



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Health Care Quality
Office of Long Term Care
Residents

Protection

DHSS - DHCQ
263 Chapman Road, Suite 200, Cambridge Bldg.
Newark, DE 19702

STATE SURVEY REPORT

NAME OF FACILITY: Millcroft Living
September 16, 2022

DATE SURVEY COMPLETED:

| SECTION | STATEMENT OF DEFICIENCIES Specific Deficiencies | ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES | COMPLETION DATE |
|---|---|--|--------------------|
| <p>3201</p> <p>3201.1.0</p> <p>3201.1.2</p> | <p>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</p> <p>An unannounced complaint survey was conducted at this facility from September 7, 2022 through September 16, 2022. The deficiencies contained in this report are based on observation, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 62 (sixty-two). The survey sample totaled 5 (five) residents.</p> <p>Regulations for Skilled and Intermediate Care Facilities</p> <p>Scope</p> <p>Nursing facilities shall be subject to all applicable local, state and federal code requirements. The provisions of 42 CFR Ch. IV Part 483, Subpart B, requirements for Long Term Care Facilities, and any amendments or modifications thereto, are hereby adopted as the regulatory requirements for skilled and intermediate care nursing facilities in Delaware. Subpart B of Part 483 is hereby referred to, and made part of this Regulation, as if fully set out herein. All applicable code requirements of the State Fire Prevention Commission are hereby adopted and incorporated by re-ference.</p> <p>This requirement is not met as evidenced by:</p> <p>Cross Refer to the CMS 2567-L survey completed September 16, 2022: F580, F641, F690, F713, F760 and F842.</p> | | |

Provider's Signature Flavin Bumbina Title Director of Nursing Date 10/4/2022

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

PRINTED: 10/26/2022
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 085021 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 09/16/2022 |
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| NAME OF PROVIDER OR SUPPLIER MILLCROFT LIVING | STREET ADDRESS, CITY, STATE, ZIP CODE 255 POSSUM PARK ROAD NEWARK, DE 19711 |
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| F 000 | <p>INITIAL COMMENTS</p> <p>An unannounced complaint survey was conducted at this facility from September 7, 2022 through September 16, 2022. The deficiencies contained in this report are based on observation, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 62 (sixty-two). The survey sample totaled 5 (five) residents.</p> <p>Abbreviations/definitions used in this report are as follows: Acute Kidney Injury (AKI) - condition when an abrupt reduction in the kidneys' ability to filter waste products occurs within a few hours or a few days; Acute cystitis - an infection or inflammation of the urinary bladder or any part of the urinary system caused by bacteria; ADON - Assistant Director of Nursing; Afebrile - no fever; Antibiotic - medication used to treat bacterial infections; BIMS (Brief Interview for Mental Status) - an assessment of the resident's mental status. The total possible BIMS Score ranges from 0 to 15 with 15 being the best; cath (cathed) - catheterized; a small tube is used to drain fluid such as urine; Choledocholithiasis - a condition where gallstones obstruct the common bile duct; Chronic respiratory failure with hypoxia - a condition in which the lungs cannot get enough oxygen into the blood or when the lungs cannot get rid of carbon dioxide from the body; Colonization - when bacteria grows on body sites exposed to the environment without causing any</p> | F 000 | | |
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|---|-------|--------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 10/05/2022 |
|---|-------|--------------------------------|

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

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| F 000 | Continued From page 1 infection; c/o - complaint of; CT (CT Scan) - imaging test that takes detailed pictures of the inside of the body; DON - Director of Nursing; dysuria - painful urination; eMAR - electronic Medication Administration Record; Enterococcus Faecalis - gram positive bacteria; ER - Emergency Room; Flank - localized on one side, beneath the ribs but above the pelvis and sometimes in the small of the back; FM - Family Member; gram negative bacteria - bacteria that do not retain the crystal violet stain used in the Gram staining method of bacterial differentiation; gram positive bacteria - bacteria that retain the crystal violet stain used in the Gram staining method of bacterial differentiation; hematuria - presence of red blood cells in the urine; Klebsiella Pneumonia - type of gram-negative bacteria that can cause different types of healthcare-associated infections, including pneumonia, bloodstream infections, wound or surgical site infections; leukocytes (white blood cells) - if found in urine, it may mean there is a urinary tract infection; LPN - Licensed Practical Nurse; Macrobid - an antibiotic; MD - Medical Doctor; Minimum Data Set (MDS) Assessment - standardized assessment forms used in nursing homes; Mixed flora - a mixture of different types of bacteria; Monurol - an antibiotic; MSW - Medical Social Worker; | F 000 | | | |

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| F 000 | <p>Continued From page 2</p> <p>NHA - Nursing Home Administrator; NP - Nurse Practitioner; O2 - Oxygen; O2 saturation - percentage of oxygen in a person's blood; Pain Scale (0-10) - the most common scale for pain. Pain is identified between zero (0) to 10, with 10 being the worst pain imaginable and 0 being no pain; Proteus Mirabilis - gram negative bacteria; Pyelonephritis - a sudden and severe kidney infection due to bacteria; RN - Registered Nurse; RP - Responsible Party; Sepsis - potentially deadly medical condition characterized by a whole-body inflammatory state; symptoms include fever, difficulty breathing, low blood pressure, fast heart rate, and mental confusion; s/s - signs and symptoms; Urinalysis (UA) - a test of your urine. It's used to detect and manage a wide range of disorders, such as urinary tract infection; Urine culture and sensitivities (Urine C & S) - a laboratory test to determine the type of bacteria and to determine what medication to use for treatment; WBC (White Blood Cells) - also called leukocytes or leucocytes; cells of the immune system that are involved in protecting the body against both infectious disease and foreign invaders; UM - Unit Manager; Urinary Tract Infection (UTI) - bacteria in the urine; Urine dip analysis - urine test to determine the presence of red blood cells. VS (Vital signs) - including temperature, heart rate, blood pressure, and respiratory rate; VSS (Vital Signs Stable) - indicating that the</p> | F 000 | | |

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| F 000 | Continued From page 3 | F 000 | | | |
| F 580 SS=D | <p>individual's vital signs are stable and not abnormal for the individual.</p> <p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is-</p> <p>(A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> | F 580 | | 10/28/22 | |

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| F 580 | <p>Continued From page 4</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of facility policy and procedure, it was determined that for two (R1 and R2) out of five residents reviewed for bladder incontinence and medication reviews, the facility failed to ensure prompt notification of changes with the residents Physician. For R1, the facility failed to consult the Physician regarding a significant change in R1's condition, as evidenced by R1 experiencing possible worsening of signs and symptoms (s/s) of urinary tract infection (UTI). For R2, the facility failed to consult the Physician regarding the inability to obtain and administer Phenobarbital. Findings include: Review of the facility's protocol titled Acute Condition Changes, with a revision date of March 2018, stated, "...Assessment and Recognition...1. The physician will help identify individuals with a significant risk for having acute changes of condition during their stay; for example, an individual with an indwelling urinary catheter who has had recurrent symptomatic urinary tract</p> | F 580 | <p>Corrective Action: "R1 is no longer a resident in the facility. There is no opportunity for correction for this resident. Corrective actions have been ensured by the Director of Nursing for R2. The Medical Director and Director of Nursing have met to review the chart of R2 and to ensure no current change in the resident condition. R2 has had her current medication regimen reviewed by the Medical Director and Director of Nursing to ensure order accuracy, including the order for Phenobarbital. The nursing staff has been educated on physician notification when a medication is unavailable.</p> <p>Identification of Other Residents: "All Residents have the potential to be affected. Other residents will be identified by the Director of Nursing or the Assistant Director of Nursing by ensuring that all resident changes of condition have been</p> | |

