DELAWARE HEALTH AND SOCIAL SERVICES
Division of Health Care Quality
Office of Long-Term Care Residents Protection

263 Chapman Road, Ste 200, Cambridge Bldg.
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

NAME OF FACILITY: Polaris Healthcare & Rehab Ctr LLC **DATE SURVEY COMPLETED:** March 10, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	The State Report incorporates by reference and also cites the findings specified in the Federal Report. An unannounced Complaint Survey was conducted at this facility from March 7, 2023 through March 10, 2023. The deficiencies in this report are based on observations, interviews, record reviews and other facility documentation as indicated. The facility census on the first day of the survey was fifty-three (53)		
3201	The survey sample totaled six (6) residents.		
3201.1.0	**Regulations for Skilled and Intermediate Care Facilities**		
3201.1.2	**Scope** **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 reference.** This requirement is not met as evidenced by: Cross Refer to the CMS 2567-L sur-	F Tag 580 Resident #1 has been discharged; there is no opportunity to correct this deficient practice. All residents with a change in condition have the potential to be affected by this deficient practice. The DON or designee will audit the clinical records of current residents that have had a change of condition within the last 14 days to ensure that contact was made with the physician in a timely manner. Any resident that is identified as not having timely notification of the physician with a change in condition, will have timely contact made with the physician. The root cause analysis indicates that the nursing staff failed to follow facility protocol for physician notification with a change in condition The physician notification section of the acute change in condition policy and procedure has been reviewed. The facility educator or designees will in-service licensed nurses regarding timely physician notification when there is a change in the resident's condition. The DON or designee will conduct a daily audit of resident's clinical records with a change in condition to ensure timely notification of the physician	4/12/23

Provider's Signature Karen Dunn Title Administrator Date 4/3/2023

NAME OF FACILITY: Polaris Healthcare & Rehab Ctr LLC DATE SURVEY COMPLETED: March 10, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	vey completed March 10, 2023: F580, F623, and F684.	until 100% compliance is achieved and then, 3 times per week until 100% success is consistently reached over 3 consecutive evaluations and then, weekly until 100% compliance is consistently reached over 3 consecutive evaluations and then, one more time a month later to conclude the issue is resolved. Results of the audits will be forwarded to the QAPI Committee. The Committee with determine the need for further audits and/or action plans. Results of the audits will be forwarded to the QAPI Committee. The Committee will determine the need for further audits and/or action plans. F Tag 684 Resident 1 has been discharged; there is no opportunity to correct this deficient practice. All residents have the potential to be affected by this deficient practice. The DON or designee will audit clinical records of current residents to evaluate for the identification of a significant change in condition and for the monitoring of that significant change in condition and for timely Provider notification of the significant change in condition. The root cause analysis indicates the nurse failed to follow facility protocol with identification and monitoring a resident for a significant change in condition and notification of the significant change in condition to the Provider. The facility policy and procedure for a change in resident condition has been reviewed. The facility educator or designee will in-service licensed nurses regarding identification, monitoring and notification of the Provider when there is a significant change in condition. The DON or designee will conduct a daily audit of resident's clinical records to evaluate for the identification of a significant change in condition, and for the monitoring of that significant change in	4/12/23

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: **Polaris Healthcare & Rehab Ctr LLC** **DATE SURVEY COMPLETED:** March 10, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
		condition, and for timely Provider notification of the significant change in condition until 100% compliance is achieved and then, 3 times per week until 100% success is consistently reached over 3 consecutive evaluation and then, weekly until 100% compliance is consistently reached over 3 consecutive evaluations and then, one more time a month later to conclude the issue is resolved. Results of the audits will be forwarded to the QAPI Committee. The Committee will determine the need for further audits and/or action plans. **F623** [A] R4: Transferred to hospital 1/4/23. Facility was able to correct deficiency. January and February of 2023 logs emailed to the Ombudsman. Transfer and Discharge Notice Policy was not followed. No resident were harmed by this deficient practice. [B] All residents have the potential to be affected. On March 10 2023 an audit was conducted by the Administrator to determine if transfer/discharge logs were submitted timely to the Ombudsman Office. C] A root cause analysis by Administrator, DON and Business Office determined found that the Director of Social Services was faxing the logs to an old fax number of Delaware health and Social Services and did not have the current process for transmitting the logs via Email to DHSS_OSEC_OMB_dischargenotice@delaware.gov. Policy for notification to Ombudsman was reviewed no edits required. Transfer Log Form for January 2023 was resent, scanned and emailed to the email address on March 11, 2023 by Administrator. Written confirmation was received by Ombudsman. Transfer log was edited to include the above email address. D] Performance Improvement Tool has been initiated that will check the facility transfer/discharge log is emailed to the Ombudsman's Office with a copy of the sent email attached to each log. Compliance with this corrective action will be monitored through the facility Quality Assurance Performance Improvement Program. The Administra-	4/12/23

