



**DELAWARE HEALTH AND SOCIAL SERVICES**

Division of Health Care Quality  
Office of Long Term Care Residents Protection

DHSS - DHCQ  
3 Mill Road, Suite 308  
Wilmington, Delaware 19806  
(302) 421-7400

**STATE SURVEY REPORT**

**NAME OF FACILITY:** Center at Eden Hill

**DATE SURVEY COMPLETED:** November 19, 2021

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
<p><b>3201</b></p> <p><b>3201.1.0</b></p> <p><b>3201.1.2</b></p>	<p><b>The State Report incorporates by reference and also cites the findings specified in the Federal Report.</b></p> <p>An unannounced complaint survey was conducted at this facility from November 4, 2021 through November 19, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was 55. The survey sample totaled 4 residents.</p> <p><b>Regulations for Skilled and Intermediate Care Facilities</b></p> <p><b>Scope</b></p> <p><b>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.</b></p> <p>This requirement was not met as evidenced by:</p> <p>Cross Refer to the CMS 2567 – L survey completed November 19, 2021: F580, F582, F622, F623, F657, F661, F692, F755, F756, F770 and F842.</p>	<p>Cross Reference POC for CMS 2567-L survey completed November 19, 2021 F-Tags: F580, F582, F622, F623, F657, F661, F692, F755, F756, F770, and F842.</p>	<p>01-03-2021</p>

Provider's Signature

*Adrienne Iacobelli, LWA*

LWA

Date

12-10-2021

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

PRINTED: 03/15/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>085057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/19/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER AT EDEN HILL, LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 BANNING STREET</b> <b>DOVER, DE 19904</b>		
(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	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced complaint survey was conducted at this facility from November 4, 2021 through November 19, 2021. The deficiencies contained in this report are based on observations, interviews, review of clinical records and other facility documentation as indicated. The facility census on the first day of the survey was fifty-five (55). The survey sample totaled four residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>§ - section; ADON - Assistant Director of Nursing; BID - twice a day; BMP (Basic Metabolic Panel) - set of tests that measure blood sugar, calcium levels, kidney function, and chemical and fluid balance; CC (cubic centimeter) - measurement of volume; CHF (congestive heart failure) - heart unable to pump enough blood to meet the body's needs; CMP (Comprehensive Metabolic Panel) - blood test that measures sugar (glucose) level, electrolyte and fluid balance, kidney function, and liver function; Comorbidities - presence of two or more diseases or medical conditions in a patient; COPD (Chronic Obstructive Pulmonary Disease) - a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, sputum production and wheezing; Diuretic - medicines that help reduce the amount of water/excess fluid in the body; DON - Director of Nursing; eMAR - electronic Medication Administration</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/10/2021

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 2 mg (milligram) - unit of weight; Pleural effusion - excess fluid buildup around the lungs; PO - by mouth; POA - Power of Attorney; Potassium - a mineral that, together with sodium and calcium, regulates the body's water balance, maintains normal heart rhythm and is responsible for nerve impulse conduction and muscle contraction; Pulmonary - related to the lungs; RN - Registered Nurse; SIADH (Syndrome of Inappropriate Antidiuretic Hormone) - a medical condition where the body produces excess antidiuretic hormone leading to water retention and low sodium levels in the body; Sinusitis - inflammation of a nasal sinus; Sodium (Na) - a mineral and electrolyte found in salt; blood tests show how much is in the blood; STAT - immediate; UTI (urinary tract infection) - bacteria in the urine.	F 000			
F 580 SS=E	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- (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,	F 580		1/14/22	

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F 580	<p>Continued From page 4</p> <p>significant changes in R1's medical condition (clinical complications) and when there was a need to alter treatment significantly. Findings include:</p> <p>Cross refer to F657 and F692</p> <p>R1's clinical record and admission paperwork revealed:</p> <p>8/26/21 - R1 was admitted to the facility status post hospitalization for pneumonia, bilateral pleural effusions and fluid overload requiring diuretic therapy. R1's medical diagnoses included, but were not limited to: SIADH, hyponatremia, CHF, right middle lobectomy from lung cancer, oxygen dependency and COPD.</p> <p>8/26/21 - F1 (R1's POA) signed R1's admission paperwork as her Power of Attorney. F1 also signed the facility's form entitled HIPAA Communication Form. The form stated, "I would like The Center of Eden Hill to contact the individual below and hereby give permission to The Center of Eden Hill to discuss my medical condition with that person." F1's name and phone number were listed.</p> <p>9/7/21 - A progress note by E5 (NP) stated that R1 was very confused today and adamantly requested to discontinue her fluid restriction. The progress note also documented that nursing staff stated R1 was non-compliant with the fluid restriction. While R1 had a right to refuse treatment, the facility failed to notify F1 (POA) of this significant change in treatment as R1's fluid restriction was treating her hyponatremia due to SIADH related to COPD and pulmonary comorbidities, which started after R1's lobectomy</p>	F 580	<p>change have the potential to be affected by this practice. All residents with medical treatment changes will be audited by DON/ADON or designee to ensure notification and documentation of the notification has been completed. Any resident found missing notification and/or documentation will be completed.</p> <p>A root cause analysis determined that the facility did not notify POA of medical treatment change due to missing system in place to check that all treatment changes had also completed the POA/RP notification and to document the notification. It was also determined the Medical Practitioners did not complete notification to the RP/POA regarding the significant change in the resident's condition.</p> <p>All nurses received in-service by DON/ADON on 11/30/21 regarding need to notify responsible party/POA regarding medical or treatment changes. All treatment changes are discussed at morning meeting and the communication of the new orders will now include checking that notification has occurred at that time as well by DON/ADON or designee. Team Health was notified of this practice and training to be completed to NPs/MDs regarding notification to RP/POA with changes in resident's condition.</p> <p>DON/ADON or designee will perform daily audits for all residents with a significant medical/treatment change QD until 100% compliance x 2 weeks, then weekly x 4</p>		