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| F 580 | <p>Continued From page 5</p> <p>infections, or someone with unstable vital signs...8. The nursing staff will contact the physician based on the urgency of the situation. For emergencies, they will call or page the physician and request a prompt response (within approximately one-half hour or less). 9. The attending physician (or a practitioner providing backup coverage) will respond in a timely manner to notification of problems or change in condition and status. a. The nursing staff will contact the medical director for additional guidance and consultation if they do not receive a timely or appropriate response..."</p> <p>Cross refer F690.</p> <p>1. Review of R1's clinical records revealed the following:</p> <p>5/3/22 - R1 was readmitted to the facility from the hospital.</p> <p>5/6/22 - A Physician's Order was written by E5 (MD) to monitor the resident every shift for s/s of UTI and document.</p> <p>7/6/22 9:55 AM - A Health Note by E17 (Agency LPN) stated, "This shift, resident complaining of frequency, urgency, and burning on urination. VSS and will continue to monitor."</p> <p>There was lack of evidence that R1's Physician was consulted regarding R1's possible s/s of UTI.</p> <p>7/7/22 - A Physician's Order entered by E10 (LPN, UM) stated that the Attending Physician was changed to E6 (MD) and that R1 was no longer under the care of E5 (MD).</p> | F 580 | <p>communicated to the physician. A 100% audit of all current residents to identify any significant change in medical condition and to ensure physician notification has been completed. No new concerns regarding physician notification of changes were identified as a result of this audit.</p> <p>System Changes: "The Root Cause of the concern was the failure to notify the primary care physician of a change in condition for both R1 and R2. The facility system for physician notification has been updated to include education of the nursing staff on the protocols for physician notification and to notify the Director of Nursing or the assistant Director of Nursing for any delay in physician notification response or an inability to contact a physician; nursing education includes the need to notify the physician immediately for a medical emergency and if no physician response is received within 30 minutes to contact an alternate designated physician and/or the medical director; if the nurse is unable to reach any physician, then they are to contact the Director of Nursing or the Assistant Director of Nursing immediately. Nursing education includes the need to notify the physician for any non-emergent condition change or resident need and if no physician response is received within 8 hours to contact an alternate designated physician; if no call back is received from the alternate designated physician within 8 hours, the nurse must contact the medical director; if the nurse is unable to reach</p> | | |

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| F 580 | <p>Continued From page 6</p> <p>7/12/22 11:17 PM - A Health Status Note by E15 (RN) documented, "Resident stable and alert. Able to make needs known to staff. Minimal urinary discomfort and minimal amounts of dark, amber, slightly cloudy urine noted. MD aware. Afebrile (no fever)...".</p> <p>There was lack of evidence that R1's Physician was notified of R1's complaints of urinary discomfort, as well as dark amber and slightly cloudy urine.</p> <p>7/13/22 10:34 AM - A Health Status Note by E17 (LPN, Agency) documented, "Resident alert and oriented able to make needs known, resident c/o dysuria. Tylenol [ACTM] offered and refused. vs. call bell within reach."</p> <p>Again, there was lack of evidence that R1's Physician was consulted when R1 offered complaints of possible UTI s/s and R1'S refusal of ACTM.</p> <p>9/8/22 beginning at approximately 12:30 PM - An interview with E5 (MD) revealed he was R1's Attending Physician until E6 (MD) became R1's new Attending Physician. E5 recalled that he was on leave in mid July 2022, however, E5 did not recall the specific dates.</p> <p>9/9/22 11:40 AM - A telephone interview was conducted with E6 (MD) who stated he received a call from the facility requesting him to be the new Attending Physician for R1 and E6 stated he would begin as R1's Physician once he assesses the resident during the next routine visit to the facility. E6 stated that he does not recall receiving any telephone calls from the facility related to any potential s/s of UTI or ordering Alert</p> | F 580 | <p>any physician within 24 hours, then they are to contact the Director of Nursing or the Assistant Director of Nursing immediately. The facility will also include a review and verification of physician notification of all resident changes of condition during the daily (Monday through Friday) interdisciplinary daily clinical review meeting, which includes the Director of Nursing, Assistant Director of Nursing, Nurse Educator, MDS Nurses, Unit Managers, Social Worker, and Rehab Director. On the weekend (Saturday and Sunday), the physician notification review and verification will be done by the Nurse Supervisor on duty. The facility policy Acute Condition Changes <input type="checkbox"/> Clinical Protocol (revised 3.2018) was reviewed and found to meet professional standards. The Director of Nursing/Assistant Director of Nursing or Designee will complete education for all nursing staff regarding the requirements for physician notification of changes in condition. The Director of Nursing will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: "An audit of a random sample of 10% of residents for physician notification of change of condition will be completed by the Director of Nursing/Assistant Director of Nursing or Designee; Audits will have a goal of 100% compliance; Audits will be completed weekly until 100% compliance is achieved for 3 consecutive evaluations, then every other week until 100% compliance is achieved for 3 consecutive</p> | |

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| F 580 | <p>Continued From page 7</p> <p>Charting for monitoring urinary output.</p> <p>9/13/22 12:30 PM - During an interview, E2 (Interim NHA and DON) confirmed that the facility was unable to provide evidence that R1's Physician was consulted when R1 experienced potential worsening s/s of UTI on 7/6/22 at 9:55 AM, 7/10/22 at 5:57 AM, and 7/12/22 at 11:27 PM.</p> <p>Cross refer F760.</p> <p>2. The following was reviewed in R2's clinical record:</p> <p>2/25/22 1:30 PM - R2 was admitted to the facility from another nursing home with diagnoses which included seizures.</p> <p>2/25/22 5:13 PM - A Physician Order was written for Phenobarbital 64.8 mg by mouth twice a day for seizures.</p> <p>2/25/22 - Review of R2's clinical record lacked evidence that R2 was administered her 9:00 PM dose of Phenobarbital.</p> <p>There was lack of evidence that R2's Physician was consulted when R2's Phenobarbital was not available to be administered for the 9:00 PM dose on 2/25/22.</p> <p>2/25/22 11:52 PM - A Health Note by E10 (LPN, UM) documented that R2's medication review was completed by E5 (MD).</p> <p>2/26/22 - Review of R2's clinical record lacked evidence that R2 was administered her 9:00 AM dose of Phenobarbital.</p> | F 580 | <p>evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team during the monthly QA meeting.</p> | | |

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| F 580 | Continued From page 8 Again, there was lack of evidence that R2's Physician was consulted when R2's Phenobarbital was not available to be administered for the 9:00 AM dose on 2/26/22. 9/15/22 2:00 PM - An interview was conducted with E3 (ADON) and E10 (LPN, UM). The Surveyor verbalized there was lack of notification of R2's Physician (E5) regarding the lack of a prescription for the Phenobarbital and lack of the medication. No further information was provided to the Surveyor during the survey. 9/16/22 beginning at approximately 12:55 PM - Findings were reviewed during the Exit Conference with E2 (Interim NHA and DON), E3 (ADON), and E4 (Clinical Specialist). | F 580 | | |
| F 641 SS=D | Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced by: Based on clinical record review and interview, it was determined that for one (R1) out of three sampled residents reviewed for MDS assessments, the facility failed to accurately reflect the resident's status. Findings include: Cross refer F690. Review of R1's clinical record revealed: 5/3/22 - R1 was readmitted to the facility from the hospital. | F 641 | Corrective Action: R1 is no longer a resident in the facility. There s no opportunity for correction of the MDS for this resident. The MDS nurses have been educated on the requirements for ensuring assessment accuracy. Identification of Other Residents: All Residents have the potential to be affected. Other residents will be identified by ensuring that the most recent | 10/28/22 |