Provider's Signature _____ Title _____ Date _____

NAME OF FACILITY: Polaris Healthcare & Rehab Ctr LLC **DATE SURVEY COMPLETED:** March 10, 2023

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
		tor or designee will be responsible for completion of the QAPI Audit Tool related to Discharge/Transfer until 100% compliance is achieved and then, 3 times per week until 100% success is consistently reached over 3 consecutive evaluation and then, weekly until 100% compliance is consistently reached over 3 consecutive evaluations and then, one more time a month later to conclude the issue is resolved.	

Provider's Signature _____ Title _____ Date _____

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	085058	A. BUILDING _____ B. WING _____	C 03/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POLARIS HEALTHCARE AND REHABILITATION CENTER	21 W CLARKE AVENUE MILFORD, DE 19963

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unnanounced Complaint Survey was conducted at this facility from March 7, 2023 through March 10, 2023. The deficiencies in this report are based on observations, interviews, record reviews and other facility documentation as indicated. The facility census on the first day of the survey was fifty-three (53). The survey sample totaled six (6) residents. Abbreviations/definitions used in the report are as follows: DON - Director of Nursing; FNP - Family Nurse Practitioner; NHA - Nursing Home Administrator; RT - Respiratory Therapist. Diarrhea - liquid or semi-liquid stool; Emesis - vomit; Febrile - having a fever; KUB - kidney, ureter, and bladder X-ray(s); Lethargic - abnormal drowsiness; Pulse oximetry - measures amount of oxygen in the blood; Vital signs - clinical measurements, specifically pulse rate, temperature, respiration rate, and blood pressure that indicate the state of a patient's essential body functions; X-ray - pictures taken of bones or organs.	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §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-	F 580		4/12/23

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

Electronically Signed | 03/29/2023

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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F 580	Continued From page 1 (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- (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. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §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	F 580		

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F 580	Continued From page 2 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 and interview, it was determined for one (R1) out of three sampled residents, the facility failed to make contact with the Physician in a timely manner when the resident had a change in condition, when R1 had a new onset of vomiting. Findings include: Cross-refer F684 A facility policy titled Change in a Resident's Condition or Status, last revised May 2017, included, "...The nurse will notify the resident's Attending Physician or physician on call when there has been a (an): ...significant change in the resident's physical/emotional/mental condition ...specific instruction to notify the Physician of changes in the resident's condition ...A "significant change" of condition is a major decline or improvement in the resident's status that: Will not normally resolve itself without intervention by staff...". The following was reviewed in R1's clinical record: 2/22/23 - R1 was admitted to the facility after a surgical procedure. 2/24/23 12:00 AM - An initial encounter assessment note by E9 (FNP) documented, "...appears very ill, unstable. Patient will need to be closely monitored ...No vomiting or diarrhea, abdomen distended ...Abdomen: Soft, distended,	F 580	Resident #1 has been discharged; there is no opportunity to correct this deficient practice. All residents with a change in condition have the potential to be affected by this deficient practice. The DON or designee will audit the clinical records of current residents that have had a change of condition within the last 14 days to ensure that contact was made with the physician in a timely manner. Any resident that is identified as not having timely notification of the physician with a change in condition, will have timely contact made with the physician. The root cause analysis indicates that the nursing staff failed to follow facility protocol for physician notification with a change in condition The physician notification section of the acute change in condition policy and procedure has been reviewed. The facility educator or designees will in-service licensed nurses regarding timely physician notification when there is a change in the resident's condition. The DON or designee will conduct a daily audit of resident's clinical records with a change in condition to ensure timely notification of the physician until 100% compliance is achieved and then, 3 times per week until 100% success is consistently reached over 3 consecutive	

