

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

PRINTED: 10/29/2018  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255244</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                                         |
| F 000                                                               | <p><b>INITIAL COMMENTS</b></p> <p>Complaint Investigation (CI) MS #15384 &amp; CI MS #15402</p> <p>The State Agency (SA) conducted a complaint survey, for MS #15402 and MS #15384, which began on 9/11/18 through 9/14/18, with an extended survey beginning on 9/14/18, and concluding on 9/20/18. The SA did not substantiate MS #15402 for patient care, however, substantiated complaint MS #15384 for neglect related to not being weighed and given medication as needed per physician's order and care plan. The SA determined the facility was not in compliance with requirements for participation in Medicare and Medicaid and cited regulatory deficiencies.</p> <p>The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 8/8/18, when Resident #2 was transferred to the local hospital Emergency Room from the Cardiologist Physician's office for evaluation of edema and labored breathing, with an approximate 20-23 pound (lb) weight gain from the last visit. Resident #2 was admitted to the hospital and received aggressive Intravenous (IV) diuretic therapy with a diagnosis of Congestive Heart Failure (CHF). This placed Resident #2 at risk for the likelihood for further Acute Pulmonary Edema (PE) and CHF. Resident #2 had not been weighed and/or provided additional Lasix (a diuretic), as ordered, to help prevent CHF/edema.</p> <p>A review of Resident #2's admission order, documented 7/17/18, revealed an order to administer Lasix 20 milligrams (mg) every morning and to increase to 40 mg if more than a</p> | F 000                                                                      |                                                                                                                          |  |                                                                    |

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

TITLE

(X6) DATE

Electronically Signed

10/18/2018

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                                                               | <p>Continued From page 1</p> <p>three (3) lb weight gain overnight, or five (5) lb in a week, starting 7/18/18. Resident #2 had a total of 17 missed weights from 7/17/18 until 8/8/18. Resident #2 had documented weights on 7/17/18 of 247.2 lbs. (admission), on 7/26/18 she weighed 235 lbs and on 8/8/18, her weight was 262 lbs, which made a gain of 27 lbs in two (2) weeks. Resident #2 did not receive any additional by mouth (PO) Lasix during the entire stay for a total of 22 days when she was evaluated by the Cardiologist on 8/8/18, and sent to the hospital the same day. The facility did not obtain Resident #2's weights to determine if the additional Lasix was needed daily. This caused Resident #2 to be admitted to the hospital from 8/8/18 until 8/17/18, with aggressive IV therapy, with an acute episode of Pulmonary Edema and further CHF.</p> <p>Resident #3 also had on order to be weighed daily with the onset date of 6/1/18 and 6/26/18. Resident #3 had a total of 10 missed weights from 6/26/18 to 9/14/18. Resident had a weight gain of approximately nine (9) pounds, two (2) weeks prior to going to the hospital on 7/2/18. The facility failed to weigh Resident #3 daily as ordered, and placed Resident #3 at risk for Acute Pulmonary Edema and CHF. Resident #3 was admitted to the hospital from 7/2/18 through 7/8/18, with admitting diagnoses of CHF versus Hypoalbuminemia. Resident #3 had a history of CHF.</p> <p>The facility's failure to obtain weights as ordered, and/or adjust medication based on those weights, caused harm to Resident #2 and was likely to cause serious injury, harm, impairment, or death to other residents with ordered daily weights and/or medications that required monitoring for weights.</p> | F 000                                                                      |                                                                                                                          |  |                                                                    |

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| F 000                                                               | <p>Continued From page 2</p> <p>On 9/17/18 at 10:30 AM, the SA notified the Facility's Administrator and the Director of Nursing (DON) that an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) existed at:<br/>CFR(s) 483.12 (a) (1) F600 Freedom from Abuse, Neglect, and Exploitation<br/>CFR(s) 483.45 (f) (2), F760, Residents are Free from Significant Medications Errors</p> <p>Immediate Jeopardy (IJ) existed at:<br/>CFR(s) 483.21 (b) F656 Comprehensive Resident Centered Care Plans</p> <p>The facility submitted an acceptable Allegation of Compliance (AOC) on 9/19/18 at 3:30 PM, in which the facility alleged all corrective actions were completed as of 9/17/18 and removal of the IJ on 9/18/18, prior to exit. The State Agency surveyor validated the facility's AOC on 9/20/18, and determined the IJ was removed as of 9/18/18, prior to exit.</p> <p>Therefore, the scope and severity for CFR(s) 483.12 (a) (1), F600, Freedom from Abuse, Neglect, and Exploitation; CFR(s) 483.45 (f) (2), F760, Residents are Free from Significant Medications Errors; and CFR(s) 483.21 (b), F656, Comprehensive Resident Centered Care Plans, were lowered to the scope and severity of "D", while the facility develops and implements a plan of correction, and monitors the effectiveness of the systemic changes, to ensure the facility sustains compliance with regulatory requirements.</p> <p>The facility census was 58 at the time of entrance and the facility held a license for 74 beds.</p> |                                                                            |  | F 000                                                                                                 |                                                                                                                          |                                                                    |                            |

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| F 600<br>SS=J                                                       | <p>Free from Abuse and Neglect<br/>CFR(s): 483.12(a)(1)</p> <p>§483.12 Freedom from Abuse, Neglect, and Exploitation<br/>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.</p> <p>§483.12(a) The facility must-</p> <p>§483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion;<br/>This REQUIREMENT is not met as evidenced by:<br/>Based on interview, record review, and policy review, the facility neglected resident care as evidenced by the failure to evaluate Resident #2's weight daily, a resident with a diagnosis of Congestive Heart Failure (CHF), so that adjustments of Lasix (diuretic), as ordered by the physician, could be administered for weight gains of three (3) pounds overnight or five (5) pounds in a week. Resident #2 had a total of 17 missed daily weights and was admitted to the hospital with an approximate 20 pound (lb) weight gain within two (2) weeks, from 7/26/18 until 8/8/18, and was diagnosed with acute CHF. The facility also failed to obtain daily weights for Resident #3, a resident with a history of CHF, as ordered, to monitor her medical condition. Resident #3 had a total of 10 missed daily weights. Resident #3 was admitted to the hospital with edema and Hypoalbuminemia, with a weight gain of over nine (9) pounds in a two (2) week period, from 6/19/18</p> | F 600                                                                      | <p>This plan of correction serves as Sunplex Subacute Center's allegation of substantial compliance as of 10/18/18.</p> <p>This plan of correction does not constitute an admission or agreement by the provider, Sunplex Subacute Center, of the truth of the facts alleged or conclusion set forth in this Statement of Deficiencies. This Plan of Correction has been respectfully developed solely because it is required by State and Federal Law.</p> <p>1. Resident #2 was discharged from the facility on 8/8/18 to a local hospital and has not returned to the facility. The facility ensured that Resident #3, currently a resident, had daily weight in place as of 9/14/18; recognizing that the weight fluctuations were diagnosed from 7/9/18</p> |  | 10/18/18                                                           |

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| F 600                                                               | <p>Continued From page 4</p> <p>until 7/2/18. This affected two (2) of six (6) sampled residents and five (5) un-sampled residents reviewed.</p> <p>The facility's failure to obtain/evaluate Resident #2's weights to administer the Lasix as ordered, and failure to obtain daily weights on Resident #3 to monitor her condition, placed Resident #2, Resident #3 and all other residents with daily weights and/or medication to administer according to weight gain, or with a diagnosis of Congestive Heart Failure (CHF), at risk for serious injury, harm, impairment or death.</p> <p>This situation was determined to be an Immediate Jeopardy (IJ), which began on 8/8/18, when Resident #2 was admitted to the hospital with a diagnosis of Shortness of Breath and Edema and received aggressive Intravenous (IV) diuresis for a weight gain of over 20 pounds, due to weights not monitored and/or medication adjusted to help control fluid build up.</p> <p>The facility's Administrator and the Director of Nursing (DON) was notified on 9/17/18 at 10:30 AM, of the IJ. An acceptable Credible Allegation of Compliance (AoC) was received on 9/19/18, in which the facility alleged the removal of the IJ on 9/18/18.</p> <p>The State Agency (SA) determined the IJ to be removed on 9/18/18, prior to exit. The scope and severity for the IJ at CFR(s) 483.12 (a) (1) F600 Freedom from Abuse, Neglect, and Exploitation, was lowered to a "D" while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.</p> | F 600                                                                      | <p>as being from Anasarca due to Chronic Kidney Disease, Hypoalbuminemia associated with Cancer, Severe Protein Malnutrition due to Cancer, that it was not due to Congestive Heart Failure (CHF), but had a history of CHF. The facility ensures that daily weights are being performed by the 11PM-7AM Certified Nursing Assistants and charted into the chart by the 11PM-7AM Nurse, by having this verified by the Director of Nursing, Monday through Friday, and the Weekend Supervisor Registered Nurse on Saturday and Sunday. The verification ensures that the weights have been charted on as ordered, that weight variances have been reviewed and reported to the Physician as ordered, that medication parameters have been followed as ordered, and that the care plan has been updated with any changes per any new the Physician orders.</p> <p>2. All residents with CHF have the potential to be affected by the same deficient practice. The Director of Nursing (DON), who is a Registered Nurse, and the Nurse Practitioner reviewed all residents with CHF (which composed of 20 residents, two (2) of which are receiving Hemodialysis) to ensure those needing daily weights, weekly weights, monthly weights were identified, that orders were in place to ensure the correct weight monitoring was in place, and that medication parameters for weight fluctuations were in place and followed per orders as of 9/14/18. The Clinical Team, which consists of the DON, the Transitional Care Unit (TCU) Registered</p> |  |                                                                    |

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| F 600                                                               | <p>Continued From page 5</p> <p>Findings include:</p> <p>The facility's policy, titled, "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan", dated August 23, 2017, revealed the resident has the right to be free from abuse, neglect and misappropriation of resident property and exploitation as defined below....The policy defined neglect as the failure of the facility, it's employees or service providers to provide goods and services to a resident necessary to avoid physical harm, mental anguish, or emotional distress.</p> <p>Review of the "Weight Monitoring Program", dated 8/18/11, revealed:: It is the policy of this facility, that each residents' weight will be monitored monthly, or as indicated by the residents' condition or physician's order.</p> <p>The facility's policy, titled, "Physician's Orders", dated March 28, 2018, revealed it is the policy of the facility that resident medications and treatments are ordered by the physician and other licensed health care professional as permitted by state law and are to carried out as ordered.</p> <p>Resident #2<br/>The facility admitted Resident #2 on 7/17/18, with the diagnoses including Acute on Chronic Diastolic Congestive Heart Failure, Presence of Prosthetic Heart Valve, Chronic Kidney Disease and Atrial Fibrillation. The Admission Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 7/24/18, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #2 was cognitively intact.</p> <p>Review of the hospital Cardiology Assessment</p> | F 600                                                                      | <p>Nurse, Minimum Data Set (MDS) Licensed Practical Nurse (LPN) #1, MDS LPN #2, Medical Records Licensed Practical Nurse (LPN), Dietary Manager, the Social Services Director (SSD), and the Weekend Supervisor Registered Nurse (on Saturday and Sunday) will ensure all weights are obtained and documented as ordered for Residents with CHF, that all medication parameters are followed per Physician orders for weight fluctuations, and that weight gains are reported to the Physician as ordered —all of which includes new admissions and readmissions. The Clinical Team will review this Monday through Friday and the Weekend Supervisor Registered Nurse will review this on Saturday and Sunday.</p> <p>3. The Director of Nursing, a Registered Nurse, in-serviced nursing staff on the need to ensure all residents needing daily/weekly weights were being performed as required and recorded into the medical record as of 9/17/18 and to ensure medication parameters regarding weight fluctuations are being followed as ordered. To ensure that this deficient practice does not reoccur, the clinical team will ensure all weights are obtained and documented as ordered for Residents with CHF, that all medication parameters are followed per Physician orders for weight fluctuations, and that weight gains are reported to the Physician as ordered —all of which includes new admissions and readmissions. This review will be done by the Clinical Team Monday through Friday and the Weekend</p> |  |                                                                    |