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F 580	<p>Continued From page 6</p> <p>sodium lab level of 128 (decreased; normal range 135-145). The facility lacked evidence that F1 (R1's POA) was notified of R1's change in medical condition, which occurred during the timeframe when the facility was closed to family visitation.</p> <p>9/29/21 at 9:35 PM - A nurse's note documented that "E5 (NP) spent a great deal of time with R1 addressing her complaints of not feeling well. Patient has refused physical therapy for several days. Refused to get out of bed and was incontinent on self. Staff had to clean up twice... multiple complaints... Patient aware of all new orders." The facility lacked evidence that F1 (R1's POA) was notified of R1's change in medical condition.</p> <p>9/30/21 at 10:01 PM - A nurse's note documented a new physician's order to decrease the Sodium Tablets from 3 gm per day to 1 gm per day and R1 was made aware. The facility lacked evidence that F1 (R1's POA) was notified of R1's significant change in treatment for her hyponatremia which was when the facility was closed to family visitation and after the discussion with E5 (NP).</p> <p>11/15/21 at 3 PM - During an interview, F1 (R1's POA) stated that she was a frequent visitor until after the care plan meeting on 9/21/21 when the facility closed visitation due to a COVID-19 positive staff person. F1 stated the next time she saw R1 was on 10/5/21, the day of R1's planned discharge.</p> <p>11/19/21 at 4 PM - Findings were reviewed during the exit teleconference with E1 (Interim NHA), E2 (DON) and E3 (ADON).</p>	F 580			

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F 582	<p>Continued From page 8</p> <p>facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.</p> <p>(iv) The facility must refund to the resident or resident representative any and all refunds due the resident within 30 days from the resident's date of discharge from the facility.</p> <p>(v) The terms of an admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and interview, it was determined that for one (R2) out of three residents sampled for discharge, the facility failed to provide R2 and F2 (R2's POA) the Notice to Medicare Provider Non-Coverage (NOMNC) form before services were terminated. Findings include:</p> <p>R2's clinical record revealed:</p> <p>6/1/21 - R2 was discharged from occupational therapy services.</p> <p>6/14/21 - R2 was discharged from physical therapy services.</p> <p>11/18/21 - During an interview, E2 (DON) confirmed that the NOMNC form was not provided to R2 and F2 (R2's POA). As part of R2's resident rights, the NOMNC form notifies the beneficiary of his or her right to an expedited review of the service termination.</p>	F 582	<p>R2 is no longer at the facility and was not adversely affected by this practice.</p> <p>All residents to be discharged have the potential to be affected by this practice. All current residents who are scheduled for discharge over next 72hrs will be audited by the DON/ADON or designee and if any NOMNCs have not been given the NOMNC will be given immediately.</p> <p>A root cause analysis determined that R2 was not provided with a NOMNC due to missing system in place to confirm NOMNC was given 48hrs prior to discontinuing skilled services. All scheduled discharges going forward will be discussed at weekly UR to also confirm the NOMNCs that need to be given for the upcoming week's scheduled discharges. DON/ADON or designee will confirm at UR that all NOMNCs for</p>		

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F 622	<p>Continued From page 10</p> <p>under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F) The facility ceases to operate.</p> <p>(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation. When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i) Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident</p>	F 622			