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F 580	Continued From page 3 nontender, hypoactive bowel sounds." According to an outside facility record on 2/25/23 as stated by E17 (Provider Administrator): - 2:42 AM - The facility placed a call to the Provider. - 2:43 AM - The Provider returned a call to the facility, but was unable to reach a Nurse. - 6:37 AM - The facility placed another call to the Provider who did not answer. - 7:03 AM - A call was made from the Provider to the facility, where they were able to talk to the Nurse. 2/25/23 7:16 AM - A nurse's note documented, "...hyperactive BS [bowel sounds], abd [abdomen] distended, denial pain on palpation, n/v [nausea and vomiting] with drake (sic) yellow emesis ...generalized weakness...". 3/9/23 12:42 PM - An interview with E5 (RN) stated the first time she was aware of R1 having vomited was on 2/25/23 around 12:00 AM to 12:30 AM. E5 stated R1 vomited before she entered the room and had vomit on his gown and bed. E5 stated the vomit wasn't clear, it was yellow. E5 stated she helped clean R1 up and checked his vital signs, which were normal. E5 could not remember when she called the Provider, but stated when E10 (on call Provider), "called back ...I was in another room because they can't page you or anything...". E5 stated she was unable to remember when she called the Provider or when the Provider returned her call the second time. However, E5 stated that E10	F 580	evaluations and then, weekly until 100% compliance is consistently reached over 3 consecutive evaluations and then, one more time a month later to conclude the issue is resolved. Results of the audits will be forwarded to the QAPI Committee. The Committee with determine the need for further audits and/or action plans. Results of the audits will be forwarded to the QAPI Committee. The Committee will determine the need for further audits and/or action plans.	

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F 580	Continued From page 4 asked, "How do (sic) his abdomen look?" E5 stated, "I said [to the Provider], I don't know him; I just see him. I don't know how he came in; I don't know if he different. But he has some distension. I told him [E10] what the vital signs were." E5 stated that R1 vomited two times during her shift "unless it wasn't reported to me." E5 stated, "Just before 7:00 AM the Aides said he was vomiting again, but I was already off [completed her work shift]." 3/10/23 9:55 AM - An interview with E1 (NHA) and E3 (Director of Clinical Services) confirmed that they were unaware of the facility having a written process of contacting an on-call Physician if the on-call Provider couldn't be reached. 3/10/23 at 12:20 PM - An interview with E2 (DON) stated the wait time for a response from a Practitioner is two to three hours. If staff do not get a response after two to three hours, they can call E2 and she will call the Medical Director. If the resident is in critical condition, staff can send the resident to the hospital without waiting for a response from a Practitioner. Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Director of Clinical Services) on 3/10/23 during the exit conference, beginning at 3:40 PM.	F 580		
F 623 SS=D	Notice Requirements Before Transfer/Discharge CFR(s): 483.15(c)(3)-(6)(8) §483.15(c)(3) Notice before transfer. Before a facility transfers or discharges a resident, the facility must- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a	F 623		4/12/23

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F 623	Continued From page 5 language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and (iii) Include in the notice the items described in paragraph (c)(5) of this section. §483.15(c)(4) Timing of the notice. (i) Except as specified in paragraphs (c)(4)(ii) and (c)(8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged. (ii) Notice must be made as soon as practicable before transfer or discharge when- (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section; (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section; (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section; (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or (E) A resident has not resided in the facility for 30 days. §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following: (i) The reason for transfer or discharge;	F 623		

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F 623	Continued From page 6 (ii) The effective date of transfer or discharge; (iii) The location to which the resident is transferred or discharged; (iv) A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request; (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman; (vi) For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and (vii) For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act. §483.15(c)(6) Changes to the notice. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. §483.15(c)(8) Notice in advance of facility closure	F 623		