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| F 641 | <p>Continued From page 9</p> <p>5/4/22 - The 5 day MDS Assessment documented that R1 was independent with daily decision making with a BIMS of 14, required extensive assist of two (2) plus staff for transfers, required extensive assist of one (1) staff for toileting, hygiene and dressing, was on a trial of a toileting plan and was occasionally incontinent of urine and always incontinent of bowel, and had no UTI's in the last 30 days.</p> <p>9/14/22 2:00 PM - An interview with E11 (MDS Coordinator) confirmed the coding inaccuracy on the above 5/4/22 MDS Assessment, as R1 was not on a trial or a toileting program for urinary incontinence.</p> <p>9/16/22 beginning at approximately 12:55 PM - Findings were reviewed during the Exit Conference with E2 (Interim NHA and DON), E3 (ADON), and E4 (Clinical Specialist).</p> | F 641 | <p>assessment for all current residents is audited for accuracy. A 100% audit of the most recent MDS assessment for all current residents has been audited by the MDS Coordinators to ensure accuracy. No new concerns regarding MDS assessment accuracy were identified as a result of this audit.</p> <p>System Changes: The Root Cause of the concern was the failure to accurately complete the 5 Day MDS assessment for R1. The facility policy for Comprehensive Assessments and the Care Delivery Process (revised 12.2016) and MDS Error Correction (9.2010) were reviewed and found to meet professional standards. The Director of Nursing or Designee will complete education for all nursing staff, including the MDS nurses, on the requirements for assessment and documentation accuracy. The Director of Nursing will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: An audit of a random sample of 10% of resident MDS assessments will be completed by the Director of Nursing or Designee to ensure MDS assessment accuracy; audits will have a goal of 100% compliance; Audits will be completed weekly until 100% compliance is achieved for 3 consecutive evaluations, then every other week until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as</p> | | |

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| F 641 | Continued From page 10 | F 641 | | |
| F 690 SS=G | <p>Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3)</p> <p>§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.</p> <p>§483.25(e)(2) For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that-</p> <p>(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;</p> <p>(ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and</p> <p>(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.</p> <p>§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</p> | F 690 | <p>needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team during the monthly QA meeting.</p> | 10/28/22 |

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| F 690 | <p>Continued From page 11</p> <p>receives appropriate treatment and services to restore as much normal bowel function as possible.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, review of the facility's policy, and review of the hospital records, it was determined that for one (R1) out of three (3) resident's sampled for urinary incontinence reviews, the facility failed to ensure that R1 received appropriate treatment and services to prevent urinary tract infections (UTIs). R1 had a known history of recurrent UTIs and was readmitted to the facility on 5/3/22. From 7/7/22 through 7/13/22, the facility failed to identify a significant change of condition, a potential worsening of signs and symptoms (s/s) of UTI (lower abdominal pain and inability to urinate), they failed to immediately consult with the Attending Physician and failed to closely assess and monitor R1's condition. On 7/13/22, R1's son (FM1) requested that R1 be sent to the hospital due to worsening of s/s of UTI. Due to the above failures, R1 was harmed, requiring hospitalization and IV antibiotics. Findings include:</p> <p>The National Institute of Diabetes and Digestive and Kidney Diseases, a division of National Institutes of Health, information on bladder infections in adults identified risk factors for developing a urinary tract infection (UTI): female gender and inability to empty bladder completely (R1 had both risk factors). UTI prevention included drinking enough liquids (six to eight 8-ounce glasses of fluid), urinating often and when the feeling to urinate first happens since bacteria can grow when urine stays in the bladder too long. (https://www.niddk.nih.gov/health-information/urol)</p> | F 690 | <p>Corrective Action:</p> <p>"R1 is no longer a resident in the facility. There is no opportunity for correction for this resident. The nursing staff have been educated on Continence Management and UTI Prevention, ensuring accurate assessments, as well as physician notification of changes in resident condition.</p> <p>Identification of Other Residents:</p> <p>"All Residents have the potential to be affected. Other residents will be identified by ensuring that continence risks are identified and care planned, that toileting plans are in place, that urinary symptoms are documented and reported to the physician as a change in condition. A 100% audit of all resident continence assessments and interventions has been completed by the Assistant Director of Nursing and Admission Nurse using the Bowel & Bladder / Continence / UTI Prevention Audit tool to ensure that a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections.</p> <p>System Changes:</p> <p>"The Root Cause of the concern was a failure to ensure appropriate treatment and services to prevent urinary tract infections, to identify a significant change of condition with worsening signs and</p> | | |

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| F 690 | <p>Continued From page 12 ogic-diseases/bladder-infection-uti-in-adults)</p> <p>Review of the facility's policy titled Urinary Continence and Incontinence -Assessment and Management, with a revision date of September 2010, stated, "POLICY STATEMENT...5. Identification and management of urinary tract infections will follow relevant clinical guidelines. Antibiotics will be used appropriately...".</p> <p>Cross refer F580, example 1. Cross refer F641. Cross refer F713. Cross refer 842.</p> <p>Review of R1's clinical records revealed the following:</p> <p>2/5/20 - R1 was admitted to the facility.</p> <p>4/28/22 - R1 was transferred to the hospital.</p> <p>5/3/22 - R1 was readmitted to the facility with a primary diagnosis of chronic respiratory failure with hypoxia.</p> <p>5/4/22 - The 5 day MDS assessment documented that R1 remained independent with daily decision making with a BIMS of 14, required extensive assist of two (2) plus staff for transfers, extensive assist of one (1) for toileting, hygiene and dressing, and was occasionally incontinent of urine, always incontinent of bowel and had no UTIs in the last 30 days.</p> <p>5/6/22 - A Physician's Order was written by E5 (MD) to monitor the resident every shift for s/s of UTI and document.</p> | F 690 | <p>symptoms of UTI, and to immediately consult with the primary physician for R1. The facility system for Continence Management and UTI Prevention has been updated to include an interdisciplinary review of all routine resident Bowel & Bladder Assessments and all changes of condition in resident continence and/or UTI symptoms during the daily (Monday through Friday) interdisciplinary daily clinical review meeting, which includes the Director of Nursing, Assistant Director of Nursing, Nurse Educator, MDS Nurses, Unit Managers, Social Worker, and Rehab Director; on the weekend (Saturday and Sunday), this review will be done by the Nurse Supervisor on duty; for any change in resident continence status, the Director of Nursing or Assistant Director of Nursing (Designee) will ensure proper clinical follow-up to include assessment, documentation, physician notification, and implementation of new orders or interventions. Interdisciplinary team receives daily 24-hour report that includes residents change in condition from Unit managers. The facility policies for Urinary Incontinence □ Clinical Protocol (rev. 3.2018), Urinary Continence and Incontinence □ Assessment and Management (rev. 9.2010), and Urinary Tract Infections/Bacteriuria □ Clinical Protocol (rev. 4.2018) were reviewed and found to meet professional standards. The Director of Nursing or Assistant Director of Nursing (Designee) will complete education for all nursing staff regarding Continence Management and</p> | |

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| F 690 | <p>Continued From page 13</p> <p>5/9/22 - A Physician's Progress Note by E5 (MD) documented, " ...Dysuria... History of Present Illness: ...Nursing reports that patient with complaints of dysuria. The patient was requesting additional testing. Her urine was tested with dipstick analysis. This was unremarkable. Consequently no further testing was ordered. The patient reports improvement in her symptomatology. She did undergo laboratory testing earlier today. Results pending at this time...Dysuria. Appears intermittent and chronic in nature. Patient and family requesting work-up due to symptomatology. Appears self-limiting at this time. Urine dip analysis unremarkable. Avoid unnecessary testing and indiscriminate antibiotic use especially in light of multiple drug allergies. Patient remains at risk for antibiotic resistance ...".</p> <p>6/13/22 11:59 PM - A Physician's Order was written to collect urine for UA and C & S. May straight cath for UA and the indications were due to s/s of pressure, frequency and urgency of the bladder.</p> <p>6/14/22 - A Review of the Medication Notes documented the following: - 5:21 PM - R1 had right sided pain with a pain rating of 3 out of 10 and was administered pain medication. - 10:46 PM - R1 had nausea and one episode of vomiting and was administered medication to treat nausea. - 10:57 PM - R1 had right upper quadrant abdominal pain and was administered pain medication.</p> <p>6/15/22 - A Progress Note by E7 (MD, covering Physician for R1's Attending Physician [E5])</p> | F 690 | <p>UTI Prevention. The Director of Nursing will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: "An audit of a random sample of 10% of residents who have incontinence will be completed by the Director of Nursing or Assistant Director of Nursing (Designee) to ensure that Continence Management and UTI Prevention measures are in place; audits will have a goal of 100% compliance using the Bowel & Bladder / Continence / UTI Prevention Audit tool to ensure appropriate treatment and services to prevent urinary tract infections, including assessment of continence status, care planning of risks and interventions, and notifying the physician of urinary symptoms and/or changes in continence status; Audits will be completed weekly until 100% compliance is achieved for 3 consecutive evaluations, then every other week until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team during the monthly QA meeting.</p> | | |