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| F 600                                                               | <p>Continued From page 6</p> <p>and Plan, printed 7/16/18, prior to facility admit, revealed for Acute on Chronic Diastolic Heart Failure: Continue by mouth Lasix on discharge, intake and output and daily weights.</p> <p>A review of the physician's orders, dated 7/17/18, included: Furosemide (Lasix) 20 milligrams (mg) by mouth (po) one (1) time a day. May increase to 40 mg if weight gain greater than three (3) pounds (lbs) overnight or five (5) lbs in one (1) week, with the start date of 7/18/18, for Acute on Chronic Diastolic (Congestive) Heart Failure. (Resident's weight on admit, 7/17/18, was 247.2 lbs)</p> <p>Resident #2 had facility documented weights on 7/17/18 of 247.2 lbs (admission-not documented how), 7/18/18 of 247.2 lbs (mechanical lift), 7/19/18 of 247 lbs (mechanical lift), 7/20/18 of 235.8 lbs (standing), and 7/26/18 of 235 lbs (not documented how), with a total of 17 missed weights from 7/17/18 through 8/8/18.</p> <p>Review of Cardiology records as well as hospital records, dated 8/8/18, revealed Resident #2 weighed 262 pounds, which indicated a weight gain of 27 pounds from the last weight obtained by the facility on 7/26/18 of 235 pounds.</p> <p>A review of the Medication Administration Record (MAR) for July 2018 and August 2018, for Resident #2, revealed the oral Lasix was not given on 7/18/18 at all, and no additional oral Lasix was administered in regard to weight gain after admission on 7/17/18, until discharge on 8/8/18. These MARs and review of the "Weights and Vitals Summary" form, documented a total of 17 missed daily weights, which should have been done daily during a 22 day stay, in order to</p> | F 600                                                                      | <p>Supervisor Registered Nurse (for Saturday and Sunday). The Director of Nursing, a Registered Nurse, will audit daily/weekly weights every day Monday through Friday to ensure that the weights were obtained as ordered, that medication parameters are being followed as ordered for weight fluctuations, that care plans have are in-place or updated with any order changes from the prior day, and that any weight fluctuations are reported to the Physician as ordered. This audit (for all Residents with CHF and for any admitted/readmitted Residents with CHF) will consist of a spread sheet that includes a daily tracking for each Resident with CHF by name that verifies that the weights have been obtained, weight fluctuations have been reviewed, and that the weights are in the medical chart. The audit will also include a signed "Medical Record Daily Task Sheet" to indicate that all prior day orders have been reviewed, that all care plan updated have been completed related to CHF, all new CHF orders have been placed onto the Medication Administration Record, and that medication parameters have been completed per the weight variance orders. The Weekend Supervisor Registered Nurse will perform and document these audits on Saturday and Sunday. These audits will continue daily for 90-days to ensure daily/weekly weights are obtained as ordered, that medication parameters are being followed as ordered for weight fluctuations, that the weights are placed into the chart, that the Physician has been contacted as ordered for weight</p> |                            |                                                                    |

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| F 600                                                               | <p>Continued From page 7</p> <p>administer Lasix as needed.</p> <p>The August 2018 MAR documentation included Furosemide (Lasix) Solution 40 mg/4 milliliter (ml) to give 20 mg one (1) time for 3+ edema, on 8/6/18. There was no documented weight for this date.</p> <p>A review of the Cardiology evaluation, dated 8/8/18, revealed: Resident #2 weighed 262 pounds. The resident reported over the past week or more she has developed an increase in Shortness of Breath (SOB) and Lower Extremity (LE) edema, especially at the right calf. The prior weight per Cardiology documentation on 5/2/18, was 239.8 pounds, which indicated a weight gain of 23 pounds in approximately three (3) months. The Cardiology note documented: "Due to increasing edema LE edema, shortness of breath, and recent procedures to included trans-catheter aortic valve replacement and pacemaker implantation on 7/12/18, she was asked to proceed to the ER for evaluation. Her Creatinine is elevated to 1.69 and she may require diuresis that will require close monitoring..."</p> <p>Review of a Nursing Home to Hospital Transfer Form, dated 8/8/18, revealed Resident #2's weight was 235 pounds, with reason for transfer: Admitted from a Medical Doctor (MD) appointment with Gastro-intestinal (GI) Bleed.</p> <p>A review of the Hospitalist Admission Note on 8/8/18, revealed Resident #2 presented to the hospital with Dyspnea (shortness of breath), which started a few weeks ago, was seen by the Cardiologist today and was sent to the Emergency Room to be evaluated for Dyspnea.</p> | F 600                                                                      | <p>fluctuations, that all new orders have been reviewed and are added in the audit as needed, and that new orders have been brought to the care plan as applicable—all of this is to include current Residents with CHF and any newly admitted/readmitted Residents with CHF. All audits will be maintained in the CHF Audit Book and turned into the DON.</p> <p>4. The DON will report the results of the CHF weight monitoring, medication administration, care plan implementation, CHF reporting audit to the Quality Assurance and Performance improvement Committee monthly for review. The Committee will provide recommendation for revisions, updates, or resolution. The committee consists of at least the Medical Director, DON, Nursing Home Administrator, and two (2) additional members from the SSD, Maintenance Director, MDS LPN, Medical Records, Dietary Manager, nurses, Certified Nursing Assistants, and the Life Connections Coordinator.</p> |  |                                                                    |

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| F 600                                                               | <p>Continued From page 8</p> <p>Resident #2 was given IV Lasix, 40 mg and admitted to the hospital.</p> <p>A review of the Hospitalist Discharge Note on 8/17/18, revealed Resident #2 was admitted on 8/8/18, and discharged on 8/17/18, with a discharge diagnosis to include Acute Diastolic Heart Failure Exacerbation. The Hospital Course noted: Resident #2 was a direct admit from the Cardiologist office due to evidence of severe volume overload and Acute and Chronic Diastolic Heart Failure Exacerbation. On arrival she appeared to be in Active Diastolic Heart Failure Exacerbations and had gained approximately 20 pounds over the preceding several weeks and had evidence of Pulmonary Edema and severe lower extremity anti-edema. A repeat echocardiogram did reveal evidence of significant Diastolic Failure with a least moderate Aortic Stenosis and severe bilateral dilation and elevated pulmonary pressures. (CHF). Her outpatient Lasix dosage has been increased to 40 mg twice daily and will continue to follow up with the outpatient CHF clinic.</p> <p>A review of Resident #2's NT Pro Brain Natriuretic Peptide (BNP) lab report, on 8/8/18, on admission to the hospital, was 1,335 with the hospital reference range of less than 1,800 picogram (pg)/milliliters (ml). Comments on the lab report included: "Among patients with Dyspnea, NT-proBNP is highly sensitive for the detection of Acute Congestive Heart Failure. In addition, a NT-proBNP &lt;300 pg/ml effectively rules out Acute Congestive Heart Failure with 99% negative predictive value. This indicated that CHF could not be ruled out for Resident #2.</p> <p>Review of the facility's Discharge Summary,</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 9</p> <p>dated 8/27/18, revealed Resident #2 was admitted on 7/17/18, for Chronic Anemia, Acute onset Diastolic Heart Failure, Chronic Kidney Disease and Atrial Fibrillation. The "Progress" section included the resident did progress with Activity of Daily Living (ADL) but had edema to lower extremities and was at times having a difficult time breathing. The reason for discharge documented the resident was sent to a Physician's appointment for evaluation and was admitted to the hospital. The most recent weight, documented on the Discharge Summary, was 235.0 pounds on 7/26/18.</p> <p>A telephone interview with Resident #2's Responsible Party (RP) on 9/11/18 at 4:02 PM, revealed the resident was admitted to the facility and weights were not done as ordered and Lasix was not increased or given based on weights. The RP stated, "That's why they ordered her to be weighed daily, to adjust her medication". Resident #2's RP stated the staff did not come in to weigh the resident in the mornings as they should have, and the resident had said that she had only been weighed a few times. The RP stated the documentation they had been given showed the resident had only been weighed twice the whole time she was at the facility. The RP reported Resident #2 wanted to get well and return home and stated she had never refused to be weighed because she knew how important it was for her. The RP reported Resident #2 was taken immediately to the Cardiologist upon leaving the facility, because she was unable to speak a full sentence, and because she was so short of breath and that she could only take a few steps. The RP stated the resident was admitted to the hospital and the Doctor said she had an excess of 35 lbs of fluid weight gain and was</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 10</p> <p>again in Heart Failure. The RP stated, "I believe she was neglected because they did not give her medication, her Lasix, right and she almost died. I brought her home with me, she is at home now, because I don't trust them."</p> <p>During an interview on 9/14/18 at 9:20 AM, the Director of Nursing (DON) acknowledged the Physician's Order for Lasix and daily weights were not followed for Resident #2. The DON confirmed the Nurse who administered medication for Resident #2 should have reviewed a weight in order to administer the Lasix and/or extra Lasix, but they didn't. The DON stated Resident #2 did have an order for daily weights on admission. The DON acknowledged not providing the weights/medication as needed, could be neglect. Further interview with the DON on 10/2/18 at 12:25 PM, revealed that she had given Resident #2 the IM Lasix on 8/6/18, due to 3+ pitting edema in the lower extremities and because the resident was short of breath, but the resident wasn't weighed at that time. She stated it was her fault the daily weight didn't get into the computer.</p> <p>In an interview on 9/14/18 at 2:20 PM, MDS Nurse, LPN #2, stated if an order for Lasix indicates it's to adjusted, based on the weight, "You can't accurately give the medication if you don't weigh daily, because you don't know whether to go up or not."</p> <p>An interview on 9/17/18 at 1:55 PM, with LPN #3 revealed she did not look at the drop down box of the MAR to read the whole order for Resident #2, and only gave the Lasix 20 mg daily and did not increase the dose. (The drop down box is where the completed order would be listed) LPN #3</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
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| F 600                                                               | <p>Continued From page 11</p> <p>stated if the Lasix was not given correctly, and as ordered to be adjusted by the resident's weight, then they would not be following physician's orders. LPN #3 was asked why the daily weights had been missed for Resident #2 and she stated, "I'm not sure why it was missed." "I don't ever remember her getting weighed."</p> <p>An interview on 9/17/18 at 10:00 AM, with the Nurse Practitioner (NP) confirmed Lasix 20 mg was ordered for Resident #2 and should have been increased to 40 mg if she had more than a three (3) pound weight gain overnight and/or five (5) pounds in a week. The NP confirmed not giving the Lasix correctly could have resulted in CHF. The NP stated she had noticed and had concerns that weights were sometimes not obtained and had spoken to the DON about it. The NP also stated, "The residents would tell me that they have not been weighed". The NP stated if she noticed a weight not being done she would go to the Nurse and stress to them the weights are to be done before breakfast daily. The NP stated she had even had complaints from the Cardiologist of weights not being obtained.</p> <p>In an interview on 9/19/18 at 1:40 PM, the Medical Director stated he was notified last week of residents with daily weights not being done as ordered. He stated if weights are ordered, they need to be done. The Medical Director confirmed Lasix was not given as ordered for Resident #2. He stated if staff did not obtain her daily weights, and base the dose of Lasix on that weight, it could result in fluid gain for the resident.</p> <p>In an interview on 9/20/18 at 7:58 AM, LPN #5 stated if a resident is to have a medication based on daily weights and not weighed, then the</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 12</p> <p>medication cannot be given safely. When asked if this could cause harm, LPN #5 responded, "Yes". LPN #5 acknowledged Resident #2 didn't receive services as needed or as ordered.</p> <p><b>Resident #3</b><br/>The facility admitted Resident #3 on 5/30/18, with the diagnoses including Congestive Heart Failure, Type 2 Diabetes Mellitus, Cardiovascular Accident (CVA), and Atrial Fibrillation. A review of the Admission MDS, with the ARD of 7/16/18, revealed Resident #3 had a BIMS score of 9, which indicated moderate cognitive impairment. A review of the 60 day assessment MDS, with the ARD of 9/5/18, revealed Resident #3 had a BIMS score of 12, which indicated she was more cognitively intact.</p> <p>An interview on 9/12/18 at 5:00 PM, with Resident #3, revealed she does not refuse to be weighed. Resident #3 stated the staff does not weigh her every day but every couple of days and stated she understands how important it is to be weighed because of her fluid buildup.</p> <p>Review of the care plan, for Resident #3, initiated 6/21/18, revealed to weigh as ordered and prn.</p> <p>Review of physician's orders, dated 6/1/18 and again on 6/26/18, revealed an order to weigh Resident #3 daily every night shift. (Resident #3 was discharged home on 6/15/18 and re-admitted on 6/18/18).</p> <p>Review of the MAR for July 2018, revealed daily weights were to be obtained every night shift with a start date of 6/26/18. Review of the "Weights and Vital Summary" form, revealed Resident #3 weighed 167.2 pounds on 6/19/18. On 6/26/18,</p> |                                                                            |  | F 600                                                                                                 |                                                                                                                          |                                                                    |                            |