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F 622	Continued From page 12 included therapy and nursing services.  11/17/21 at 11 AM - During an interview, E4 (RN) stated that she was not aware that the resident's comprehensive care plan goals were required to be sent to the receiving provider. Following the interview, E4 provided the surveyor with a copy of all the documents sent to R2's receiving provider. Upon review, R2's discharge summary was not included.  11/19/21 at 4 PM - Finding was reviewed during the exit teleconference with E1 (Interim NHA), E2 (DON) and E3 (ADON).	F 622	receiving provider.  A root cause analysis determined that the facility did not provide the comprehensive care plan goals and discharge summaries to the receiving provider due to no system in place. Case Manager has been educated on this requirement on 11/30/21. "Comprehensive Care Plan Goals" and "Discharge Summaries sent to provider" to be added to discharge checklist.  DON/ADON or designee will perform daily audits for all discharged residents to home with home health to ensure comprehensive care plan and discharge summaries were sent to receiving provider x 1 week until 100% compliance, then weekly x 4 weeks, then monthly x 2 until 100% compliance. Audits will be submitted to the QAPI committee to review if further audits will be needed.		
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 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	F 623		1/14/22	



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F 623	<p>Continued From page 14</p> <p>receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;</p> <p>(v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;</p> <p>(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</p> <p>(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.</p> <p>§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.</p> <p>§483.15(c)(8) Notice in advance of facility closure 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</p>	F 623			

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F 657	<p>Continued From page 16 CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and interview, it was determined that for one (R1) out of three residents reviewed for nutrition, the facility failed to revise R1's care plan. Findings include:</p> <p>Cross refer to F580 and F692</p> <p>R1's clinical record revealed:</p>	F 657	<p>R1 is no longer at the facility and unable to correct the action.</p> <p>All residents who need updates to their care plans can be affected by this practice. All current residents with new orders that need care plan updates will be reviewed by DON/ADON or designee and</p>		

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F 661	<p>Continued From page 18</p> <p>must have a discharge summary that includes, but is not limited to, the following:</p> <p>(i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review and interviews, it was determined that for one (R2) out of three residents reviewed for discharge, the facility's discharge summary failed to accurately capture and document R2's post-discharge plan of care. Findings include:</p> <p>R2's clinical record revealed:</p> <p>6/1/21 at 12:18 PM - A social service note stated that the State of Delaware's Division of Aging was</p>	F 661	<p>R2 is no longer at the facility and was not adversely affected by this practice.</p> <p>All residents discharged have the potential to be affected by this practice. All current residents who are scheduled for discharge will be reviewed by DON/ADON or designee and any residents whose summary needs updating to reflect the resident's post-discharge plan of care will be updated.</p>		

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F 661	Continued From page 20 wheelchair and walker and that R2 did not qualify for a hospital bed.	F 661			
F 692 SS=E	11/19/21 at 4 PM - Findings were reviewed during the exit teleconference with E1 (Interim NHA), E2 (DON) and E3 (ADON). Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)  §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;  §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;  §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on clinical record review and interviews, it was determined that for one (R1) out of three residents reviewed for nutrition, the facility failed to have an effective system in place to ensure there was coordination of care among three physicians/one nurse practitioner, nursing and	F 692	R1 is no longer at the facility and unable to correct.  All residents with specialized diets have the potential to be affected by this practice. All residents with fluid	1/14/22	

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F 692	<p>Continued From page 22</p> <p>mg BID (twice a day). Hyponatremia: chronic, severe. FR (fluid restriction) d/c'd (discontinued) per patient request ...".</p> <p>9/9/21 - A progress note by E9 (Physician) documented, "Due to CHF (congestive heart failure) and hyponatremia reinforced importance of fluid restriction... Hyponatremia due to SIADH, pulmonary comorbidities including COPD, pneumonia. Continue with oral fluid restriction. Follow on Lasix that allows free water excretion...". Despite E9's progress note documenting the importance of and to continue the oral fluid restriction, R1's fluid restriction was not resumed.</p> <p>9/10/21 - A progress note by E5 (NP) documented, "... Per patient request fluid restriction was discontinued this week - staff report patient grossly noncompliant. She continues on high dose Lasix (diuretic), sodium tabs 3 times daily, reports severe thirst... Will continue current diuretics, encourage drink to thirst only. Patient at risk (sic) fluid overload...". The facility failed to include R1's hyponatremia treatment in her care plan and there was no evidence in the clinical record that R1 was encouraged to drink to thirst only.</p> <p>9/21/21 - A progress note by E9 (Physician) documented, "... Start 1500 cc/day fluid restriction. Continue oral sodium chloride tablets. Continue with furosemide (Lasix) to allow free water excretion... CHF ... remains with volume overload. Continue furosemide at current dose. ADD ORAL FLUID RESTRICTION...". It was on this day (9/21/21 at 9:44 PM) after E9 evaluated R1 that he revised her diet order and added the 1500 cc per day oral fluid restriction under</p>	F 692	<p>confirming residents with fluid restrictions are being monitored on their respective shift.</p> <p>DON/ADON or designee will perform daily audits for all residents with fluid restrictions for accuracy of dietary slips, documentation on MAR for fluid intake, and no contradictions with provider orders QD X 2 weeks until 100% compliance, then weekly x4 until 100% compliance, then monthly x 2 until 100% compliance. Audits will be submitted to the QAPI committee to review if further audits will be needed.</p>		

