physician ordered parameters.

Review of R14's December 2022 MAR/TAR revealed R14's losartan and metoprolol was administered out of physician ordered parameters on three of 31 opportunities (12/09/22, 12/19/22, and 12/26/22).

The monthly Medication Regimen Review's (MRR) were reviewed from January 2022 to present. The CP failed to identify any irregularities with R14's losartan or metoprolol administration.

On 01/10/23 at 09:44 AM staff propelled R14 down the hallway in her wheelchair.

On 01/11/23 at 12:05 PM R14 sat at the dining table in her wheelchair eating lunch and spoke to staff in a loud voice.

On 01/12/23 at 01:16 PM Licensed Nurse (LN) G stated she did not directly get the pharmacy recommendations. LN G stated she would

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receive the nursing recommendations and recommendations after the physician responded. LN G stated that blood pressure medications should have the physician's parameters in the MAR/TAR and on the administration screen a flag popped up to let the person administering the medication know that the vital sign was out of parameter.

On 01/12/23 at 01:56 PM Administrative Nurse D stated the pharmacist reviewed medications monthly and made recommendations, those were then forwarded to the physicians for a response, and nursing recommendations are forwarded to the nurses. Administrative Nurse D stated she was not certain if the CP made recommendations on blood pressure medications given out of parameters but did know that the EMR will flag a medication that requires vital signs if the reading was out of the set parameters and the medication should be held.

On 01/17/23 Consultant GG was unavailable for interview.

The facility policy "Medication Regimen Review (MRR)" revised 10/03/2017 documented the CP would perform a MRR on each resident upon move in, and at least monthly. The MRR would identify irregularities was addressed. Adverse consequences such as actual or potential risk associated with medications that may have unwanted, uncomfortable or dangerous effects. Specific reviews of following physician-ordered notification/holding parameters for drugs as appropriate.

The facility failed to ensure the CP identified and reported when R14's anti-hypertensive

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F 756	Continued From page 19 medications were administered outside of physician ordered parameters. This placed R14 at risk for unnecessary medication administration and adverse side effects.	F 756		
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §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 101 residents. The sample included 21 residents. Five residents were sampled for medication review. Based on observation, record review and interview, the facility failed to ensure Resident (R)14's anti-hypertensive (a medication used to treat elevated blood pressure) medication was given	F 757		

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within the physician ordered parameters. This deficient practice placed R14 at risk for unnecessary medication administration and adverse side effects.

Findings included:

- The electronic medical record (EMR) for R14 documented diagnoses of atrial fibrillation (A-fib-a rapid, irregular heartbeat), heart failure (the heart cannot pump blood as well as it should), hypertension (HTN- elevated blood pressure).

The "Annual Minimum Data Set" (MDS) dated 04/13/22 documented R14 had a Brief Interview for Mental Status (BIMS) score of 10 which indicated moderately impaired cognition. R14 required limited to extensive assistance of one to two staff for her activities of daily living (ADLs). R14 required the administration of a diuretic (a medication to promote the formation and excretion of urine).

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The "Diagnosis/Conditions Care Plan" initiated 06/19/21 for R14 directed staff to monitor her medical issues. Staff was to see the current

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physician orders on the "Medication Administration Record" (MAR) and "Treatment Administration" (TAR) for exact medications, dosages, routes, frequencies as well as specific treatments and directions. Staff were to be aware of potential adverse side effects and notify physician.

The "Physician Orders" for January 2023 documented an order dated 05/02/21 for losartan (a medication used to treat high blood pressure) 100 milligram (mg) tablet by mouth once daily for HTN. Hold for systolic blood pressure (SBP the pressure exerted when the heart beats and blood is ejected into the arteries) below 100 or a pulse below 60.

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table in her wheelchair eating lunch and spoke to staff in a loud voice.

On 01/12/23 at 01:16 PM Licensed Nurse (LN) G stated that blood pressure medications should have the physician's parameters in the MAR/TAR and on the administration screen a flag popped up to let the person administering the medication know that the vital sign was out of parameter.

On 01/12/23 at 01:56 PM Administrative Nurse D stated the EMR will flag a medication that required vital signs if the reading was out of the set parameters and the medication should be held. The unit charge nurse did receive a report each morning of medication administrations from the day before that would be reviewed.

The facility policy "Physician Orders for Medications and Treatments" dated 09/12/08 documented: all medications would be administered as ordered by a health care professional authorized by the state to order medications. Orders for medications would include specific precautions or directions if needed.

The facility failed to ensure staff administered R14's anti-hypertensive medications within the physician ordered parameters. This placed R14 at risk for unnecessary medication administration and adverse side effects.