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| F 600                                                               | <p>Continued From page 13</p> <p>the resident weighed 174.0 pounds, a 9.8 pound gain in one (1) week. Resident #3's weight on 7/2/18 was 172.6 pounds, the day she was admitted to the hospital, which was a 5.4 pound weight gain from 6/19/18 until 7/2/18, in less than two (2) weeks after re-admission.</p> <p>A review of the Hospitalist Admission Note on 7/2/18, noted Resident #3 was admitted to the hospital with altered mental status and noted a history of CHF. The family reported swelling in the arm and legs for the past few months. The note documented 3+ pitting edema in the bilateral lower extremities and left upper extremity. The admission Chest X-Ray (CXR) revealed the impression of bilateral Pleural Effusions which indicated fluid on the lungs. The Assessment/Plan for the #3's diagnosis included: Edema: CHF vs Hypoalbuminemia, will assess response to Lasix in the ER (Emergency Room), and consider an albumin bolus. The Brain Natriuretic Peptide (BNP) was 20,481, with the Latest Reference Range of less than 1,800 pg/ml. Resident #3 was hospitalized from 7/2/18 through 7/8/18 and received IV Albumin and was discharged back to the facility with daily weights ordered.</p> <p>A review of the physician's orders for Resident #3, after re-admit, dated 7/11/18, noted an order for daily weights on the night shift due to a diagnosis of CHF with the start date of 7/11/18. (Weights are obtained per standing orders for the first three (3) days after admission/re-admission).</p> <p>The Medication Administration Record (MAR) review from 6/26/18 through 9/14/18, revealed Resident #3 had 10 missed weights, excluding a hospital admission from 7/2/18 to 7/8/18. Weight on 7/11/18 was 172.6, and on 9/14/18 weight was</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 14</p> <p>177.6. Daily weights were not obtained as ordered, so that staff could evaluate the resident for CHF and/or other medical issues and implement intervention as needed. Dates of missed weights, that should have been obtained on the night shift, included 6/29/18, 7/2/18, 7/13/18, 7/23/18, 8/14/18, 8/15/18, 9/4/18, 9/9/18, 9/11/18, and 9/14/18.</p> <p>An interview on 9/14/18 at 2:10 PM, with MDS Nurse, Licensed Practical Nurse (LPN) #1, confirmed if the staff fails to follow the Physician's Orders they would be jeopardizing the resident's health.</p> <p>In an interview on 9/14/18 at 11:55 AM, CNA #1 stated two (2) nights last week she had 19 to 20 residents and weights didn't get done. She stated, "The nurse tells us who to weigh at the beginning of the shift." "Also sometimes other workers have to leave in the middle of the shift, and that puts us short and not enough help." CNA #1 confirmed weights didn't always get done as they should and could considered neglectful.</p> <p>An interview on 9/14/18 at 12:20 PM, with LPN #4, revealed she worked the night shift and stated the Nurse on night shift is responsible for making sure the CNAs obtain the ordered weights. She stated there was a few days that the lift would not work properly, but was fixed now. She stated there had been in-services about abuse and neglect about two (2) weeks prior. She stated she had heard from residents that CNAs were not coming in to get weights at intervals. She acknowledged the services weren't always provided with obtaining daily weights.</p> <p>The facility submitted an acceptable Allegation of</p> | F 600                                                                      |                                                                                                                          |                            |                                                                    |

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| F 600                                                               | <p>Continued From page 15</p> <p>Compliance (AoC) on 9/19/18, for the Immediate Jeopardy.</p> <p>Review of the facility's AoC revealed the facility took the following corrective actions to remove the IJ:</p> <p>Brief Summary of Event:<br/>At 10:32 AM, on Monday 9/17/18, the State Complaint Surveyor informed the Facility Administrator the facility was in Immediate Jeopardy (IJ) status concerning Resident #2 and Resident #3. Resident #2 attended a follow-up appointment related to post Aortic Valve Replacement at a local Cardiology Clinic on 8/8/18. Resident #2 was noted to have shortness of breath and an increase in weight of 23 pounds (lbs) since the previous 5/2/18 Cardiology visit per Cardiology consult note. Resident #2 was transported to the local hospital Emergency Room (ER). Resident #2 was admitted to the hospital on 8/8/18, with an admitting diagnosis of Systemic Anemia with a Brain Natriuretic Peptide (BNP) lab result of 1335 Picograms per Milliliter (pg/ml). Per hospital lab result sheet, less than (&lt;)300 pg/ml effectively rules out Acute Congestive Heart Failure (CHF) and greater than (&gt;) 300 pg/ml could be indicative of Acute CHF. The facility failed to obtain 20 daily weights since admission to the facility on 7/17/18. The facility failed to assess the weight in order to provide the proper dose of Lasix according to parameters set by the physician order. The order included Lasix 20 milligrams (mg) per day, may increase to 40 mg if weight gain is greater than three (3) lbs over night or five (5) lbs in a week. The facility failed to develop and implement a care plan regarding obtaining daily weights. The facility failed to develop and implement a care plan regarding</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 16</p> <p>Lasix therapy with weight changes. This resulted in the resident being hospitalized from 8/8/18 to 8/17/18, with the hospital discharge summary stating Resident #2 had a diagnosis of CHF and evidence of severe volume overload and Acute Chronic Diastolic Heart Failure Exacerbation, and was treated aggressively with intravenous (IV) diuresis using Lasix.</p> <p>The Facility failed to obtain nine (9) daily weights for Resident #3. Resident #3's initial admission weight from 6/18/18 was 167.2 lbs and her discharge weight to the hospital on 7/2/18, was 172.6 lbs; a weight change of 5.4 lbs. The facility failed to implement a care plan for daily weights for Resident #3, who has a history of CHF. Resident #3 was sent to the local Emergency Room related to Altered Mental Status on 7/2/18, and was admitted to the hospital with a BNP lab result of 20,481 pg/ml, and a diagnosis of Edema: CHF versus Hypoalbuminemia. Resident received treatment of Albumin infusions while hospitalized. Resident #3 was discharged from the hospital on 7/9/18 back to the facility with a diagnosis of Anasarca due to Chronic Kidney Disease and Hypoalbuminemia associated with Cancer, Encephalopathy secondary to Urinary Tract Infection (UTI) resolved, Severe Protein Malnutrition due to Cancer, and a history of CHF.</p> <p>Facility Actions:</p> <p>1. On 9/14/18, a 100 percent (%) audit of a total of 20 residents, with diagnosis of CHF (which include two (2) residents receiving Hemodialysis), was completed by Director of Nursing (DON) and the Transitional Care Unit (TCU) Nurse for current weight orders and for following current physician orders, with all residents with CHF found to be in compliance with current orders.</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 17</p> <p>The facility Nurse Practitioner (NP) reviewed all residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF, which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were added for weekly weights. The residents on Hemodialysis are being monitored and treated by the local dialysis center and weights are being recorded weekly at the facility.</p> <p>2. Care plans for all residents with CHF were reviewed by the Regional Minimum Data Set (MDS) Registered Nurse on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF, with no concerns found.</p> <p>3. On 9/14/18 at 4:00 PM, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPN, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are to be done on 11:00 PM-7:00 AM shift in the AM by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
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| F 600                                                               | <p>Continued From page 18</p> <p>Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders will be care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion.</p> <p>4. On 9/14/18 at 4:30 PM, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. In this meeting residents with CHF were discussed and the following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. On 9/17/18 at 10:40 AM, the Medical Director was notified of the IJ concerning Resident #2 and Resident #3.</p> <p>6. A QAPI meeting was held on 9/17/18 at 5:00 PM, with the following staff members present: Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, and</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 19</p> <p>developing and implementing care plans, were reviewed with no changes made on 9/17/18. The following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters:</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days, and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week, and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days, and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly weights will be added to the care plan at the time of review during clinical meeting, by the clinical team on weekdays, and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily to ensure completeness and accuracy, by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 20</p> <p>by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. On 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life Connections-one (1) of one (1). No staff will be allowed to work at the facility until in-serviced, which includes new hires; this will be monitored by the Facility Administrator.</p> <p>-On 9/17/18 at 11:30 AM, an in-service was initiated by the Regional Minimum Data Set (MDS) Registered Nurse regarding ensuring residents with CHF and residents receiving</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 21</p> <p>Hemodialysis, should all have weights as ordered included in the plan of care for MDS #1, MDS #2, Medical Records LPN, and the DON.</p> <p>8. The facility alleges that all corrective actions have been completed as of 9/17/18, and the Jeopardy was removed as of 9/18/18.</p> <p>The SA validated through interview, record review, observation and policy review that the facility completed the following actions to remove the IJ:</p> <p>1. The SA validated through interview and record review that a 100% audit was completed by the DON and TCU Nurse on 9/14//18, of 20 residents, with diagnosis of CHF, which included two (2) residents receiving Hemodialysis, for current weight orders and for following current physician orders, with no issues. The SA validated through interview and record review that the facility NP reviewed residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were changed/added for weekly weights. The residents on Hemodialysis are monitored and treated by the local dialysis center and weights are recorded weekly at the facility.</p> <p>2. The SA validated through interview and record review that care plans for all residents with CHF were reviewed by the Regional MDS RN on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 22</p> <p>with CHF with no concerns found. No further issues were identified during record review.</p> <p>3. The SA validated through interview, sign-in sheets from in-services, and record review that on 9/14/18, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPNs, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are done on 11:00 PM-7:00 AM shift in the mornings by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights are reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor reviews the daily/weekly weights on the weekends. The MD/NP are notified by the TCU Manager during the week, and the Weekend RN Supervisor during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders are care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion.</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 23</p> <p>Staff interviews across all disciplines revealed in-services were attended, understood, and followed.</p> <p>4. The SA validated through sign-in sheets and staff interview, that on 9/14/18, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. The following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. The SA validated by interview that the Medical Director was notified of the IJ concerning Resident #2 and Resident #3 on 9/17/18.</p> <p>6. The SA validated through interview and record review of sign-in sheets that a QAPI meeting was held on 9/17/18, which included the Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, developing and implementing care plans were reviewed with no changes made on 9/17/18. Interview with nursing staff and Administrative staff revealed the following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters.</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 24</p> <p>Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly weights will be added to the care plan at the time of review during clinical meeting by the clinical team on weekdays and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily, to ensure completeness and accuracy by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. The SA validated by interview, record review and sign-in sheet review, that on 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 600                                                               | <p>Continued From page 25</p> <p>PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life Connections-one (1) of one (1). Review of the employee roster revealed no staff was allowed to work at the facility until in-serviced, which included new hires; this will be monitored by the Facility Administrator.</p> <p>The SA validated through interview and review of care plans, that on 9/17/18, an in-service was initiated by the Regional Minimum Data Set (MDS) Registered Nurse regarding ensuring residents with CHF and residents receiving Hemodialysis, should all have weights as ordered included in the plan of care for MDS #1, MDS #2, Medical Records LPN, and the DON.</p> <p>8. The SA validated that all corrective actions were completed by the facility as of 9/17/18 and the IJ removed on 9/18/18, prior to the SA exit.</p> | F 600                                                                      |                                                                                                                          |  |                                                                    |

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| F 656<br>SS=J                                                       | <p>Develop/Implement Comprehensive Care Plan<br/>CFR(s): 483.21(b)(1)</p> <p>§483.21(b) Comprehensive Care Plans<br/>§483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -</p> <p>(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and</p> <p>(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).</p> <p>(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care</p> | F 656                                                                      |                                                                                                                          |  | 10/18/18                                                           |

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| F 656                                                               | <p>Continued From page 27</p> <p>plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, record review, and policy review, the facility failed to develop and follow the care plan to obtain daily weights for Resident #2, for a total of 17 days, so that the medication Lasix could be adjusted, as ordered, according to the daily weights, for accurate monitoring to prevent fluid overload and Congestive Heart Failure (CHF). The facility also failed to obtain daily weights as ordered for a total of 10 days for Resident #3, to monitor for fluid overload and/or CHF; for two (2) of six (6) sampled residents and five (5) un-sampled residents reviewed. Resident #2 had a weight gain of approximately 27 pounds in a two (2) week period from 7/26/18 until 8/8/18, when she was admitted to the hospital was aggressive Intravenous (IV) treatment for CHF. Resident #3 had an approximate nine (9) pound weight gain in a two (2) week period from 6/19/18 until 7/2/18, when she was admitted to the hospital with edema and treated for the edema other medical issues.</p> <p>The failure to develop and/or implement the care plan for the adjustment medication administration, related to weight gain, and/or failure to obtain daily weights for residents with Congestive Heart Failure (CHF), placed Resident #2, Resident #3, and other residents in the facility with orders for daily weights and/or medications to adjust for weight gain, at risk for serious injury, harm, impairment or death.</p> <p>This situation was determined to be an Immediate Jeopardy (IJ), which began on 8/8/18,</p> | F 656                                                                      | <p>1. Resident #2 was discharged on 8/8/18 to the local Hospital and has not returned to the facility. The Minimum Data Set (MDS) Licensed Practical Nurse (LPN) #1 reviewed/updated Resident #3 care plan as of 9/14/18, the care plan for Resident #3 did not require any updates related to medication parameter changes due to weight fluctuations. Resident #2's care plan was not updated as Resident #2 was not a current resident. The facility ensured that the care plan for Resident #3 was being followed by ensuring that daily weights were be obtained as of 9/14/18 and that any medication parameter changes due to weight fluctuations were in the care plan as of 9/14/18.</p> <p>2. All residents with Congestive Heart Failure (CHF) have the potential to be affected by the same deficient practice. The Regional MDS Consultant, who is a Registered Nurse, MDS LPN #1 and MDS LPN #2 audited all 20 residents with CHF (to include two (2) residents receiving Hemodialysis) that the care plans were being followed per the physician's orders, that the care plan addressed monitoring of weights per the Physician's orders, that weight fluctuations were being monitored and care planned per the Physician's orders, that any reporting to the Physician were care planned as ordered, and that medication parameters were care planned for weight fluctuations as per the</p> |  |                                                                    |