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F 692	Continued From page 24  9/28/21 - A progress note by E11 (Physician) documented, "... follow up for hyponatremia... remains on furosemide (Lasix - diuretic) and sodium chloride tablets... 9/27/2021 sodium 128... hyponatremia likely due to SIADH from pleural effusion. Continue sodium chloride tablets and furosemide. We discussed importance of fluid restriction...". Despite E11's discussion on the importance of the fluid restriction and an active physician's order since 9/21/21, R1's fluid restriction breakdown between nursing and dietary was not restarted and monitored.  9/29/21 - A progress note by E5 (NP) documented, "... continues on NaCl (sodium chloride) 3 times daily, Lasix twice daily... seen today for follow up UTI (urinary tract infection), loose stools and confusion... labs 9/29/2021 sodium 128... patient symptomatic with confusion... Hyponatremia... with Na (sodium) 128 yesterday. Will review need for further tx (treatment) with PCP (primary care physician)."  9/30/21 - A progress note by E5 (NP) documented, "... follow up confusion... she continues on NaCl 3 times daily, Lasix twice daily... CHF on high-dose Lasix... Hyponatremia... only slightly improved despite sodium chloride 3 times daily and fluid restriction...". The facility failed to ensure R1's fluid restriction breakdown was restarted and monitored by nursing and dietary.  9/30/21 at 10:01 PM - A nurse's note documented, "New order to decrease sodium to 1 gram po (by mouth) daily per E10 (Physician). Patient made aware."	F 692			

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F 755	<p>Continued From page 26</p> <p>§483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. 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 residents reviewed for nutrition, the facility failed to provide routine drugs. Findings include:  R1's clinical record revealed:  8/26/21 at 12 Noon - R1 was admitted to the facility.</p>	F 755	<p>R1 is no longer at the facility and unable to correct.</p> <p>All residents with medication orders have the potential to be affected by this practice. All current residents with new pharmacy orders will be reviewed by DON/ADON or designee and address any medication "pending pharmacy delivery or medication not available" will be</p>		

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F 755	Continued From page 28	F 755			
F 756 SS=D	<p>the exit teleconference with E1 (Interim NHA), E2 (DON) and E3 (ADON).</p> <p>Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5)</p> <p>§483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>§483.45(c)(2) This review must include a review of the resident's medical chart.</p> <p>§483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record.</p> <p>§483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not</p>	F 756		1/14/22	



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F 756	Continued From page 30	F 756	requires a follow up to ensure the provider has seen and notated the recommendations on a weekly basis by the nursing supervisor, overseen by DON/ADON or designee.  DON/ADON or designee will perform daily audits for all pharmacy recommendation changes QD until 100% compliance X 2 weeks, then weekly x 4 weeks until 100% compliance, then monthly x 2 until 100% compliance. Audits will be submitted to the QAPI committee to review if further audits will be needed.		
F 770 SS=D	<p>Laboratory Services CFR(s): 483.50(a)(1)(i)</p> <p>§483.50(a) Laboratory Services. §483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. 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 residents reviewed for nutrition, the facility failed to obtain lab services to meet the needs of a resident. Findings include:  R1's clinical record revealed:  10/3/21 - A progress note by E10 (Physician) documented, "... Obtain BMP..."</p>	F 770	<p>R1 is no longer at the facility and unable to correct.</p> <p>All residents with lab orders have the potential to be affected by this practice. All labs for all current residents will be reviewed by DON/ADON or designee with Physician/NP to confirm they are the labs ordered and confirm that the lab orders are complete. In addition to the lab audit,</p>	1/14/22	

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F 842	<p>Continued From page 32</p> <p>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.</p> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§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-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight 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>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> </li></ul>	F 842			

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F 842	Continued From page 34 No s/s (signs/symptoms) of hyper/hypoglycemia. Non-compliant with carb controlled diet. Continues to complain of not feeling well. (Physician's name) evaluated and reviewed lab work obtained this am. New orders for stat order of Potassium...".  11/19/21 at 4 PM - Finding was reviewed during the exit teleconference with E1 (Interim NHA), E2 (DON) and E3 (ADON).	F 842	and not the previous nurse's notes. Any nurse using documentation that is not the writer's nurse assessment will be subject to disciplinary action. Nursing team are aware of the severity of not using own's documentation and is against company policy, signed agreement of this understanding for each nurse is on record at facility.  DON/ADON or designee will perform daily audits on 10% of census nurse's notes daily x 1 week until 100% compliance, then weekly x 4 weeks until 100% compliance, then monthly x 2 until 100% compliance. Audits will be submitted to the QAPI committee to review if further audits will be needed.		