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F 623	Continued From page 7 In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l). This REQUIREMENT is not met as evidenced by: Based on record review and interview, it was determined that for one (R4) out of three residents reviewed for a change in condition, the facility failed to notify the Ombudsman when R4 was transferred to the hospital. Findings include: Review of R4's clinical record revealed: 9/29/22 - R4 was admitted to the facility. 1/4/23 9:08 PM - R4 was transferred to the hospital. The clinical record lacked evidence of notification to the Ombudsman of the hospital transfer on 1/4/23. 3/9/23 3:51 PM - In an email correspondence, E4 (Ombudsman) confirmed that the facility failed to notify the Ombudsman's office when R4 was transferred to the hospital. The facility was cited for failure to notify the Ombudsman of resident transfers on their last annual and complaint survey dated 10/18/22. Findings were reviewed with E1 (NHA), E2 (DON) and E3 (Director of Clinical Services) on 3/10/23	F 623	[A] R4: Transferred to hospital 1/4/23. Facility was able to correct deficiency. January and February of 2023 logs emailed to the Ombudsman. Transfer and Discharge Notice Policy was not followed. No resident were harmed by this deficient practice. [B] All residents have the potential to be affected. On March 10 2023 an audit was conducted by the Administrator to determine if transfer/discharge logs were submitted timely to the Ombudsman Office. C] A root cause analysis by Administrator, DON and Business Office determined found that the Director of Social Services was faxing the logs to an old fax number of Delaware health and Social Services and did not have the current process for transmitting the logs via Email to DHSS_OSEC_OMB_dischargenotice@delaware.gov. Policy for notification to Ombudsman was reviewed no edits required. Transfer Log Form for January 2023 was resent, scanned and emailed to the email address on March 11, 2023 by Administrator. Written confirmation was received by Ombudsman. Transfer log	

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F 623	Continued From page 8 during the exit conference, beginning at 3:40 PM.	F 623	was edited to include the above email address. D] Performance Improvement Tool has been initiated that will check the facility transfer/discharge log is emailed to the Ombudsman's Office with a copy of the sent email attached to each log. Compliance with this corrective action will be monitored through the facility Quality Assurance Performance Improvement Program. The Administrator or designee will be responsible for completion of the QAPI Audit Tool related to Discharge/Transfer until 100% compliance is achieved and then, 3 times per week until 100% success is consistently reached over 3 consecutive evaluation and then, weekly until 100% compliance is consistently reached over 3 consecutive evaluations and then, one more time a month later to conclude the issue is resolved.	
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review, interview, and other facility documentation as indicated, it was	F 684	Resident 1 has been discharged; there is no opportunity to correct this deficient	4/12/23

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 9 determined that for one (R1) out of three sampled residents reviewed for change of condition, the facility failed to identify and monitor a significant change of condition for 6.5 hours. Findings include: The following was revealed in R1's clinical record: 2/22/23 - R1 was admitted to the facility after a surgical procedure. 2/24/23 12:00 AM - An initial encounter assessment note by E9 (FNP) documented, "...appears very ill, unstable. Patient will need to be closely monitored ...No vomiting or diarrhea, abdomen distended ...Abdomen: Soft, distended, nontender, hypoactive bowel sounds." The actual time of the above assessment was unclear, but during an interview, E9 (FNP) validated that it was sometime on 2/24/23 after the vital signs were obtained at 8:13 PM. E9 was unable to state the exact time of the assessment. 2/25/23 2:11 AM - Vital signs were obtained, but no further assessment was noted. 2/25/23 4:58 AM - A temperature and pulse oximetry were obtained on R1, but no further assessment was noted. There was a lack of evidence of how the facility monitored R1 on 2/25/23 from 12:30 AM to 7:03 AM. 2/25/23 7:16 AM - A nurse's note documented, "...hyperactive BS [bowel sounds], abd [abdomen] distended, denial pain on palpation, n/v [nausea and vomiting] with drake (sic) yellow emesis	F 684	practice. All residents have the potential to be affected by this deficient practice. The DON or designee will audit clinical records of current residents to evaluate for the identification of a significant change in condition and for the monitoring of that significant change in condition and for timely Provider notification of the significant change in condition. The root cause analysis indicates the nurse failed to follow facility protocol with identification and monitoring a resident for a significant change in condition and notification of the significant change in condition to the Provider. The facility policy and procedure for a change in resident condition has been reviewed. The facility educator or designee will in-service licensed nurses regarding identification, monitoring and notification of the Provider when there is a significant change in condition. The DON or designee will conduct a daily audit of resident's clinical records to evaluate for the identification of a significant change in condition, and for the monitoring of that significant change in condition, and for timely Provider notification of the significant change in condition until 100% compliance is achieved and then, 3 times per week until 100% success is consistently reached over 3 consecutive evaluation and then, weekly until 100% compliance is	