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| F 690 | <p>Continued From page 14</p> <p>stated, "... Urinary symptoms including frequency, burning, and right flank discomfort...for the last several days been complaining of dysuria, frequency and incontinence. Last night she had some right flank and right upper abdominal discomfort. She feels this is one of her urine infections which she gets about twice a year... LABS/... Urinalysis and culture on June 14 3+ leukocytes and greater than 100 WBCs noted PCR noted high levels of Proteus Mirabilis and Enterococcus and B fragilis but this specimen was not a catheterized urine and was likely contaminated. Acute cystitis without hematuria ... We will start nitrofurantoin therapy for her acute urinary tract infection Discussed allergies can occur since patient seems to be getting 1 about twice a year ...".</p> <p>6/15/22 - A Physician's Order was written for Nitrofuratoin Macrocrystal (Macrobid, an antibiotic) capsule 100 mg twice a day for 7 days for an indication of UTI.</p> <p>6/15/22 at 5:00 PM and 6/16/22 at 9:00 AM - The electronic Medication Administration Record (eMAR) documented that Macrobid was administered to R1.</p> <p>6/15/22 2:25 PM - A Physician's Order was written to discontinue the Macrobid.</p> <p>6/15/22 6:28 PM - A preliminary urine culture result revealed 75,000 gram negative rods, 75,000 gram negative cocci and a possible additional organism with C & S pending. A handwritten note stated, "ok to D/C (Discontinue) Abx (antibiotic)."</p> <p>6/18/22 12:19 PM - The final urine C & S report</p> | F 690 | | |

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| F 690 | <p>Continued From page 15</p> <p>documented #1 organism 75,000 Klebsiella Pneumoniae, #2 organism 75,000 Proteus Mirabilis, #3 organism Enterococcus Faecalis. This report included the following handwritten notes by staff of the facility:</p> <ul style="list-style-type: none"> - By E15 (RN) "6/18/22 7-3 called MD..." - By E14 (RN) "NP (E9) notified N.O. (new order) Fosfomycin 3 gm one time." - By E5 (MD) "(Initials of E5 [MD] 6/23/22." <p>6/18/22 - A Physician's Order was written by E5 (MD) for Fosfomycin Tromethamine (Monurol, an antibiotic) 3 grams by mouth for one dose for UTI.</p> <p>6/19/22 2:51 PM - The eMAR documented the administration of Monurol 3 gm by mouth.</p> <p>6/27/22 - A Physician's Progress Note by E5 (MD) stated, "... Urinary frequency and urgency. Questionable urinary tract infection... The patient continues to have complaints of urinary frequency and urgency. She was recently treated for urinary tract infection with single dose of Fosfomycin therapy. The patient reports some intermittent dysuria. She denies any incontinence, abdominal or flank pain. She denies fever or chills. We did review the possibilities of other medical issues which may be contributing to her symptomatology... Urinary frequency associated with urgency and intermittent dysuria. Does not appear to be related to urinary tract infection... Appears more likely related to overactive bladder. Will start patient on Myrbetriq therapy. Continue to monitor status, Additional work-up and treatment as indicated. Consider urology evaluation..."</p> <p>6/27/22 - A Physician's Order was written for Myrbetriq ER (extended release) 25 mg by</p> | F 690 | | | |

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| F 690 | <p>Continued From page 16</p> <p>mouth daily at bedtime related to overactive bladder.</p> <p>6/29/22 2:58 PM - A Physician's Order was written by E5 (MD) for UA (urinalysis) and C & S for UTI monitoring.</p> <p>6/30/22 5:08 PM - A Progress Note by E10 (LPN, UM) documented, "Received residents UA results called in to (E5/MD). Clarity is turbid, 1+ protein, positive nitrate, 3+ leukocytes, 25-50 WBC/HPF, +4 bacteria, rare epithelial cells and rare hyaline casts. No new order, pending C & S. Resident and family made aware."</p> <p>6/30/22 - A Physician's Progress Note by E5 (MD) stated, "...Family concerns..Extensive discussion with patient's son in addition to facility staff as documented below...Summary of Plans...Goals: Extensive discussion with patient's son (Name of R1's son) via telephone regarding multiple issues Discussed patient's complaints of recurrent urinary symptomatology Reviewed patient's history of multiple diagnosed urinary tract infections Reviewed most recent urine culture which revealed polymicrobial growth For organisms were noted each with less than 100,000 colonies of growth Reviewed treatment at that time which included Macrobid which was changed to a single dose of fosfomycin secondary to resistance patterns Explained at length concerns are regarding indiscriminate antibiotic use due to resistance patterns noted Discussed patient's multiple drug allergies limiting options regarding antibiotic therapy if indicated Reviewed my most recent visit with the patient a couple of days ago Suggested that her symptomatology may be related to overactive bladder rather than infection Family insisted on</p> | F 690 | | | |

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| F 690 | <p>Continued From page 17</p> <p>additional urinary testing Urine dipstick testing was positive for bacteria Urinalysis sent out this morning Explained rationale for no empiric treatment until urine culture results back Patient's son became increasingly upse: Conversation deteriorated as he became mre argumentative, confrontational and condescering Suggested he might be more comfortable finding another physician to care for his mother Emailed corporate staff to apprise them of the situation Reviewed at length with director of nursing and executive director at facility At this time will await final urine culture results to determine if any additional medical treatment is indicated Will await family decision regarding primary care provider..."</p> <p>7/5/22 10:59 AM - A Health Ncte by E10 (LPN, UM) stated, "Received residents C & S results called to (E5/MD) with no new orders. Organism 1 Klebsiella Pneumonise with colony count of 75,000, Organism 2 is Proteus Mirabilis with colony count of 75,000, Organism 3 is Enterococcus Faecalis with colony count of 75,000. Resident made aware of lab results and no ordered treatment due to colony count been (sic) less than 100,000..."</p> <p>7/6/22 9:55 AM - A Health Note by E17 (Agency LPN) stated, "This shift, resident complaining of frequency, urgency, and burning on urination. VSS (vital sign stable) and will continue to monitor."</p> <p>There was lack of evidence that E5 (MD), R1's Attending Physician was notified of the possible s/s of UTI.</p> <p>7/6/22 Untimed - A meeting ncte by E18 (MSW)</p> | F 690 | | | |

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| F 690 | <p>Continued From page 18</p> <p>documented that R1, along with R1's family members, FM1 and FM2, requested to change R1's Attending Physician and the facility was to coordinate the change.</p> <p>7/7/22 - A Physician's Order entered by E10 (LPN, UM) stated that the Attending Physician changed to E6 (MD) and R1 was no longer under the care of E5 (MD).</p> <p>7/10/22 7:50 AM - A Health Note by E16 (LPN) documented "Resident c/o lower abdominal pain 6/10, offered Tylenol 650 mg tabs (Administered on 7/10/22 at 5:57 AM), results pending. Resident stated she feels her bladder is full but could not urinate and will like to [be] straight cathed. On call for (E6/MD) paged twice no call back yet, f/u by nurse on next shift...".</p> <p>7/10/22 12:51 PM - A Health Note by E12 (RN Supervisor) documented, "Resident out of bed in w/c stated she feels better at this time, denies pain with urination, frequency, and urgency. (E6/MD) called awaiting response."</p> <p>7/10/22 - A Physician's Order entered by E12 (RN Supervisor) and obtained from E6 (MD) stated, "Alert Charting to monitor for urinary output and urinary discomfort every shift for 3 days."</p> <p>There was lack of evidence that the facility consulted R1's Attending Physician regarding the significant change of condition, as evidenced by a new onset of lower abdominal pain 6/10, inability to urinate, and that R1 requested to be cathed as documented in the 7/10/22 Health Status Note timed 7:50 AM.</p> <p>7/10/22 thru 7/13/22 - Review of the eMAR stated</p> | F 690 | | |