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| F 656                                                               | <p>Continued From page 28</p> <p>when Resident #2's care plan was not developed and/or followed for weight monitoring and medication adjustment, which lead to the resident's admission to the hospital, with a diagnosis of Shortness of Breath, Edema, and Congestive Heart Failure (CHF), resulting in aggressive Intravenous (IV) diuresis, for a weight gain of approximately 27 pounds in two (2) weeks, with a discharge diagnosis to include Congestive Heart Failure (CHF).</p> <p>The facility's Administrator and the Director of Nursing (DON) was notified on 9/17/18 at 10:30 AM, of the IJ. An acceptable Credible Allegation of Compliance (AoC) was received on 9/19/18, in which the facility alleged the removal of the IJ on 9/18/18.</p> <p>The State Agency (SA) determined the IJ to be removed on 9/18/18, prior to exit. The scope and severity for the IJ at CFR (s) 483.21 (b), F656, Comprehensive Resident Centered Care Plans, was lowered to a "D" while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.</p> <p>Findings include:</p> <p>The facility's policy, titled, "Goals and Objectives", undated, noted it is the policy of the facility that care plans incorporate goals and objectives which lead to the resident's highest obtainable level of independence as determined by the Interdisciplinary Team and in accordance with the resident's personal wishes and cultural preferences.</p> | F 656                                                                      | <p>Physician's orders as of 9/14/18. The clinical team, which consists of the Director of Nursing (DON), the Transitional Care Unit (TCU) Registered Nurse, Minimum Data Set (MDS) Nurse #1, MDS Nurse #2, Medical Records Licensed Practical Nurse (LPN), Dietary Manager, the Social Services Director (SSD), and the Weekend Supervisor Registered Nurse (on Saturday and Sunday) will ensure that all new orders are reviewed on a daily basis, that any new orders relating to CHF weight monitoring, medication changes, or reporting of weight fluctuations have been placed on the care plan, to include any new Residents with CHF or any readmitted Residents with CHF. The Clinical Team will review this Monday through Friday and the Weekend Supervisor Registered Nurse will review this on Saturday and Sunday.</p> <p>3. The Director of Nursing, a Registered Nurse, in-serviced all staff on the need to ensure all care plans are being followed to obtain daily/weekly weights per the physician's orders, to follow Physician orders regarding any weights fluctuations, and to report to the Physician weight gain as ordered as of 9/17/18. The Regional MDS Consultant in-serviced MDS LPN #1, MDS LPN #2, and the Medical Records LPN (9/14/18) on ensuring that care plans reflect medication parameters changes for weight fluctuations when ordered by the Physician. To ensure that this deficient practice does not reoccur, the clinical team, which consists of the DON, the Transitional Care Unit (TCU) Registered</p> |  |                                                                    |

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| F 656                                                               | <p>Continued From page 29</p> <p>The facility's policy, titled, "Care Plan-Baseline", undated, noted, it is the policy of this facility that an individualized baseline care plan be developed within 48 hours of admission that includes instructions needed to provide effective person centered care of the resident that meets professional standards of quality care, maintained and/or updated, while a comprehensive care plan is developed.</p> <p>The facility's "Care Plan-Comprehensive Policy Statement", undated, revealed it is the policy of this facility to develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and psychological needs. Care plans are revised as changes in the resident's condition dictates. Daily care and documentation should be consistent with the resident's care plan.</p> <p>Resident #2:<br/>A review of Resident #2's Care Plan documented as follows: 8/1/18 Focus: I have altered cardiovascular status related to Congestive Heart Failure (CHF), /Cardiac Pacemaker, Atrial Fibrillation, Prosthetic Heart Valve, Non-rheumatic Aortic Valve Stenosis, Hypertension (HTN), and Diabetes Mellitus (DM). Goal: The resident will be free from complications of cardiac problems through the review date. Interventions included: Administer medications and supplements as ordered and PRN (as needed) and, "Assess for shortness of breath and cyanosis every day." The facility failed to develop a care plan for weights, and medication adjustment based on those weights, per physician's orders.</p> | F 656                                                                      | <p>Nurse, Minimum Data Set (MDS) Nurse #1, MDS Nurse #2, Medical Records Licensed Practical Nurse (LPN), Dietary Manager, the Social Services Director (SSD), and the Weekend Supervisor Registered Nurse (for Saturday and Sunday) will review all new orders on a daily basis to ensure that any new orders related to CHF management, CHF weight monitoring, CHF medication parameters, and reporting to the Physician relating to CHF have been placed onto the care plan, to include any orders for newly admitted or readmitted Residents. The Director of Nursing, a Registered Nurse, will audit Monday through Friday to ensure that the care plans are being implemented and followed for weights being obtained as ordered, that weight fluctuations are being reported as ordered, that medication parameters are being followed for weight fluctuations per orders, and that all of these areas are care planned per the physician's orders. This audit (for all Residents with CHF and new Residents with CHF) will consist of a spread sheet that includes a daily tracking for each Resident with CHF by name that verifies that the weights have been obtained, weight fluctuations have been reviewed, and that the weights are in the medical chart. The audit will also include a signed "Medical Record Daily Task Sheet" to indicate that all prior day orders have been reviewed, that all care plans have been updated and completed related to CHF, all new CHF orders have been placed onto the Medication Administration Record and care plan, that medication</p> |  |                                                                    |

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| F 656                                                               | <p>Continued From page 30</p> <p>The facility admitted Resident #2 on 7/17/18, with diagnoses including Congestive Heart Failure, Chronic Kidney Disease, Presence of Prosthetic Heart Valve and Atrial Fibrillation. Resident #2's Admission Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 7/24/18, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #2 was cognitively intact.</p> <p>A review of the physician's orders, for July 2018, included an order dated 7/17/18, for: Furosemide (Lasix) 20 milligram (mg) tablet, one (1) tablet by mouth daily related to Acute and Chronic Diastolic (Congestive) Heart Failure. Increase to 40 mg if weight gain greater than three (3) lbs. overnight or five (5) lbs. in one (1) week, with a start date of 7/18/18. The orders also included daily weights for three (3) days for new admit. A three(3) pound weight gain overnight could not be assessed without a daily weight obtained.</p> <p>A review of the Medication Administration Record (MAR) for July 2018, and August 2018, revealed the Lasix 20 mg was not given to Resident #2 on 7/18/18, and no additional Lasix (based on weight gain) by mouth was administered from 7/17/18 until discharge on 8/8/18. One (1) injection of Lasix 20 mg, administered Intramuscular (IM), had been documented on 8/6/18, for 3+ edema, with no weight documented. The MAR for July 2018, and August 2018, revealed a total of 17 missed weights, which should have been obtained in order to adjust the Lasix as needed per weight gain, during the 22 day stay. The care plan was not developed to include the specific orders to adjust Lasix per weights.</p> <p>Review of a Cardiology note, dated 8/8/18,</p> | F 656                                                                      | <p>parameters have been completed per the weight variance orders and placed on the care plan. The Weekend Supervisor Registered Nurse will perform and document these audits on Saturday and Sunday. These audits will continue daily for 90-days to ensure that care plans for those with CHF include: daily/weekly weights being obtained as ordered, that medication parameters are being followed as ordered for weight fluctuations, that reporting of weight fluctuations are done per Physician orders, and that these areas are addressed for new residents and readmitted Residents. All audits will be maintained in the CHF Audit book and turned into the DON.</p> <p>4. The DON will report the results of the CHF care plan audit to the Quality Assurance and Performance improvement Committee monthly for review. The committee will provide recommendation for revisions, updates, or resolution. The committee consists of at least the Medical Director, DON, Nursing Home Administrator, and two (2) additional members from the SSD, Maintenance Director, MDS LPN, Medical Records, Dietary Manager, nurses, Certified Nursing Assistants, and the Life Connections Coordinator.</p> |                            |                                                                    |