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	085058	A. BUILDING _____ B. WING _____	C 03/10/2023

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F 684	Continued From page 10 ...generalized weakness...". 2/25/23 7:30 AM - A nursing note, "Patient found with emesis (vomit) during rounds at 0030 (12:30 AM), was cleaned and situated. when (sic) rechecked on patient was vomiting again, yellow emesis, abd [abdomen] distended, provider notified, order received KUB [kidney, ureter, and bladder X-ray(s)] ...order placed...". The nursing note was unclear as to whether R1 was assessed and monitored between the hours of 12:30 AM and 7:30 AM 2/25/23 8:00 AM - A nurse's note documented the following vital signs and assessment: - Blood Pressure (BP): 71/45 mmHg (millimeters of mercury); a normal blood pressure for most adults is defined as a systolic pressure (top number) of less than 120 and a diastolic pressure (bottom number) of less than 80. The BP was extremely low. - Pulse: 108 bpm (beats per minute); a normal resting pulse is 60 to 100 beats per minute. - 97.8 Degrees Fahrenheit (normal). - Pulse oximetry: 78% Room Air; a normal level of oxygen is usually 95% or higher. R1 was given 2L [liters] of oxygen. - Respirations: 22 (normal). The aforementioned nurse's note on 2/25/23 at 8:00 AM is unclear of the exact time vital signs were obtained because the vital sign task sheet documents the vital signs were obtained between 9:33 AM - 9:36 AM on 2/25/23, instead of at 8:00 AM. 2/25/23 8:00 AM - A nurse's note documented, "Patient continues to have emesis, abdomen	F 684	consistently reached over 3 consecutive evaluations and then, one more time a month later to conclude the issue is resolved. Results of the audits will be forwarded to the QAPI Committee. The Committee will determine the need for further audits and/or action plans.	

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F 684	Continued From page 11 distended with no bowel sounds ...call placed to provider, was not able to reach the provider, supervisor notified, called 911 resident sent to ER [Emergency Room] for evaluation." It is unclear as to the time of the above assessment and notification to the Provider. The assessment does not state the actual times when R1 had episodes of emesis and therefore does not say if the above assessment was performed during each of those occurrences. In addition, the note does not mention the time of the call to the Provider, it was simply a summary of the events. 3/9/23 12:42 PM - An interview with E5 (RN) stated the first time she was aware of R1 having vomited was on 2/25/23 around 12:00 AM to 12:30 AM. E5 stated R1 vomited before she entered the room and had vomit on his gown and bed. E5 stated the vomit wasn't clear, it was yellow. E5 stated that she helped clean R1 up and checked his vital signs, which were normal. E5 could not remember when she called the Provider, but stated when E10 (on call Provider), "called back ...I was in another room because they can't page you or anything...". E5 stated she was unable to remember when she called the Provider or when the Provider returned her call the second time. However, E5 stated that E10 asked "How do[es] his abdomen look?" E5 stated, "I said [to the Provider], I don't know him; I just see him. I don't know how he came in; I don't know if he different. But he has some distension...I told him [E10] what the vital signs were ...". E5 stated that R1 vomited two times during her shift "unless it wasn't reported to me." E5 stated, "Just before 7:00 AM the aides said he was vomiting again, but I was already off	F 684		