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| F 690 | <p>Continued From page 19</p> <p>to monitor for urinary output and urinary discomfort every shift for 3 (three) days. The staff documented checks per shift, however, there was no other information in R1's clinical records related to monitoring the frequency of urination and/or the amount of R1's urinary output.</p> <p>There was lack of evidence of the facility monitoring R1's urinary output following R1's complaint that she was unable to urinate.</p> <p>7/11/22 3:48 PM - A Health Status Note by E10 (LPN, UM) documented, "Called (E6/MD)'s answering service this afternoon to find out when MD will be able to come see resident per resident's request. Pending call back."</p> <p>7/12/22 11:17 PM - A Health Status Note by E15 (RN) documented, "Resident stable and alert. Able to make needs known to staff. Minimal urinary discomfort and minimal amounts of dark, amber, slightly cloudy urine noted. MD aware. Afebrile (no fever)...".</p> <p>There was lack of evidence that R1's Attending Physician was notified of R1's complaints of urinary discomfort and the dark amber and slightly cloudy urine.</p> <p>7/13/22 10:34 AM - A Health Status Note by E17 (Agency LPN) documented "Resident alert and oriented able to make needs known, resident c/o dysuria. Tylenol offered and refused. VSS. Call bell within reach."</p> <p>Again, there was lack of evidence that R1's complaints of possible worsening UTI s/s were communicated to R1's Attending Physician.</p> | F 690 | | | |

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| F 690 | <p>Continued From page 20</p> <p>7/13/22 1:07 PM - A Health Status Note by E10 (LPN, UM) documented, "Resident's son (FM1) called this afternoon and spoke to nurse about resident c/o back pain and dysuria. Son requested resident to be sent out to ER for evaluation. Nurse told son an order would have to be obtained from attending physician prior to sending resident out. No c/o of pain or dysuria to staff. Spoke to resident who confirmed what son had said about going to ER for eval. Per resident she had pain on and off yesterday and currently is experiencing pain associated with urination, pressure and frequency. Resident has had 2 UA C&S done and both results were less than 100,000. Call placed to (E6/MD) who gave order to sent (sic) resident out to ER for eval. 911 called, pending arrival. Son (FM1) called and updated. Resident made aware."</p> <p>7/13/22 9:55 PM - A review of the hospital Emergency Department (ED) records revealed: "... ED Physician Record documented, "Triage Chief Complaint... upper back pain, dysuria... History of present illness... female with ...several weeks of dysuria and urinary frequency now with right sided flank pain ...patient reports has been having urinary urgency and frequency for roughly 6 weeks. She has had multiple positive urinalysis but the cultures showed 75,000 CFU she did not meet some criteria for antibiotic treatment. She continued to have urinary symptoms and how has had progressive worsening pain in the right flank and right upper abdomen. She was referred to emergency department for further evaluation... Assessment and Plan... Urine here does suggest infection. Creatnine 1.3 with most recent of 0.6 suggesting AKI. Exam concerning for ascending UTI, possible pyelonephritis or obstruction. She will be evaluated with CT of the abdomen as a</p> | F 690 | | | |

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| F 690 | <p>Continued From page 21</p> <p>kidney stone protocol... will cover with IV antibiotics and IV hydration. I anticipate hospitalization for ongoing care... Final impression: Choledocholithiasis (gallstones), UTI...".</p> <p>7/15/22 8:25 AM - A review of the hospital's final Urine C & S report, related to the urine specimen obtained on 7/13/22, documented, " ...>100,000 CFU/ml mixed gram negative and gram positive growth. Mixed flora may represent colonization or contamination. Repeat collection if clinically indicated ...".</p> <p>7/16/22 - A review of the hospital's Discharge Summary documented the following discharge diagnoses, 1) sepsis 2) UTI 3) New onset Afib.</p> <p>9/8/22 beginning at approximately 12:30 PM - An interview with E5 (MD) revealed he was R1's Attending Physician until E6 (MD) became R1's new Attending Physician. E5 recalled, although R1 insisted on having a UTI in late June and early July 2022, based on her medical history, it was E5's opinion that she did not have UTI, as documented in E5's Progress Note dated 6/30/22, therefore, E5 did not order an antibiotic after the results of the urine C & S on 7/5/22.</p> <p>9/9/22 10:43 AM - An interview with E2 (Interim NHA and DON) revealed Alert Charting was ordered by the Physician and specific interventions would be ordered. E2 was asked "What does monitoring urine output mean?" E2 replied "It was not clear, maybe frequency of urination?"</p> <p>9/9/22 11:40 AM - A telephone interview was conducted with E6 (MD) who stated he received a</p> | F 690 | | | |

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| F 690 | <p>Continued From page 22</p> <p>call from the facility requesting for him to be the new Attending Physician for R1 and E6 stated he would begin as R1's Attending Physician once he assessed the resident during the next routine visit to the facility. E6 stated that he does not recall receiving any telephone calls from the facility related to any potential s/s of UTI or ordering Alert Charting for monitoring urinary output. E6 stated for monitoring urinary output, he would expect minimally, that frequency and volume be documented, however, again, E6 stated he does not recall ordering Alert Charting on 7/10/22.</p> <p>9/11/22 3:00 PM - An interview with E15 (RN) revealed that she does not recall if she reported the above possible s/s of UTI as documented on the Health Status Note dated 7/12/22 and timed 11:17 PM. E15 was asked what she meant by "MD aware" and in response, E15 stated, "They all knew." E15 did not recall if she notified R1's Attending Physician of these s/s of UTI.</p> <p>9/12/22 12:15 PM - During a follow-up interview, E5 (MD) communicated to the Surveyor that he was advised by his corporation that he was no longer to have any conversation with the Surveyor. E5 stated if this changes, he will notify the Surveyor.</p> <p>9/12/22 1:30 PM - An interview with E12 (RN Supervisor) in the presence of E3 (ADON) was conducted. E12 worked day shift on 7/10/22 and recalled during shift report that she was made aware by the ongoing nurse (E16/LPN) that he had paged E6 (MD), however, no return call was received. In addition, E12 stated that the 7/10/22 order for Alert Charting was a nursing intervention by her, thus, E6 (MD) was not consulted regarding R1's complaint of lower abdominal</p> | F 690 | | |

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| F 690 | Continued From page 23 pain, inability to urinate, and R1's request to be catheterized. 9/12/22 beginning at 5:00 PM - During a telephone interview with FM2 (R1's Family Member), FM2 stated that R1's urine was malodorous (foul smelling) and murky and was observed by another family member (FM1) and E15 (RN) on 7/12/22. 9/13/22 12:30 PM - A written document from E2 (Interim NHA and DON) confirmed that the facility was unable to provide evidence that R1's Attending Physician was consulted when R1 experienced potential worsening s/s of UTI on 7/6/22 at 9:55 AM, 7/10/22 at 5:57 AM, and 7/12/22 at 11:27 PM. 9/16/22 beginning at approximately 12:55 PM - Findings were reviewed during the Exit Conference with E2 (Interim NHA and DON), E3 (ADON), and E4 (Clinical Specialist). | F 690 | | | |
| F 713 SS=D | Physician for Emergency Care Available 24 hrs CFR(s): 483.30(d) §483.30(d) Availability of physicians for emergency care The facility must provide or arrange for the provision of physician services 24 hours a day, in case of emergency. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of the Physician group contract, it was determined that the facility failed to provide for the provision of Physician services 24 hours a day for one (R1) out of three (3) residents reviewed for Physician services. Findings include: | F 713 | Corrective Action: "R1 is no longer a resident in the facility. There is no opportunity for correction for this resident. The contract for the Medical Director Agreement has been reviewed with the physician provider to ensure 24/7 | 10/28/22 | |