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| F 656                                                               | <p>Continued From page 31</p> <p>revealed Resident #3 was sent to the Hospital Emergency Room (ER) for an evaluation related to weight gain of over 20 pounds over the past three (3) months and difficulty breathing. A review of the Hospitalist Admission Note from the ER, on 8/8/18, revealed Resident #2 presented to the hospital with Dyspnea (shortness of breath), which had started a few weeks prior, and was admitted to the Hospital. Her weight was documented at 262 pounds. The last facility weight on 7/26/18 was 235 pounds, which was an increase of 27 pounds from 7/26/18 until 8/8/18.</p> <p>A review of the Hospitalist Discharge Note on 8/17/18, revealed Resident #2 was discharged with one of the diagnoses being Acute Diastolic Heart Failure Exacerbation. The Hospital Course noted that Resident #2 was a direct admit from the Cardiologist office due to evidence of severe volume overload and Acute and Chronic Diastolic Heart Failure Exacerbation. The note documented: On arrival the resident appeared to be an Active Diastolic Heart Failure Exacerbations and had gained approximately 20 pounds over the preceding several weeks and had evidence of Pulmonary edema and severe lower extremity anti-edema. A repeat echocardiogram did reveal evidence of significant Diastolic Failure with a least moderate Aortic Stenosis and severe bilateral dilation and elevated pulmonary pressures, which is also part of CHF.</p> <p>During an interview with the Director of Nursing (DON) on 9/14/18 at 9:20 AM, she stated, "I forgot to enter the order for daily weights - that was my fault". The DON confirmed when the order did not get entered into the computer and it did not trigger on the MAR or the Activity of Daily</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 32</p> <p>Living (ADL) screen for the staff to know that Resident #2 needed to be weighed daily. She stated the nurses should have still picked up on it, because the order was specific to the resident's weights. She also stated the MDS Nurses should have picked up on it when the care plan was developed. The DON confirmed Resident #2 did have an order for daily weights on admission and a care plan should have been developed and followed.</p> <p>A telephone interview with Resident #2's Responsible Party (RP) on 9/11/18 at 4:02 PM, revealed the resident was admitted to the facility and weights were not done as ordered and Lasix was not increased or given based on weights. The RP stated, "That's why they ordered her to be weighed daily, to adjust her medication". The RP reported Resident #2 was taken immediately to the Cardiologist upon leaving the facility because she was unable to speak a full sentence and because she was so short of breath and that she was admitted to the hospital for Congestive Heart Failure (CHF), and per the doctor, with a 35 lb fluid weight gain. The RP stated, they did not give her Lasix right, and she almost died.</p> <p>An interview on 9/17/18 at 1:55 PM, with LPN #3, revealed she did not look at the drop down box of the MAR to read the whole order for Resident #2 and only gave the Lasix 20 mg and did not increase the dose, because she didn't see the whole order. LPN #3 stated if the Lasix was not given correctly, and as ordered, then they would not be following physician's orders or following the care plan. LPN #3 was asked why the daily weights had been missed for Resident #2 and she stated, "I'm not sure why it was missed." "I don't ever remember her getting weighed."</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 33</p> <p>An interview on 9/14/18 at 2:20 PM, with MDS Nurse, LPN #2, revealed if an order for Lasix indicated to adjust according to the weight gain overnight, you couldn't give the dose accurately if you didn't obtain/know the weight. She stated you wouldn't know whether to increase the dose or not.</p> <p>An interview on 9/17/18 at 10:00 AM, with the Nurse Practitioner (NP) confirmed Lasix 20 mg was ordered for Resident #2 and should have been increased to 40 mg if she had more than three (3) lb. weight gain overnight or 5 lbs. in a week. The NP confirmed not giving the Lasix correctly could have resulted in CHF.</p> <p><b>Resident #3</b><br/>A review of Resident #3's current Care Plan documented as follows: 6/21/18: Focus: I am at risk for potential fluid deficit related to diuretic use. Goal: I will be free from symptoms of dehydration and maintain moist mucous membranes, good skin turgor. Interventions included: Weigh as ordered and as needed (PRN).</p> <p>The facility admitted Resident #3 on 5/30/18, with diagnoses including Congestive Heart Failure, Type 2 Diabetes Mellitus, Cardiovascular Accident (CVA), and Atrial Fibrillation. A review of the 60 day assessment MDS with the ARD of 9/5/18, revealed Resident #3 had a BIMS score of 12, which indicated she was cognitively intact.</p> <p>An interview on 9/12/18 at 5:00 PM, with Resident #3, revealed the staff did not weigh her every day, but every couple of days. She stated she understood how important it is to be weighed,</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 34<br/>because of her fluid buildup.</p> <p>A review of the physician's orders for Resident #3, dated 6/1/18, 6/26/18, and 7/11/18 revealed orders to obtain daily weights on the night shift, related to CHF.</p> <p>The Medication Administration Record (MAR) review from 6/26/8 to 9/11/18, revealed Resident #3 had 10 missed weights, excluding a hospital admission from 7/2/18 to 7/8/18.</p> <p>A review of the Hospitalist Admission Note on 7/2/18, noted Resident #3 was admitted to the hospital with altered mental status and noted a history of CHF. The admission Chest X-Ray (CXR) revealed the impression of bilateral pleural effusions which indicated fluid on the lungs. The Assessment/Plan for the diagnosis included: Edema: CHF vs Hypoalbuminemia, will assess response to Lasix in the Emergency Room (ER), and consider an Albumin bolus. Resident #3 was treated for edema and other medical issues and returned to the facility on 7/8/18.</p> <p>During an interview on 9/14/18 at 9:20 AM, the Director of Nursing (DON) acknowledged weights should be done as ordered and care planned.</p> <p>Interview on 9/14/18 at 2:10 PM, with MDS Nurse, LPN #1, revealed if the staff failed to follow the physician's orders and the resident's care plan, the staff would be jeopardizing the resident's health. When asked who is responsible for assuring the care plans are followed, LPN #1 responded, "We all are responsible to see if they are followed".</p> <p>An interview on 9/14/18 at 11:55 AM, with CNA</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 35</p> <p>#1, revealed two (2) nights last week she had 19 to 20 residents and the weights didn't get done. She stated the nurse tells the CNAs who to weigh at the beginning of the shift; sometimes other workers have to leave in the middle of the shift and that puts them short-staffed with not enough help. She stated, "The care plan is on the Kiosk." She stated the care plan wasn't followed if the weights didn't get done.</p> <p>Interview with CNA #3 on 9/17/18, revealed sometimes the weights are missed because they didn't have time to do them. She confirmed by not getting the weights, the care plan wasn't followed. She stated the Nurse tells the CNAs which weights to get and they were also in the Kiosk, for the CNAs to review and follow direction.</p> <p>The facility submitted an acceptable Allegation of Compliance (AoC) on 9/19/18, for the Immediate Jeopardy.</p> <p>Review of the facility's AoC revealed the facility took the following corrective actions to remove the IJ:</p> <p>Brief Summary of Event:<br/>At 10:32 AM, on Monday 9/17/18, the State Complaint Surveyor informed the Facility Administrator the facility was in Immediate Jeopardy (IJ) status concerning Resident #2 and Resident #3. Resident #2 attended a follow-up appointment related to post Aortic Valve Replacement at a local Cardiology Clinic on 8/8/18. Resident #2 was noted to have shortness of breath and an increase in weight of 23 pounds (lbs) since the previous 5/2/18 Cardiology visit per Cardiology consult note. Resident #2 was transported to the local hospital Emergency</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 36</p> <p>Room (ER). Resident #2 was admitted to the hospital on 8/8/18, with an admitting diagnosis of Systemic Anemia with a Brain Natriuretic Peptide (BNP) lab result of 1335 Picograms per Milliliter (pg/ml). Per hospital lab result sheet, less than (&lt;)300 pg/ml effectively rules out Acute Congestive Heart Failure (CHF) and greater than (&gt;) 300 pg/ml could be indicative of Acute CHF. The facility failed to obtain 20 daily weights since admission to the facility on 7/17/18. The facility failed to assess the weight in order to provide the proper dose of Lasix according to parameters set by the physician order. The order included Lasix 20 milligrams (mg) per day, may increase to 40 mg if weight gain is greater than three (3) lbs over night or five (5) lbs in a week. The facility failed to develop and implement a care plan regarding obtaining daily weights. The facility failed to develop and implement a care plan regarding Lasix therapy with weight changes. This resulted in the resident being hospitalized from 8/8/18 to 8/17/18, with the hospital discharge summary stating Resident #2 had a diagnosis of CHF and evidence of severe volume overload and Acute Chronic Diastolic Heart Failure Exacerbation, and was treated aggressively with intravenous (IV) diuresis using Lasix.</p> <p>The Facility failed to obtain nine (9) daily weights for Resident #3. Resident #3's initial admission weight from 6/18/18 was 167.2 lbs and her discharge weight to the hospital on 7/2/18, was 172.6 lbs; a weight change of 5.4 lbs. The facility failed to implement a care plan for daily weights for Resident #3, who has a history of CHF. Resident #3 was sent to the local Emergency Room related to Altered Mental Status on 7/2/18, and was admitted to the hospital with a BNP lab result of 20,481 pg/ml, and a diagnosis of Edema:</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 37</p> <p>CHF versus Hypoalbuminemia. Resident received treatment of Albumin infusions while hospitalized. Resident #3 was discharged from the hospital on 7/9/18 back to the facility with a diagnosis of Anasarca due to Chronic Kidney Disease and Hypoalbuminemia associated with Cancer, Encephalopathy secondary to Urinary Tract Infection (UTI) resolved, Severe Protein Malnutrition due to Cancer, and a history of CHF.</p> <p>Facility Actions:</p> <p>1. On 9/14/18, a 100 percent (%) audit of a total of 20 residents, with diagnosis of CHF (which include two (2) residents receiving Hemodialysis), was completed by Director of Nursing (DON) and the Transitional Care Unit (TCU) Nurse for current weight orders and for following current physician orders, with all residents with CHF found to be in compliance with current orders. The facility Nurse Practitioner (NP) reviewed all residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF, which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were added for weekly weights. The residents on Hemodialysis are being monitored and treated by the local dialysis center and weights are being recorded weekly at the facility.</p> <p>2. Care plans for all residents with CHF were reviewed by the Regional Minimum Data Set (MDS) Registered Nurse on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF, with no concerns found.</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 38</p> <p>3. On 9/14/18 at 4:00 PM, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPN, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are to be done on 11:00 PM-7:00 AM shift in the AM by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders will be care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion.</p> <p>4. On 9/14/18 at 4:30 PM, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 39</p> <p>Administrator, Social Services Director, MDS #1, and MDS #2. In this meeting residents with CHF were discussed and the following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. On 9/17/18 at 10:40 AM, the Medical Director was notified of the IJ concerning Resident #2 and Resident #3.</p> <p>6. A QAPI meeting was held on 9/17/18 at 5:00 PM, with the following staff members present: Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, and developing and implementing care plans, were reviewed with no changes made on 9/17/18. The following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters:</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days, and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week, and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 40<br/>Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days, and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly weights will be added to the care plan at the time of review during clinical meeting, by the clinical team on weekdays, and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily to ensure completeness and accuracy, by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. On 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend, of a daily gain of three (3)</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
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| F 656                                                               | <p>Continued From page 41</p> <p>lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life Connections-one (1) of one (1). No staff will be allowed to work at the facility until in-serviced, which includes new hires; this will be monitored by the Facility Administrator.</p> <p>-On 9/17/18 at 11:30 AM, an in-service was initiated by the Regional Minimum Data Set (MDS) Registered Nurse regarding ensuring residents with CHF and residents receiving Hemodialysis, should all have weights as ordered included in the plan of care for MDS #1, MDS #2, Medical Records LPN, and the DON.</p> <p>8. The facility alleges that all corrective actions have been completed as of 9/17/18, and the Jeopardy was removed as of 9/18/18.</p> <p>The SA validated through interview, record review, observation and policy review that the facility completed the following actions to remove the IJ:</p> <p>1. The SA validated through interview and record review that a 100% audit was completed by the DON and TCU Nurse on 9/14//18, of 20 residents, with diagnosis of CHF, which included two (2) residents receiving Hemodialysis, for current weight orders and for following current physician orders, with no issues. The SA</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |                            |                                                                    |
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| F 656                                                               | <p>Continued From page 42</p> <p>validated through interview and record review that the facility NP reviewed residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were changed/added for weekly weights. The residents on Hemodialysis are monitored and treated by the local dialysis center and weights are recorded weekly at the facility.</p> <p>2. The SA validated through interview and record review that care plans for all residents with CHF were reviewed by the Regional MDS RN on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF with no concerns found. No further issues were identified during record review.</p> <p>3. The SA validated through interview, sign-in sheets from in-services, and record review that on 9/14/18, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPNs, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are done on 11:00 PM-7:00 AM shift in the mornings by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident</p> | F 656                                                                      |                                                                                                                          |                            |                                                                    |

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| F 656                                                               | <p>Continued From page 43</p> <p>for an alternate time.</p> <p>" Daily/weekly weights are reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor reviews the daily/weekly weights on the weekends. The MD/NP are notified by the TCU Manager during the week, and the Weekend RN Supervisor during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders are care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion. Staff interviews across all disciplines revealed in-services were attended, understood, and followed.</p> <p>4. The SA validated through sign-in sheets and staff interview, that on 9/14/18, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. The following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. The SA validated by interview that the Medical Director was notified of the IJ concerning Resident #2 and Resident #3 on 9/17/18.</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | Continued From page 44<br><br>6. The SA validated through interview and record review of sign-in sheets that a QAPI meeting was held on 9/17/18, which included the Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, developing and implementing care plans were reviewed with no changes made on 9/17/18. Interview with nursing staff and Administrative staff revealed the following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters.<br>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan & Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).<br>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.<br>" All new orders obtained for daily/weekly | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | <p>Continued From page 45</p> <p>weights will be added to the care plan at the time of review during clinical meeting by the clinical team on weekdays and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily, to ensure completeness and accuracy by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. The SA validated by interview, record review and sign-in sheet review, that on 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1),</p> | F 656                                                                      |                                                                                                                          |  |                                                                    |

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| F 656                                                               | Continued From page 46<br>Marketing Director-one (1) of one (1), Social<br>Service Director-one (1) of one (1), and Life<br>Connections-one (1) of one (1). Review of the<br>employee roster revealed no staff was allowed to<br>work at the facility until in-serviced, which<br>included new hires; this will be monitored by the<br>Facility Administrator.<br>The SA validated through interview and review of<br>care plans, that on 9/17/18, an in-service was<br>initiated by the Regional Minimum Data Set<br>(MDS) Registered Nurse regarding ensuring<br>residents with CHF and residents receiving<br>Hemodialysis, should all have weights as ordered<br>included in the plan of care for MDS #1, MDS #2,<br>Medical Records LPN, and the DON.                                                                                                                                                                                                                                  | F 656                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                    |
| F 760<br>SS=J                                                       | 8. The SA validated that all corrective actions<br>were completed by the facility as of 9/17/18 and<br>the IJ removed on 9/18/18, prior to the SA exit.<br>Residents are Free of Significant Med Errors<br>CFR(s): 483.45(f)(2)<br><br>The facility must ensure that its-<br>§483.45(f)(2) Residents are free of any significant<br>medication errors.<br>This REQUIREMENT is not met as evidenced<br>by:<br>Based on observation, interview, record review,<br>and policy review, the facility failed to administer<br>Lasix (a diuretic medication) as ordered, and<br>failed to obtain daily weights to adjust the dosage<br>of the Lasix, as ordered, for one (1) of six (6)<br>sampled residents and five (5) un-sampled<br>residents reviewed, Resident #2. Resident #2 had<br>a diagnosis of Congestive Heart Failure (CHF)<br>and had orders to receive Lasix 20 milligram (mg)<br>daily, with an increased dose of 40 mg if her<br>weight was greater than three (3) pounds in one | F 760                                                                      | 1. Resident #2 was discharged to a local<br>hospital as of 8/8/18 and has not returned<br>to this facility.<br>2. All residents with medication<br>parameters relating to Congestive Heart<br>Failure (CHF) have the potential to be<br>affected by the same deficient practice.<br>The Director of Nursing (DON), who is a<br>Registered Nurse, and Minimum Data Set<br>(MDS) Licensed Practical Nurse (LPN) #1<br>and MDS LPN #2 audited all current |  | 10/18/18                                                           |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                    |
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| F 760                                                               | <p>Continued From page 47</p> <p>(1) day or five (5) pounds in one (1) week. Resident #2 had a weight gain of approximately 27 pounds from 7/26/18 until 8/8/18. This resulted in Resident #2's admission to the hospital with a diagnosis of Congestive Heart Failure and aggressive treatment of Intravenous (IV) medication to draw fluid from (diurese) the resident.</p> <p>The failure to administer the Lasix as ordered, and failure to obtain daily weights, and give medication based on the results of those weights, placed Resident #2 and all other residents with medications, based on weights obtained, or with diagnosis of Congestive Heart Failure (CHF), at risk for serious injury, harm, impairment or death.</p> <p>This situation was determined to be an Immediate Jeopardy (IJ), which began on 8/8/18, when Resident #2 was admitted to the hospital with a diagnosis of Shortness of Breath and Edema and received aggressive Intravenous (IV) diuresis for a weight gain of over 20 pounds, approximately 27 pounds in two (2) weeks, with a discharge diagnosis to include Congestive Heart Failure (CHF).</p> <p>The facility's Administrator and the Director of Nursing (DON) was notified on 9/17/18 at 10:30 AM, of the IJ. An acceptable Credible Allegation of Compliance (AoC) was received on 9/19/18, in which the facility alleged the removal of the IJ on 9/18/18.</p> <p>The State Agency (SA) determined the IJ to be removed on 9/18/18, prior to exit. Therefore, the scope and severity for the IJ at CFR (s) 483.45 (f) (2), F760, Residents are Free from Significant Medications Errors, was lowered to a "D" while</p> | F 760                                                                      | <p>residents with CHF (to include two(2) residents on Hemodialysis), which totaled 20 Resident records, to ensure that all orders with medication parameters related to weight changes were on the Medication Administration Record and that the orders were being followed as prescribed as of 9/14/18. The audit found that there were no current residents that had medication parameters in place related to a change in weight to result in a change of medication dosing. The Clinical Team, which consists of the DON, the Transitional Care Unit (TCU) Registered Nurse, Minimum Data Set (MDS) Nurse #1, MDS Nurse #2, Medical Records Licensed Practical Nurse (LPN), Dietary Manager, the Social Services Director (SSD), and the Weekend Supervisor Registered Nurse (on Saturday and Sunday) will review daily/weekly weights for Residents with CHF on a daily basis and ensure that medication parameters are being followed for weight fluctuations as ordered, this includes Residents that are newly admitted/readmitted to the facility. The Clinical Team will review this Monday through Friday and the Weekend Supervisor Registered Nurse will review this on Saturday and Sunday.</p> <p>3. The Director of Nursing, a Registered Nurse, in-serviced all staff as of 9/17/18 on the need to ensure all residents needing medication parameter changes related to weight fluctuations were to be followed as prescribed by the physician and that failure to follow these orders is a significant medication error. To ensure that the deficient practice does not</p> |  |                                                                    |