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F 684	Continued From page 12 [completed her work shift]." During the time when E5 (RN) stated R1 was vomiting on 2/25/23 between 12:00 AM to 12:30 AM, E5 placed a call to the Provider at 2:42 AM, a call was returned at 2:43 AM by E10 (Provider), but E5 was unavailable. E5 stated they were in another resident's room at the time of the call back and were unable to get the call from E10. 3/9/23 3:42 PM - An interview with E17 (Provider Administrator) stated two calls were made from the facility between 11:00 PM on 2/24/23 to 7:00 AM on 2/25/23. The first call was made at 2:42 AM when the facility called the on call Provider and one minute later the Provider called back. The second call was made at 6:37 AM when the facility called the Provider and 26 minutes later the Provider called back. 3/9/23 4:04 PM - An interview with E10 (Provider) stated, "They made a call at 2:42 AM and I was on call. I tried to call to reach back to them ...as soon as I heard the patient had vomited and I thought I would have got through to her [E5 (RN)], but that was not possible. I made multiple attempts to reach back through ...I did not get through. Then at around 6:00 AM something, I got in touch with them." E10 stated, "They [E5] told me the patient had vomited...they got vital signs, and everything was stable. I asked her [E5] if the vomit was coffee color and she [E5] said no. I asked if there was any weakness or drop in blood pressure and she [E5] said no. E10 stated he then asked for a Stat KUB. Although the Nurse denied a change in vital signs and a description of the emesis, there was no evidence that E5 (RN) saw the resident a second	F 684		

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F 684	Continued From page 13 time during the shift. Although the Provider E10 was notified on 2/25/23 at 7:03 AM that R1's vitals signs were within normal limits, the clinical record lacked evidence of a complete assessment, including a full set of vital signs after 2:11 AM on 2/25/23. 3/10/23 6:03 AM - An interview with E12 (CNA) confirmed that R1 vomited prior to her and E5 (RN) entering the resident's room on 2/25/23 around 12:00 AM to 12:30 AM. E12 stated that R1 vomited three times during her shift and she reported it to E5 during the one incident when E5 was not present. E12 stated she last saw the resident in his room clean and dry at 6:00 AM without any emesis on him or towels or in the emesis basin. E12 believed she gave report and left the facility at 6:30 AM on 2/25/23. 3/10/23 9:03 AM - An interview with E9 (FNP) stated, "This patient was very frail when he came in, appeared ill." E9 also stated, "He wasn't coherent enough to cooperate with the exam ...". E9 stated R1 would be rated to be alert to person and sometimes alert to place "with periods of confusion. Every now and then, he [R1] was able to form complete sentences." E9 stated she documented "Continue to Monitor" in her note and "...any significant changes: more lethargic (abnormal drowsiness), febrile (having a fever); if the physical exam on him changes; if his lung sounds change; if his abdomen gets more distended; bowel sounds you don't hear at all; if you notice any increased drainage out of his wounds; appetite decreases. If any of those things change within this 24-hour time period of him being here with him already being acutely ill. That should prompt them [the facility] to notify	F 684		

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F 684	Continued From page 14 me." E9 confirmed that any significant change would also include vomiting. E9 also confirmed with the vomiting and abdominal distension [of R1's assessment], this was a change in condition and the Provider should have been contacted and "...if they don't get a hold of the Provider, they have a Supervisor phone here ...they can send me a text from the Supervisor phone asking me what they need." E9 stated anytime there is a change in condition "You should automatically do a full assessment." 3/10/23 9:55 AM - During an interview with E1 (NHA) and E3 (Director of Clinical Services), they confirmed there was lack of recognition of the change in condition by E5 (RN) to contact the on-call Provider sooner. 3/10/23 2:32 PM - An interview with E6 (RN, Unit Supervisor) stated E5 (RN) said R1 vomited. E6 believed that E5 told her R1 vomited around 12:00 AM on 2/25/23. Afterwards, E6 stated that E5 "Tried to call Provider, but was not able to get the Doctor on call." E6 stated she was not on the same unit as E5 and did not see E5 attempting to call back after being unable to get the on call Provider. E6 stated by 6:00 AM, E5 was still trying to call the on call Provider. The facility failed to monitor and observe the decline in R1 from the assessment performed by E9 (FNP) and realize this was a significant change in condition, causing a delay on the priority of contacting the on call Provider. The delay in reaching the on call Provider further resulted in a 6.5 hour time lapse and a subsequent delay in treatment. Findings were reviewed with E1 (NHA), E2 (DON)	F 684		

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F 684	Continued From page 15 and E3 (Director of Clinical Services) on 3/10/23 during the exit conference, beginning at 3:40 PM.	F 684		