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| F 713 | <p>Continued From page 24</p> <p>Review of the facility's agreement titled Medical Director Agreement, dated October 2013, an agreement between the facility and the Inpatient Consultant of Delaware, Inc. (Group), stated, "... (b) Medical Qualification/Credentials...(v) Provides 24/7 on call physician availability..."</p> <p>Cross refer F690.</p> <p>Review of R1's clinical records revealed the following:</p> <p>7/10/22 7:50 AM - A Health Note by E16 (LPN) documented, "Resident c/o lower abdominal pain 6/10, offered Tylenol 650 mg tabs (Administered on 7/10/22 at 5:57 AM), results pending. Resident stated she feels her bladder is full but could not urinate and will (sic) like to [be] straight cathed. On call for (E6/MD) paged twice no call back yet, f/u (follow up) by nurse on next shift ...".</p> <p>7/10/22 12:51 PM - A Health Note by E12 (RN Supervisor) documented, "Resident out of bed in w/c (wheelchair) stated she feels better at this time, denies pain with urination, frequency, and urgency. (E6/MD) called awaiting response."</p> <p>7/10/22 - A Physician's Order entered by E12 (RN Supervisor) and obtained from E6 (MD) stated, "Alert Charting to monitor for urinary output and urinary discomfort every shift for 3 days." During the survey, the Surveyor confirmed that E12 did not consult E6 for the order, E12 implemented these interventions based on nursing judgement.</p> <p>There was lack of evidence that the facility provided Physician services in response to the above calls to the Physician group.</p> | F 713 | <p>physician services. The nursing staff have been educated on the requirements for availability of a physician for emergency care 24/7 and steps to take if unable to contact a physician.</p> <p>Identification of Other Residents: "All Residents have the potential to be affected. Other residents will be identified by ensuring that all resident orders, progress notes, and change in condition response show evidence of physician response and involvement in the development of the plan of care. A 100% audit using the Physician Availability Audit tool has been completed by the Assistant Director of Nursing, with assistance from the Admission Nurse and Unit Manager, for all condition changes in the last 14 days to ensure physician availability, notification, and timely response. No new concerns regarding physician notification or availability for emergency care were identified in this audit.</p> <p>System Changes: "The Root Cause of the concern was a failure to ensure the provision of Physician services 24 hours a day in response to a change of condition for R1. The facility system for physician notification has been updated to include notifying the Director of Nursing for any delay in physician notification response or an inability to contact a physician. The facility policy for Physician Services (2.2021) was reviewed and found to meet professional standards. The Director of Nursing or Assistant Director of Nursing (Designee) will</p> | | |

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| F 713 | <p>Continued From page 25</p> <p>7/11/22 3:48 PM - A Health Status Note by E10 (LPN, UM) documented, "Called (E6/MD)'s answering service this afternoon to find out when MD will be able to come see resident per resident's request. Pending call back."</p> <p>There was lack of evidence that the facility provided Physician services in response to the above call to E6 (MD).</p> <p>7/12/22 11:17 PM - A Health Status Note by E15 (RN) documented, "Resident stable and alert. Able to make needs known to staff. Minimal urinary discomfort and minimal amounts of dark, amber, slightly cloudy urine noted. MD aware. Afebrile...".</p> <p>9/8/22 beginning at approximately 12:30 PM - An interview with E5 (MD) revealed he was R1's Attending Physician until E6 (MD) became R1's new Attending Physician.</p> <p>9/9/22 11:40 AM - A telephone interview was conducted with E6 (MD) who stated he received a call from the facility requesting him to be the new Attending Physician for R1 and E6 stated he would begin as R1's Physician once he assessed the resident during the next routine visit to the facility. E6 stated that he does not recall receiving any telephone calls from the facility related to any potential s/s of UTI or ordering Alert Charting for monitoring urinary output.</p> <p>9/11/22 3 PM - An interview with E15 (RN) revealed that she does not recall if she reported the above possible s/s of UTI as documented on the Health Status Note dated and timed 7/12/22 at 11:17 PM. E15 was asked what she meant by</p> | F 713 | <p>complete education for all nursing staff regarding the policy for physician services and the requirement to notify the Director of Nursing or Assistant Director of Nursing for any delay in physician notification response or an inability to contact a physician; nursing education includes the need to notify the physician immediately for a medical emergency and if no physician response is received within 30 minutes to contact an alternate designated physician and/or the medical director; if the nurse is unable to reach any physician, then they are to contact the Director of Nursing or the Assistant director of Nursing immediately. Nursing education includes the need to notify the physician for any non-emergent condition change or resident need and if no physician response is received within 8 hours to contact an alternate designated physician; if no call back is received from the alternate designated physician within 8 hours, the nurse must contact the medical director; if the nurse is unable to reach any physician within 24 hours, then they are to contact the Director of Nursing or the Assistant Director of Nursing immediately. The Director of Nursing or Assistant Director of Nursing (Designee) will provide oversight to ensure ongoing compliance with review of change of condition physician notification and response; this will be reviewed during the daily (Monday through Friday) interdisciplinary daily clinical review meeting, which includes the Director of Nursing, Assistant Director of Nursing, Nurse Educator, MDS Nurses, Unit</p> | | |

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| F 713 | Continued From page 26 "MD aware" and in response, E15 stated, "They all knew." E15 did not recall if she notified R1's physician of these s/s of UTI. 9/12/22 12:15 PM - During a follow-up interview, E5 (MD) communicated to the Surveyor that he was advised by his corporation that he was no longer to have any conversation with the Surveyor. E5 stated if this changes, he will notify the Surveyor. 9/12/22 1:30 PM - An interview with E12 (RN Supervisor) in the presence of E3 (ADON) was conducted. E12 worked day shift on 7/10/22 and E12 recalled during shift report, she was made aware by the ongoing nurse E16 (LPN) that he had paged E6 (MD), however, no return call was received. In addition, E12 stated that the 7/10/22 order for Alert Charting was a nursing intervention by her, thus, E6 (MD) was not consulted regarding R1's complaint of lower abdominal pain and inability to urinate. 9/13/22 12:30 PM - During an interview with E2 (Interim NHA and DON), E2 confirmed that the facility was unable to provide evidence of the provision of Physician services when facility staff called the contracted Physician group on the above dates and times. 9/16/22 beginning at approximately 12:55 PM - Findings were reviewed during the Exit Conference with E2 (Interim NHA and DON), E3 (ADON), and E4 (Clinical Specialist). | F 713 | Managers, Social Worker, and Rehab Director. On the weekend (Saturday and Sunday), this review will be done by the Nurse Supervisor on duty. Success Evaluation: "An audit to ensure physician availability, notification, and timely response to changes in resident condition will be completed by the Director of Nursing or Assistant director of Nursing (designee) on a random sample of 10 residents with a condition change, to include condition changes that occur on every shift; audits will have a goal of 100% compliance using the Physician Availability Audit tool, demonstrating physician availability and timely response for all changes in condition reviewed; Audits will be completed daily until 100% compliance is achieved for 3 consecutive evaluations, then 3 times a week until 100% compliance is achieved for 3 consecutive evaluations, then weekly until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team in the monthly QA meeting. | | |
| F 760 SS=G | Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- | F 760 | | 10/28/22 | |