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| F 760                                                               | <p>Continued From page 48</p> <p>the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.</p> <p>Findings include:</p> <p>The facility's policy, titled, "Physician's Orders", dated March 28, 2018, stated it is the policy of the facility that resident's medications and treatments are ordered by the physician and other licensed health care professional as permitted by state law and are to be carried out as ordered.</p> <p>Resident #2</p> <p>The facility admitted Resident #2 on 7/17/18, with diagnoses including Presence of Prosthetic Heart Valve, Congestive Heart Failure, Chronic Kidney Disease and Atrial Fibrillation.</p> <p>Review of the Admission Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 7/24/18, revealed Resident #2 had a Brief Interview for Mental Status (BIMS) score of 14, that indicated Resident #2 was cognitively intact.</p> <p>Review of the physician's orders, dated 7/17/18, revealed an order for Lasix 20 milligrams (mg) by mouth (po) once daily, and may increase to 40 mg if weight gain greater than three (3) pounds overnight or five (5) pounds in one (1) week, with the start date of 7/18/18.</p> <p>Review of the Medication Administration Record (MAR) for July 2018, and August 2018, revealed a total of 17 missed weights for Resident #2 from 7/17/18 through 8/8/18, which should have been obtained in order to determine if extra Lasix was</p> | F 760                                                                      | <p>reoccur, the clinical team will review medication parameters related to weight fluctuations Monday through Friday and that the parameters are followed as ordered, this review includes reviewing all previous day orders. The Weekend Supervisor Registered Nurse will ensure that medication parameters are being followed as prescribed for weight variances as ordered on Saturday and Sunday and by reviewing all previous day orders. The Director of Nursing, a Registered Nurse, will audit Monday through Friday to ensure that the medication parameters are being followed as ordered for weight fluctuations. The Weekend Supervisor Registered Nurse will audit Saturday and Sunday to ensure that medication parameters are being followed as ordered for weight fluctuations. This audit (for all Residents with CHF and newly admitted/readmitted Residents with CHF) will consist of a spread sheet that includes a daily tracking for each Resident with CHF by name that verifies that the weights have been obtained, weight fluctuations have been reviewed, and that the weights are in the medical chart. The audit will also include a signed Medical Record Daily Task Sheet to indicate that all prior day orders have been reviewed, that all care plan updates have been completed related to CHF, all new CHF orders have been placed onto the Medication Administration Record, and that medication parameters have been completed per the weight variance orders. The Weekend Supervisor Registered Nurse will perform and</p> |  |                                                                    |

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| F 760                                                               | <p>Continued From page 49</p> <p>required. The MAR revealed the Lasix was not given on 7/18/18 at all, and no additional doses were given related to weight gain for Resident #2.</p> <p>Review of the "Weight and Vitals Summary" form, documented Resident #2's weight on 7/26/18 at 235 pounds. Resident #2 was admitted to the hospital on 8/8/18, with a documented weight of 262 pounds, with a diagnosis of Acute Diastolic Heart Failure Exacerbation, which is Congestive Heart Failure (CHF), with treatment of Intravenous (IV) Lasix. This was an increase of 27 pounds in 13 days.</p> <p>A review of a Cardiology note, dated 8/8/18, revealed Resident #2 was evaluated for shortness of breath and edema, with a documented a weight of 262 pounds. The previous weight documented by the Cardiology note on 5/2/18, was 238.9 pounds, which was approximately 23 pounds in difference.</p> <p>A review of the Hospitalist Admission Note on 8/8/18, revealed Resident #2 was seen by the Cardiologist that day and was sent to the Emergency Room (ER) to be evaluated for Dyspnea (Shortness of Breath). The Assessment/Plan included: "Dyspnea- Consider multiple contributors. Possible GI (Gastrointestinal) Bleed and developing anemia. Consider cardiac cause given h/o (history of) AS (Aortic Stenosis) and CAD (Coronary Artery Disease)."</p> <p>A review of the Hospitalist Discharge Note on 8/17/18, revealed Resident #2 had a discharge diagnosis to include Acute Diastolic Heart Failure Exacerbation. The Hospital Course noted: Resident #2 was a direct admit from the</p> | F 760                                                                      | <p>document these audits on Saturday and Sunday. These audits will continue daily for 90-days to ensure daily/weekly weights are obtained as ordered and that medication parameters are being followed as ordered for weight fluctuations. All audits will be maintained in the CHF Audit Book and turned into the DON.</p> <p>4. The DON will report the results of the audits for following the medication parameters for weight fluctuations to the Quality Assurance and Performance improvement Committee monthly for review and provide recommendation to the committee for revisions, updates, or resolution. The committee consists of at least the Medical Director, DON, Nursing Home Administrator, and two (2) additional members from the SSD, Maintenance Director, MDS LPN, Medical Records, Dietary Manager, nurses, Certified Nursing Assistants, and the Life Connections Coordinator.</p> |  |                                                                    |

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| F 760                                                               | <p>Continued From page 50</p> <p>Cardiologist office due to evidence of severe volume overload and Acute and Chronic Diastolic Heart Failure Exacerbation. On arrival she appeared to be an Active Diastolic Heart Failure Exacerbations and had gained approximately 20 pounds over the preceding several weeks and had evidence of pulmonary edema and severe lower extremity anti-edema. A repeat echocardiogram did reveal evidence of significant Diastolic Failure with a least moderate Aortic Stenosis and severe bilateral dilation and elevated pulmonary pressures; which in essence is CHF.</p> <p>In a telephone interview with Resident #2's Responsible Party (RP), on 9/11/18 at 4:02 PM, the RP stated Resident #2's Lasix was not increased or given based on the resident's weights, because they didn't weigh her daily to adjust her medication. The RP stated the staff did not weigh Resident #2 in the mornings as they should have and the resident was able to tell her that she had only been weighted a few times. The RP reported Resident #2 was taken immediately to the Cardiologist upon leaving the facility, because she was unable to speak a full sentence and was so short of breath and that she was admitted to the hospital for Congestive Heart Failure (CHF). The RP stated the physician reported the resident had gained 35 pounds in fluid weight and was in CHF. The RP stated he thought Resident #2 was not given her Lasix right and she almost died. He stated he brought her home because he didn't trust the facility. The RP stated Resident #2 wanted to get well and return home and had never refused to be weighed because she knew how important it was for her weights to be monitored.</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 51</p> <p>An interview on 9/17/18 at 10:00 AM, with the Nurse Practitioner (NP), confirmed that Lasix 20 mg was ordered for Resident #2 and should have been increased to 40 mg if she had more than a three (3) pound weight gain overnight, and five (5) pounds in a week. The NP confirmed by not giving the Lasix correctly, it could have resulted in CHF for Resident #2. The NP stated she had concerns that weights were sometimes not done and had spoken to the DON about it. The NP also stated, "The residents would tell me that they have not been weighed". The NP stated she had even had the Cardiologist to complaint of weights not being obtained. The NP stated she had gone to the Nurses and stressed to them that weights are to be done before breakfast, daily.</p> <p>In an interview on 9/14/18 at 9:20 AM, the Director of Nursing (DON) acknowledged the Physician's Order for Lasix and daily weights were not followed for Resident #2. The DON stated the nurse administering the medication for Resident #2 should have ensured a weight was obtained, and reviewed the weight prior to administering the Lasix, to give the correct dose, but they didn't. She acknowledged the medication error.</p> <p>On 9/14/18 at 2:10 PM, in an interview, Licensed Practical Nurse (LPN) #1, a Minimum Data Set (MDS) Nurse, confirmed if the staff fails to follow the Physician's Orders, they would be jeopardizing the resident's health.</p> <p>An interview with LPN #2, on 9/14/18 at 2:20 PM, revealed if an order for Lasix indicated to obtain a weight and adjust the dose accordingly, then the medication couldn't be given accurately, if the weight wasn't obtained.</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 52</p> <p>In an interview, on 9/19/18 at 1:40 PM, the Medical Director stated if weights are ordered, they needed to be done. The Medical Director confirmed the Lasix for Resident #2 had not been given as ordered since the weights weren't obtained to see what the dosage should be.</p> <p>The facility submitted an acceptable Allegation of Compliance (AoC) on 9/19/18, for the Immediate Jeopardy.</p> <p>Review of the facility's AoC revealed the facility took the following corrective actions to remove the IJ:</p> <p>Brief Summary of Event:<br/>At 10:32 AM, on Monday 9/17/18, the State Complaint Surveyor informed the Facility Administrator the facility was in Immediate Jeopardy (IJ) status concerning Resident #2 and Resident #3. Resident #2 attended a follow-up appointment related to post Aortic Valve Replacement at a local Cardiology Clinic on 8/8/18. Resident #2 was noted to have shortness of breath and an increase in weight of 23 pounds (lbs) since the previous 5/2/18 Cardiology visit per Cardiology consult note. Resident #2 was transported to the local hospital Emergency Room (ER). Resident #2 was admitted to the hospital on 8/8/18, with an admitting diagnosis of Systemic Anemia with a Brain Natriuretic Peptide (BNP) lab result of 1335 Picograms per Milliliter (pg/ml). Per hospital lab result sheet, less than (&lt;)300 pg/ml effectively rules out Acute Congestive Heart Failure (CHF) and greater than (&gt;) 300 pg/ml could be indicative of Acute CHF. The facility failed to obtain 20 daily weights since admission to the facility on 7/17/18. The facility</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255244</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
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| F 760                                                               | <p>Continued From page 53</p> <p>failed to assess the weight in order to provide the proper dose of Lasix according to parameters set by the physician order. The order included Lasix 20 milligrams (mg) per day, may increase to 40 mg if weight gain is greater than three (3) lbs over night or five (5) lbs in a week. The facility failed to develop and implement a care plan regarding obtaining daily weights. The facility failed to develop and implement a care plan regarding Lasix therapy with weight changes. This resulted in the resident being hospitalized from 8/8/18 to 8/17/18, with the hospital discharge summary stating Resident #2 had a diagnosis of CHF and evidence of severe volume overload and Acute Chronic Diastolic Heart Failure Exacerbation, and was treated aggressively with intravenous (IV) diuresis using Lasix.</p> <p>The Facility failed to obtain nine (9) daily weights for Resident #3. Resident #3's initial admission weight from 6/18/18 was 167.2 lbs and her discharge weight to the hospital on 7/2/18, was 172.6 lbs; a weight change of 5.4 lbs. The facility failed to implement a care plan for daily weights for Resident #3, who has a history of CHF. Resident #3 was sent to the local Emergency Room related to Altered Mental Status on 7/2/18, and was admitted to the hospital with a BNP lab result of 20,481 pg/ml, and a diagnosis of Edema: CHF versus Hypoalbuminemia. Resident received treatment of Albumin infusions while hospitalized. Resident #3 was discharged from the hospital on 7/9/18 back to the facility with a diagnosis of Anasarca due to Chronic Kidney Disease and Hypoalbuminemia associated with Cancer, Encephalopathy secondary to Urinary Tract Infection (UTI) resolved, Severe Protein Malnutrition due to Cancer, and a history of CHF.</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 54</p> <p>Facility Actions:</p> <p>1. On 9/14/18, a 100 percent (%) audit of a total of 20 residents, with diagnosis of CHF (which include two (2) residents receiving Hemodialysis), was completed by Director of Nursing (DON) and the Transitional Care Unit (TCU) Nurse for current weight orders and for following current physician orders, with all residents with CHF found to be in compliance with current orders. The facility Nurse Practitioner (NP) reviewed all residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF, which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were added for weekly weights. The residents on Hemodialysis are being monitored and treated by the local dialysis center and weights are being recorded weekly at the facility.</p> <p>2. Care plans for all residents with CHF were reviewed by the Regional Minimum Data Set (MDS) Registered Nurse on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF, with no concerns found.</p> <p>3. On 9/14/18 at 4:00 PM, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPN, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 55</p> <p>" Daily/weekly weights for residents with CHF are to be done on 11:00 PM-7:00 AM shift in the AM by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders will be care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion.</p> <p>4. On 9/14/18 at 4:30 PM, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. In this meeting residents with CHF were discussed and the following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. On 9/17/18 at 10:40 AM, the Medical Director</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 56</p> <p>was notified of the IJ concerning Resident #2 and Resident #3.</p> <p>6. A QAPI meeting was held on 9/17/18 at 5:00 PM, with the following staff members present: Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, and developing and implementing care plans, were reviewed with no changes made on 9/17/18. The following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters:</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days, and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week, and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days, and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 57</p> <p>weights will be added to the care plan at the time of review during clinical meeting, by the clinical team on weekdays, and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily to ensure completeness and accuracy, by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. On 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 58</p> <p>Connections-one (1) of one (1). No staff will be allowed to work at the facility until in-serviced, which includes new hires; this will be monitored by the Facility Administrator.</p> <p>-On 9/17/18 at 11:30 AM, an in-service was initiated by the Regional Minimum Data Set (MDS) Registered Nurse regarding ensuring residents with CHF and residents receiving Hemodialysis, should all have weights as ordered included in the plan of care for MDS #1, MDS #2, Medical Records LPN, and the DON.</p> <p>8. The facility alleges that all corrective actions have been completed as of 9/17/18, and the Jeopardy was removed as of 9/18/18.</p> <p>The SA validated through interview, record review, observation and policy review that the facility completed the following actions to remove the IJ:</p> <p>1. The SA validated through interview and record review that a 100% audit was completed by the DON and TCU Nurse on 9/14/18, of 20 residents, with diagnosis of CHF, which included two (2) residents receiving Hemodialysis, for current weight orders and for following current physician orders, with no issues. The SA validated through interview and record review that the facility NP reviewed residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were changed/added for weekly weights. The residents on Hemodialysis are monitored and treated by the</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
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| F 760                                                               | <p>Continued From page 59</p> <p>local dialysis center and weights are recorded weekly at the facility.</p> <p>2. The SA validated through interview and record review that care plans for all residents with CHF were reviewed by the Regional MDS RN on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF with no concerns found. No further issues were identified during record review.</p> <p>3. The SA validated through interview, sign-in sheets from in-services, and record review that on 9/14/18, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPNs, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are done on 11:00 PM-7:00 AM shift in the mornings by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights are reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor reviews the daily/weekly weights on the weekends. The MD/NP are notified by the TCU Manager during the week, and the Weekend RN Supervisor</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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