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| F 760 | <p>Continued From page 27</p> <p>§483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review, staff interview, and review of hospital records, it was determined that the facility failed to ensure that one (R2) out of three (3) sampled residents reviewed for medication review was free from significant medication errors. R2 was ordered medication for a seizure disorder and the facility failed to ensure these significant medications were administered for three days after admission. This failure resulted in a change in condition, as evidenced by R2 being found unresponsive on 2/28/22 and was transferred to the hospital. R2 sustained harm when she did not receive five doses of Phenobarbital, an anti-seizure medication which resulted in R2 becoming unresponsive, having two uncontrolled seizures in the facility and required emergency transfer to the hospital for evaluation and treatment. R2 was also administered one dose of medication that she was not ordered. Findings include:</p> <p>Cross refer F580, example #2.</p> <p>The following was reviewed in R2's clinical record:</p> <p>2/25/22 1:30 PM - R2 was admitted to the facility from another nursing home with diagnoses including epilepsy (seizure disorder).</p> <p>2/25/22 - The previous nursing facility discharge orders sent to the facility upon R2's admission to the facility documented Phenoarbarbital 64.8 mg by mouth twice a day for epilepsy</p> | F 760 | <p>Corrective Action: "There is no opportunity for correction for the medication errors of omission and administration for R2. As a result of the medication errors the resident was sent to the hospital for evaluation. Upon discovery of the medication error, the incident was investigated by the Director of Nursing and education was provided to nursing staff. The incident was reported as required. R2 has had her current medication regimen reviewed by the Medical Director and Director of Nursing to ensure the accuracy of all current orders.</p> <p>Identification of Other Residents: "All Residents have the potential to be affected. A 100% Medication Reconciliation audit has been completed by the Assistant Director of Nursing and Admission Nurse to ensure that other residents have medication error prevention measures in place, including medication reconciliation on admission, accuracy of all current Physician Orders, and a review of the Medication Administration Record to identify any medication errors. No new concerns regarding medication errors were identified as a result of this audit.</p> <p>System Changes: "The Root Cause of the omission errors and failure to administer the medication to</p> | | |

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| F 760 | <p>Continued From page 28</p> <p>2/25/22 5:13 PM - A Physician Order was written for Phenobarbital 64.8 mg by mouth twice a day for seizures.</p> <p>2/25/22 - R2's clinical record lacked evidence that R2 was administered her 9:00 PM dose of Phenobarbital.</p> <p>2/25/22 11:52 PM - A Health Note by E10 (LPN, UM) documented that R2's medication review was completed with E5 (MD).</p> <p>2/26/22 - Review of R2's clinical record lacked evidence that R2 was administered her 9:00 AM dose of Phenobarbital.</p> <p>There was lack of evidence of a hold order for the Phenobarbital for the two doses that were due on 2/25/22 at 9:00 PM and 2/26/22 at 9:00 AM.</p> <p>2/26/22 9:00 PM - Review of the eMAR documented that E13 (Agency LPN) documented that Phenobarbital 64.8 mg was administered. However, on 2/28/22 at 3:58 PM, review of the State Agency's Incident Report revealed that the facility reported an incident in which R2 was administered Vimpat, an anti-seizure medication on 2/26/22 at 9:00 AM instead of Phenobarbital by E13.</p> <p>2/27/22 9:00 AM and 9:00 PM - The eMAR lacked evidence that Phenobarbital was administered.</p> <p>2/27/22 11:01 PM - A Health Status Note by E14 (RN) documented, "Resident Phenobarbital on hold. Called Omnicare pharmacy who requested for order and script. NP on call made aware."</p> | F 760 | <p>R2 as ordered was a failure of the nursing staff to ensure that the physician was notified of the need to provide the pharmacy with a valid prescription for Phenobarbital so that the medication could be obtained from the pharmacy. Staff education has been provided by the Nurse Educator to all nursing staff on Medication Error Prevention and the steps to be taken if a medication is unavailable. The Root Cause of the administration error and providing the incorrect medication to R2 was a failure of the nursing staff to verify the medication order and to ensure the correct medication was being provided to the correct resident. Staff education has been provided by the Nurse Educator to all nursing staff on Medication Error Prevention and verifying the 7 Rights of Medication Administration (Right Person, Right Drug, Right Dose, Right Route, Right Time, and Right to Refuse). The facility system for medication error prevention has been updated; moving forward the Director of Nursing or Assistant Director of Nursing (Designee) will ensure: a daily admission review meeting to include medication reconciliation on admission, two-person verification of admission order entry, an admission audit to include medication orders and daily interdisciplinary clinical review of new medication orders; the interdisciplinary clinical review (Monday through Friday) includes the Director of Nursing, Assistant Director of Nursing, Nurse Educator, MDS Nurses, Unit Managers, Social Worker, and Rehab Director; on the weekend (Saturday and</p> | |

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| F 760 | <p>Continued From page 29</p> <p>2/27/22 11:04 PM - Review of the corresponding Health Status Note, dated 2/27/22 and timed 11:04 AM by E19 (LPN, Agency Nurse) documented the medication was not given at 9:00 AM. The nurse placed a call to (name of the medical practitioner group) on call and a voicemail was left for a prescription to obtain the medication.</p> <p>2/27/22 11:27 PM - An eMAR Administration Note documented "Awaiting pharmacy delivery" thus, the 9:00 PM Phenobarbital was not administered.</p> <p>2/28/22 5:17 AM - A Health Status Note by E20 (LPN) documented, "Received call from pharmacy re (regarding) Pherobarbital 64.8 mg. Dosage unavailable in facility start box. (E9/NP) notified and is unable to order Phenobarbital at this time. Pharmacy to Stat delivery of medication."</p> <p>2/28/22 6:36 AM - A Health Status Note by E20 (LPN) documented, "At approximately 0540 Resident requested to go (sic) BR. After assisting with transfer CNA called this nurse. Arrived to room and observed resident non (sic) verbally responsive but able to open eyes when called. L (left) hand weak. RN Supervisor notified to assess. 188/76, 78, 16 pulse ox 95% on RA (room air). Resident transferred back to bed. Daughter in law notified. Resident verbally responsive after transfer back to bed. L (left) hand/arm moving pushing staff away. Stated to nurse to 'go away and leave me alone.' Safety precautions maintained. On call notified. Lab unable to draw blood this a.m "</p> <p>2/28/22 7:51 AM - A Health Status Note by E21 (RN) documented, "At approx 5:40 this RN was</p> | F 760 | <p>Sunday), this review will be done by the Nurse Supervisor on duty. The facility policies for Medication and Treatment Orders (revised 7.2016) and Medication Therapy (revised 4.2007) were reviewed and found to meet professional standards. The Director of Nursing or Assistant director of Nursing (Designee) will complete education for all nursing staff regarding the requirements for preventing medication errors. The Director of Nursing or Assistant director of Nursing (Designee) will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: "A medication error prevention audit to ensure compliance regarding medication error prevention practices will be completed by the Director of Nursing or Assistant Director of Nursing (designee) on a random sample of 10% of residents in the health center, to include any new admission within 7 days or since the previous audit; audits will have a goal of 100% compliance with the Medication Error Prevention Audit tool, to include a verification that new admissions receive 2-person verification of medication reconciliation and order accuracy, an admission audit completion of medication orders and IDT daily clinical review of new medication orders, medications stored and labeled according to policy, and a review of the Medication Administration Record to ensure that no new medication errors are identified; Audits will be completed daily until 100% compliance is achieved for 3 consecutive evaluations,</p> | | |

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| F 760 | <p>Continued From page 30</p> <p>called by primary nurse to 2nd floor to assess a resident. Arrived at room and observed resident sitting in wc (wheelchair) not verbally responsive but able to open eyes when called. L (left) hand weak, resident transferred back to bed. Resident verbally responsive after transfer. L (left) hand/arm moving...On call notified and no new orders at this time."</p> <p>2/28/22 8:41 AM - A Health Status Note by E10 (LPN, UM) documented "Received resident awake, alert, verbal and interacting with staff. No distress noted, moving all extremities ...Called to the spa room where resident was receiving a shower, observed her in an unresponsive state, both eyes was (sic) focused and glazed looking, tremor observe (sic), with heavy breathing. She was taken back to her room, O2 sat (saturation) 80% (low) on RA (room air), resident placed on O2 at 10 L (liter) via rebreather mask, O2 sat went up to 100%. E5 (MD) was in and came to assess the resident and 911 call placed and transferred at 8:50 AM."</p> <p>2/28/22 9:14 AM- Review of the hospital emergency department (ED) records documented, "...patient was admitted to the nursing facility 3 days ago. Reportedly they have been unable to give patient her Phenobarbital since admission. This morning patient had 2 witnessed seizures so was brought to the ED for evaluation and currently the patient has a headache which is consistent with other headaches she has after a seizure. On review of prior records, patient recently had a UTI which provoked seizures as well...".</p> <p>3/3/22 - Review of the hospital's discharge summary documented, "...1. Seizures, 2.</p> | F 760 | <p>then 3 times a week until 100% compliance is achieved for 3 consecutive evaluations, then weekly until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. The updated facility system for medication error prevention will continue indefinitely with oversight by the Director of Nursing or Assistant Director of Nursing (designee), to include medication reconciliation review and daily clinical IDT review of new admissions and new medication orders. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team during the monthly QA meeting.</p> | | |

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| F 760 | <p>Continued From page 31</p> <p>Epilepsy ...presented to hospital on 2/28/22 after x 2 seizures after reportedly missing 3 days of her Phenobarbital. She had 1 x seizure in the ED which was ceased with 2 mg. Ativan (anti-anxiety medication). Her UA in the ED was positive for Pseudomonas (bacteria) and she was started on Cefepime (an antibiotic). She was admitted for seizures suspected to medication nonadherence, (did not receive Phenobarbital at NF (Nursing Facility) for 3 days)..."</p> <p>9/14/22 2:30 PM - An interview with E10 (LPN, UM) who verified the admission orders with E5 (MD) and entered the orders revealed the root cause of R2 not receiving her Phenobarbital was due to the previous nursing facility's failure to send the prescription for the Phenobarbital with R2.</p> <p>The facility failed to identify that their failure to obtain R2's Phenobarbital, a significant medication, contributed to the outcome.</p> <p>9/15/22 2:00 PM - An interview was conducted with E3 (ADON) and E10 (LPN, UM). E3 confirmed that R2 was not administered five doses of Phenobarbital after admission on 2/25/22 and confirmed the medication error on 2/26/22 at 9:00 PM when R2 was administered Vimpat instead of Phenobarbital.</p> <p>The facility failed to ensure that R2 was administered her Phenobarbital as ordered resulting in an omission of five doses, a significant medication error resulting in seizure activity and hospitalization. In addition, R2 was administered the wrong anti-seizure medication.</p> <p>9/16/22 beginning at approximately 12:55 PM -</p> | F 760 | | | |

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| F 760 | Continued From page 32 Findings were reviewed during the Exit Conference with E2 (Interim NHA and DON), E3 (ADON), and E4 (Clinical Specialist). | F 760 | | |
| F 842 SS=D | Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight | F 842 | | 10/28/22 |

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| F 842 | <p>Continued From page 33</p> <p>activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and review of the clinical record, it was determined that for one (R1) out of three (3) residents reviewed for urinary incontinence, the facility failed to ensure that each resident's medical record was complete and accurately documented. Findings include:</p> | F 842 | <p>Corrective Action:</p> <p>"R1 is no longer a resident in the facility. There is no opportunity for correction for this resident. The nursing staff have been educated on the requirements for ensuring clinical records accuracy.</p> | | |

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| F 842 | <p>Continued From page 34</p> <p>Cross refer F690.</p> <p>Review of R1's clinical records revealed the following:</p> <p>5/3/22 - R1 was readmitted to the facility from the hospital.</p> <p>6/15/22 - A Progress Note by E7 (MD, the covering Physician for R1's Attending Physician, [E5]), stated, "...Urinary symptoms including frequency, burning, and right flank discomfort...for the last several days been complaining of dysuria, frequency and incontinence...Acute cystitis without hematuria ...We will start nitrofurantoin therapy for her acute urinary tract infection Discussed allergies can occur since patient seems to be getting 1 about twice a year ...".</p> <p>6/15/22 - A Physician's order for Nitrofurantoin Macrocrystal (Macrobid, an antibiotic) capsule 100 mg twice a day for 7 days for an indication of UTI was inaccurately documented as being ordered by E5 (MD) and not by E7, the covering Physician who ordered this antibiotic on 6/15/22.</p> <p>6/15/22 2:25 PM - A Physician's order to discontinue the above antibiotic, Macrobid was inaccurately documented as being discontinued by E5 (MD) and not by E6 (MD), the covering Physician.</p> <p>6/15/22 6:28 PM - A preliminary urine culture report included the handwritten comment, "ok to D/C (Discontinue) Abx (antibiotic)."</p> <p>6/18/22 12:19 PM - The final urine C & S report documented #1 organism 75,000 Klebsiella</p> | F 842 | <p>Identif cation of Other Residents: "All Residents have the potential to be affected. Other residents will be identified by ensuring that resident record audits are completed to identify residents who have errors in their clinical records. A 100% audit of the clinical records for all current residents has been completed by the Assistant Director of Nursing and the Admission Nurse to ensure accuracy. No new concerns regarding clinical records accuracy were identified as a result of this audit.</p> <p>System Changes: "The Foot Cause of the concern was the failure to ensure that the medical record for R1 was accurate by inaccurately documenting the Macrobid order as being discontinued by E5 (MD) and not by E6 (MD) and for inaccurately documenting that the order for Fosfomycin Tromethamine was ordered by E5 (MD) and not by E9 (NP). The facility policy for Charting and Documentation (revised 7.2017) was reviewed and found to meet professional standards. The Director of Nursing or Assistant Director of Nursing (Designee) will complete education for all nursing staff on the requirements for clinical records and documentation accuracy, including the requirement to include accurate details of the provider name and title when notifying the provider and/or receiving new orders. Nursing staff have been educated to contact the Director of Nursing or Assistant Director of Nursing (Designee) if there are questions</p> | |
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| F 842 | <p>Continued From page 35</p> <p>Pneumoniae, #2 organism 75.000 Proteus Mirabilis, #3 organism Enterococcus Faecalis. This report included the following handwritten notes by various staff of the facility:</p> <ul style="list-style-type: none"> - By E15 (RN) "6/18/22 7-3 called MD..." - By E14 (RN) "NP (E9) notified N.O. [new order] Fosfomycin 3 gm one time" - By E5 (MD) "(Initials of E5 [MD] 6/23/22" <p>6/18/22 - A Physician's Order for Fosfomycin Tromethamine (antibiotic) 3 gram by mouth for one dose for UTI inaccurately documented that this was ordered by E5 (MD) and not by E9 (NP), who ordered the medication.</p> <p>9/12/22 1:30 PM - An interview with E10 (LPN, UM) revealed that on the above 6/15/22 laboratory report, E6 (MD) had written, "ok to D/C Abx" and not E5's (MD). An interview with E3 (ADON) revealed that the reason E5's (MD) name was documented as the ordering provider for the above antibiotics related orders was that E6 (MD), E7 (MD) or E9 (NP) were not entered as a provider in their electronic Medical Records System and the only provider in their system for R1 was E5 (MD), however, E3 stated that this will be corrected.</p> <p>9/16/22 beginning at approximately 12:55 PM - Findings were reviewed during the Exit Conference with E2 (Interim MHA and DON), E3 (ADON), and E4 (Clinical Specialist).</p> | F 842 | <p>regarding how to document the correct provider or add the correct provider to the EMR. The Director of Nursing or Assistant Director of Nursing (Designee) will provide oversight to ensure ongoing compliance.</p> <p>Success Evaluation: "An audit of a random sample of 10% of resident clinical records will be completed by the Director of Nursing or Assistant Director of Nursing (Designee) to ensure documentation accuracy; audits will have a goal of 100% compliance utilizing the Medical Records Accuracy Audit tool; audits will be completed weekly until 100% compliance is achieved for 3 consecutive evaluations, then every other week until 100% compliance is achieved for 3 consecutive evaluations, and then monthly until 100% compliance is achieved for 3 consecutive evaluations. Additional audits will be completed as needed based upon the level of compliance. The results of the audits will be reviewed by the Quality Assurance Team during the monthly QA meeting.</p> | | |