PRINTED: 10/29/2018  
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OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>255244</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b>                    |  |                                                                    |
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| F 760                                                               | <p>Continued From page 60</p> <p>during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders are care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include:<br/>Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion.<br/>Staff interviews across all disciplines revealed in-services were attended, understood, and followed.</p> <p>4. The SA validated through sign-in sheets and staff interview, that on 9/14/18, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. The following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. The SA validated by interview that the Medical Director was notified of the IJ concerning Resident #2 and Resident #3 on 9/17/18.</p> <p>6. The SA validated through interview and record review of sign-in sheets that a QAPI meeting was held on 9/17/18, which included the Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, developing and implementing care plans were reviewed with no changes made on 9/17/18.</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| F 760                                                               | <p>Continued From page 61</p> <p>Interview with nursing staff and Administrative staff revealed the following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters.</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly weights will be added to the care plan at the time of review during clinical meeting by the clinical team on weekdays and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily, to ensure completeness and accuracy by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

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| F 760                                                               | <p>Continued From page 62</p> <p>RN Supervisor on the weekends by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. The SA validated by interview, record review and sign-in sheet review, that on 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life Connections-one (1) of one (1). Review of the employee roster revealed no staff was allowed to work at the facility until in-serviced, which included new hires; this will be monitored by the Facility Administrator.</p> <p>The SA validated through interview and review of care plans, that on 9/17/18, an in-service was initiated by the Regional Minimum Data Set</p> | F 760                                                                      |                                                                                                                          |  |                                                                    |

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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| F 760                                                               | Continued From page 63<br>(MDS) Registered Nurse regarding ensuring residents with CHF and residents receiving Hemodialysis, should all have weights as ordered included in the plan of care for MDS #1, MDS #2, Medical Records LPN, and the DON.<br><br>8. The SA validated that all corrective actions were completed by the facility as of 9/17/18 and the IJ removed on 9/18/18, prior to the SA exit. | F 760                                                                      |                                                                                                                          |  |                                                                    |

MSDH - Health Facilities Licensure and Certification

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| M 000                                                               | <p>Initial Comments</p> <p>Complaint Investigation (CI) MS #15384 &amp; CI MS #15402</p> <p>The State Agency (SA) conducted a complaint survey, for MS #15402 and MS #15384, which began on 9/11/18 through 9/14/18, with an extended survey beginning on 9/14/18, and concluding on 9/20/18. The SA did not substantiate MS #15402 for patient care, however, substantiated complaint MS #15384 for neglect related to not being weighed and given medication as needed per physician's order and care plan. The SA determined the facility was not in compliance with the Mississippi Regulations for Minimum Standards for Institutions for Aged or Infirm with deficiencies cited at M500.</p> <p>The SA identified an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 8/8/18, when Resident #2 was transferred to the local hospital Emergency Room from the Cardiologist Physician's office for evaluation of edema and labored breathing, with an approximate 20-23 pound (lb) weight gain from the last visit. Resident #2 was admitted to the hospital and received aggressive Intravenous (IV) diuretic therapy with a diagnosis of Congestive Heart Failure (CHF). This placed Resident #2 at risk for the likelihood for further Acute Pulmonary Edema (PE) and CHF. Resident #2 had not been weighed and/or provided additional Lasix (a diuretic), as ordered, to help prevent CHF/edema.</p> <p>A review of Resident #2's admission order, documented 7/17/18, revealed an order to administer Lasix 20 milligrams (mg) every morning and to increase to 40 mg if more than a three (3) lb weight gain overnight, or five (5) lb in a week, starting 7/18/18. Resident #2 had a total</p> | M 000                                                                                           |                                                                                                                          |                                                                    |

Mississippi State Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

10/18/18

MSDH - Health Facilities Licensure and Certification

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| M 000                                                               | <p>Continued From page 1</p> <p>of 17 missed weights from 7/17/18 until 8/8/18. Resident #2 had documented weights on 7/17/18 of 247.2 lbs. (admission), on 7/26/18 she weighed 235 lbs and on 8/8/18, her weight was 262 lbs, which made a gain of 27 lbs in two (2) weeks. Resident #2 did not receive any additional by mouth (PO) Lasix during the entire stay for a total of 22 days when she was evaluated by the Cardiologist on 8/8/18, and sent to the hospital the same day. The facility did not obtain Resident #2's weights to determine if the additional Lasix was needed daily. This caused Resident #2 to be admitted to the hospital from 8/8/18 until 8/17/18, with aggressive IV therapy, with an acute episode of Pulmonary Edema and further CHF.</p> <p>Resident #3 also had on order to be weighed daily with the onset date of 6/1/18 and 6/26/18. Resident #3 had a total of 10 missed weights from 6/26/18 to 9/14/18. Resident had a weight gain of approximately nine (9) pounds, two (2) weeks prior to going to the hospital on 7/2/18. The facility failed to weigh Resident #3 daily as ordered, and placed Resident #3 at risk for Acute Pulmonary Edema and CHF. Resident #3 was admitted to the hospital from 7/2/18 through 7/8/18, with admitting diagnoses of CHF versus Hypoalbuminemia. Resident #3 had a history of CHF.</p> <p>The facility's failure to obtain weights as ordered, and/or adjust medication based on those weights, caused harm to Resident #2 and was likely to cause serious injury, harm, impairment, or death to other residents with ordered daily weights and/or medications that required monitoring for weights.</p> <p>On 9/17/18 at 10:30 AM, the SA notified the Facility's Administrator and the Director of</p> | M 000                                                                    |                                                                                                                          |  |                                                                    |

MSDH - Health Facilities Licensure and Certification

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE<br/>OCEAN SPRINGS, MS 39564</b> |                                                                                                                          |                                                                    |
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| M 000                                                               | Continued From page 2<br><br>Nursing (DON) that an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) existed at:<br>M500-Resident Rights<br><br>The facility submitted an acceptable Allegation of Compliance (AOC) on 9/19/18 at 3:30 PM, in which the facility alleged all corrective actions were completed as of 9/17/18 and removal of the IJ on 9/18/18, prior to exit. The State Agency surveyor validated the facility's AOC on 9/20/18, and determined the IJ was removed as of 9/18/18, prior to exit.<br><br>Therefore, the scope and severity for M500-Resident Rights, was lowered to the scope and severity of "Level II", while the facility develops and implements a plan of correction, and monitors the effectiveness of the systemic changes, to ensure the facility sustains compliance with regulatory requirements.<br><br>The facility census was 58 at the time of entrance and the facility held a license for 74 beds. | M 000                                                                                           |                                                                                                                          |                                                                    |
| M 500                                                               | 45.17.2 Residents' Rights<br><br>Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility:<br><br>1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents;                                                                                                                                                                                                                                                                                                                                                                                           | M 500                                                                                           |                                                                                                                          | 10/18/18                                                           |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b> |                                                                                                                          |                                                                    |
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| M 500                                                               | Continued From page 3<br><br>2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate;<br><br>3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;<br><br>4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;<br><br>5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE<br/>OCEAN SPRINGS, MS 39564</b> |                                                                                                                          |                                                                 |
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| M 500                                                               | Continued From page 4<br><br>and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;<br><br>6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;<br><br>7. is free from mental and physical abuse;<br>8. is free from restraint except by order of a physician or nurse practitioner/physician assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;<br>9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract; | M 500                                                                                           |                                                                                                                          |                                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30SR</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/20/2018</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SUNPLEX SUB-ACUTE CENTER**

**6520 SUNSCOPE DRIVE  
OCEAN SPRINGS, MS 39564**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| M 500                    | Continued From page 5<br><br>10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;<br><br>11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;<br><br>12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>13. may meet with, and participate in activities of, social, religious and community groups at his discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);<br><br>15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical | M 500               |                                                                                                                          |                          |

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| M 500                                                               | <p>Continued From page 6<br/>record); and</p> <p>16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights.</p> <p>This Statute is not met as evidenced by:<br/>Level IV</p> <p>Based on interview, record review, and policy review, the facility failed to provide appropriate resident care per resident rights, as evidenced by the failure to evaluate Resident #2's weight daily, a resident with a diagnosis of Congestive Heart Failure (CHF), so that adjustments of Lasix (diuretic), as ordered by the physician, could be administered for weight gains of three (3) pounds overnight or five (5) pounds in a week. Resident #2 had a total of 17 missed daily weights and was admitted to the hospital with an approximate 20 pound (lb) weight gain within two (2) weeks, from 7/26/18 until 8/8/18, and was diagnosed with acute CHF. The facility also failed to obtain daily weights for Resident #3, a resident with a history of CHF, as ordered, to monitor her medical condition. Resident #3 had a total of 10 missed daily weights. Resident #3 was admitted to the hospital with edema and Hypoalbuminemia, with a weight gain of over nine (9) pounds in a two (2) week period, from 6/19/18 until 7/2/18. This affected two (2) of six (6) sampled residents and five (5) un-sampled residents reviewed.</p> <p>The facility's failure to obtain/evaluate Resident #2's weights to administer the Lasix as ordered, and failure to obtain daily weights on Resident #3 to monitor her condition, placed Resident #2, Resident #3 and all other residents with daily</p> | M 500                                                                                           | <p>1. Resident #2 was discharged from the facility on 8/8/18 to a local hospital and has not returned to the facility. The facility ensured that Resident #3, currently a resident, had daily weight in place as of 9/14/18; recognizing that the weight fluctuations were diagnosed from 7/9/18 as being from Anasarca due to Chronic Kidney Disease, Hypoalbuminemia associated with Cancer, Severe Protein Malnutrition due to Cancer, that it was not due to Congestive Heart Failure (CHF), but had a history of CHF. The facility ensures that daily weights are being performed by the 11PM-7AM Certified Nursing Assistants and charted into the chart by the 11PM-7AM Nurse, by having this verified by the Director of Nursing, Monday through Friday, and the Weekend Supervisor Registered Nurse on Saturday and Sunday. The verification ensures that the weights have been charted on as ordered, that weight variances have been reviewed and reported to the Physician as ordered, that medication parameters have been followed as ordered, and that the care plan has been updated with any changes per any new the Physician orders.</p> <p>2. All residents with CHF have the potential to be affected by the same</p> |                                                                    |

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| M 500                                                               | <p>Continued From page 7</p> <p>weights and/or medication to administer according to weight gain, or with a diagnosis of Congestive Heart Failure (CHF), at risk for serious injury, harm, impairment or death.</p> <p>This situation was determined to be an Immediate Jeopardy (IJ), which began on 8/8/18, when Resident #2 was admitted to the hospital with a diagnosis of Shortness of Breath and Edema and received aggressive Intravenous (IV) diuresis for a weight gain of over 20 pounds, due to weights not monitored and/or medication adjusted to help control fluid build up.</p> <p>The facility's Administrator and the Director of Nursing (DON) was notified on 9/17/18 at 10:30 AM, of the IJ. An acceptable Credible Allegation of Compliance (AoC) was received on 9/19/18, in which the facility alleged the removal of the IJ on 9/18/18.</p> <p>The State Agency (SA) determined the IJ to be removed on 9/18/18, prior to exit. The scope and severity for the IJ at M500-Resident Rights, was lowered to a "Level II", while the facility develops and implements a plan of correction and monitors the effectiveness of the systemic changes to ensure the facility sustains compliance with regulatory requirements.</p> <p>Findings include:</p> <p>The facility's policy, titled, "Freedom from Abuse, Neglect, and/or Exploitation Prevention Plan", dated August 23, 2017, revealed the resident has the right to be free from abuse, neglect and misappropriation of resident property and exploitation as defined below....The policy defined neglect as the failure of the facility, it's employees or service providers to provide goods and</p> | M 500                                                                                           | <p>deficient practice. The Director of Nursing (DON), who is a Registered Nurse, and the Nurse Practitioner reviewed all residents with CHF (which composed of 20 residents, two (2) of which are receiving Hemodialysis) to ensure those needing daily weights, weekly weights, monthly weights were identified, that orders were in place to ensure the correct weight monitoring was in place, and that medication parameters for weight fluctuations were in place and followed per orders as of 9/14/18. The Clinical Team, which consists of the DON, the Transitional Care Unit (TCU) Registered Nurse, Minimum Data Set (MDS) Licensed Practical Nurse (LPN) #1, MDS LPN #2, Medical Records Licensed Practical Nurse (LPN), Dietary Manager, the Social Services Director (SSD), and the Weekend Supervisor Registered Nurse (on Saturday and Sunday) will ensure all weights are obtained and documented as ordered for Residents with CHF, that all medication parameters are followed per Physician orders for weight fluctuations, and that weight gains are reported to the Physician as ordered—all of which includes new admissions and readmissions. The Clinical Team will review this Monday through Friday and the Weekend Supervisor Registered Nurse will review this on Saturday and Sunday.</p> <p>3. The Director of Nursing, a Registered Nurse, in-serviced nursing staff on the need to ensure all residents needing daily/weekly weights were being performed as required and recorded into the medical record as of 9/17/18 and to ensure medication parameters regarding</p> |                                                                    |

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| M 500                                                               | <p>Continued From page 8</p> <p>services to a resident necessary to avoid physical harm, mental anguish, or emotional distress.</p> <p>Review of the "Weight Monitoring Program", dated 8/18/11, revealed: It is the policy of this facility, that each residents' weight will be monitored monthly, or as indicated by the residents' condition or physician's order.</p> <p>The facility's policy, titled, "Physician's Orders", dated March 28, 2018, revealed it is the policy of the facility that resident medications and treatments are ordered by the physician and other licensed health care professional as permitted by state law and are to be carried out as ordered.</p> <p>Resident #2<br/>The facility admitted Resident #2 on 7/17/18, with the diagnoses including Acute on Chronic Diastolic Congestive Heart Failure, Presence of Prosthetic Heart Valve, Chronic Kidney Disease and Atrial Fibrillation. The Admission Minimum Data Set (MDS) with the Assessment Reference Date (ARD) of 7/24/18, revealed a Brief Interview for Mental Status (BIMS) score of 14, which indicated Resident #2 was cognitively intact.</p> <p>Review of the hospital Cardiology Assessment and Plan, printed 7/16/18, prior to facility admit, revealed for Acute on Chronic Diastolic Heart Failure: Continue by mouth Lasix on discharge, intake and output and daily weights.</p> <p>A review of the physician's orders, dated 7/17/18, included: Furosemide (Lasix) 20 milligrams (mg) by mouth (po) one (1) time a day. May increase to 40 mg if weight gain greater than three (3) pounds (lbs) overnight or five (5) lbs in one (1) week, with the start date of 7/18/18, for Acute on Chronic Diastolic (Congestive) Heart Failure.</p> | M 500                                                                                           | <p>weight fluctuations are being followed as ordered. To ensure that this deficient practice does not reoccur, the clinical team will ensure all weights are obtained and documented as ordered for Residents with CHF, that all medication parameters are followed per Physician orders for weight fluctuations, and that weight gains are reported to the Physician as ordered—all of which includes new admissions and readmissions. This review will be done by the Clinical Team Monday through Friday and the Weekend Supervisor Registered Nurse (for Saturday and Sunday). The Director of Nursing, a Registered Nurse, will audit daily/weekly weights every day Monday through Friday to ensure that the weights were obtained as ordered, that medication parameters are being followed as ordered for weight fluctuations, that care plans have been in-place or updated with any order changes from the prior day, and that any weight fluctuations are reported to the Physician as ordered. This audit (for all Residents with CHF and for any admitted/readmitted Residents with CHF) will consist of a spread sheet that includes a daily tracking for each Resident with CHF by name that verifies that the weights have been obtained, weight fluctuations have been reviewed, and that the weights are in the medical chart. The audit will also include a signed "Medical Record Daily Task Sheet" to indicate that all prior day orders have been reviewed, that all care plan updates have been completed related to CHF, all new CHF orders have been placed onto the Medication Administration Record, and that medication parameters have been</p> |                                                                    |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30SR</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/20/2018</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SUNPLEX SUB-ACUTE CENTER**

**6520 SUNSCOPE DRIVE**

**OCEAN SPRINGS, MS 39564**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X5)<br>COMPLETE<br>DATE |
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| M 500                    | <p>Continued From page 9</p> <p>(Resident's weight on admit, 7/17/18, was 247.2 lbs)</p> <p>Resident #2 had facility documented weights on 7/17/18 of 247.2 lbs (admission-not documented how), 7/18/18 of 247.2 lbs (mechanical lift), 7/19/18 of 247 lbs (mechanical lift), 7/20/18 of 235.8 lbs (standing), and 7/26/18 of 235 lbs (not documented how), with a total of 17 missed weights from 7/17/18 through 8/8/18.</p> <p>Review of Cardiology records as well as hospital records, dated 8/8/18, revealed Resident #2 weighed 262 pounds, which indicated a weight gain of 27 pounds from the last weight obtained by the facility on 7/26/18 of 235 pounds.</p> <p>A review of the Medication Administration Record (MAR) for July 2018 and August 2018, for Resident #2, revealed the oral Lasix was not given on 7/18/18 at all, and no additional oral Lasix was administered in regard to weight gain after admission on 7/17/18, until discharge on 8/8/18. These MARs and review of the "Weights and Vitals Summary" form, documented a total of 17 missed daily weights, which should have been done daily during a 22 day stay, in order to administer Lasix as needed.</p> <p>The August 2018 MAR documentation included Furosemide (Lasix) Solution 40 mg/4 milliliter (ml) to give 20 mg one (1) time for 3+ edema, on 8/6/18. There was no documented weight for this date.</p> <p>A review of the Cardiology evaluation, dated 8/8/18, revealed: Resident #2 weighed 262 pounds. The resident reported over the past week or more she has developed an increase in Shortness of Breath (SOB) and Lower Extremity</p> | M 500               | <p>completed per the weight variance orders. The Weekend Supervisor Registered Nurse will perform and document these audits on Saturday and Sunday. These audits will continue daily for 90-days to ensure daily/weekly weights are obtained as ordered, that medication parameters are being followed as ordered for weight fluctuations, that the weights are placed into the chart, that the Physician has been contacted as ordered for weight fluctuations, that all new orders have been reviewed and are added in the audit as needed, and that new orders have been brought to the care plan as applicable—all of this is to include current Residents with CHF and any newly admitted/readmitted Residents with CHF. All audits will be maintained in the CHF Audit Book and turned into the DON.</p> <p>4. The DON will report the results of the CHF weight monitoring, medication administration, care plan implementation, CHF reporting audit to the Quality Assurance and Performance improvement Committee monthly for review. The Committee will provide recommendation for revisions, updates, or resolution. The committee consists of at least the Medical Director, DON, Nursing Home Administrator, and two (2) additional members from the SSD, Maintenance Director, MDS LPN, Medical Records, Dietary Manager, nurses, Certified Nursing Assistants, and the Life Connections Coordinator.</p> |                          |

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| M 500                                                               | <p>Continued From page 10</p> <p>(LE) edema, especially at the right calf. The prior weight per Cardiology documentation on 5/2/18, was 239.8 pounds, which indicated a weight gain of 23 pounds in approximately three (3) months. The Cardiology note documented: "Due to increasing edema LE edema, shortness of breath, and recent procedures to included trans-catheter aortic valve replacement and pacemaker implantation on 7/12/18, she was asked to proceed to the ER for evaluation. Her Creatinine is elevated to 1.69 and she may require diuresis that will require close monitoring..."</p> <p>Review of a Nursing Home to Hospital Transfer Form, dated 8/8/18, revealed Resident #2's weight was 235 pounds, with reason for transfer: Admitted from a Medical Doctor (MD) appointment with Gastro-intestinal (GI) Bleed.</p> <p>A review of the Hospitalist Admission Note on 8/8/18, revealed Resident #2 presented to the hospital with Dyspnea (shortness of breath), which started a few weeks ago, was seen by the Cardiologist today and was sent to the Emergency Room to be evaluated for Dyspnea. Resident #2 was given IV Lasix, 40 mg and admitted to the hospital.</p> <p>A review of the Hospitalist Discharge Note on 8/17/18, revealed Resident #2 was admitted on 8/8/18, and discharged on 8/17/18, with a discharge diagnosis to include Acute Diastolic Heart Failure Exacerbation. The Hospital Course noted: Resident #2 was a direct admit from the Cardiologist office due to evidence of severe volume overload and Acute and Chronic Diastolic Heart Failure Exacerbation. On arrival she appeared to be in Active Diastolic Heart Failure Exacerbations and had gained approximately 20</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 11</p> <p>pounds over the preceding several weeks and had evidence of Pulmonary Edema and severe lower extremity anti-edema. A repeat echocardiogram did reveal evidence of significant Diastolic Failure with a least moderate Aortic Stenosis and severe bilateral dilation and elevated pulmonary pressures. (CHF). Her outpatient Lasix dosage has been increased to 40 mg twice daily and will continue to follow up with the outpatient CHF clinic.</p> <p>A review of Resident #2's NT Pro Brain Natriuretic Peptide (BNP) lab report, on 8/8/18, on admission to the hospital, was 1,335 with the hospital reference range of less than 1,800 picogram (pg)/milliliters (ml). Comments on the lab report included: "Among patients with Dyspnea, NT-proBNP is highly sensitive for the detection of Acute Congestive Heart Failure. In addition, a NT-proBNP &lt;300 pg/ml effectively rules out Acute Congestive Heart Failure with 99% negative predictive value. This indicated that CHF could not be ruled out for Resident #2.</p> <p>Review of the facility's Discharge Summary, dated 8/27/18, revealed Resident #2 was admitted on 7/17/18, for Chronic Anemia, Acute onset Diastolic Heart Failure, Chronic Kidney Disease and Atrial Fibrillation. The "Progress" section included the resident did progress with Activity of Daily Living (ADL) but had edema to lower extremities and was at times having a difficult time breathing. The reason for discharge documented the resident was sent to a Physician's appointment for evaluation and was admitted to the hospital. The most recent weight, documented on the Discharge Summary, was 235.0 pounds on 7/26/18.</p> <p>A telephone interview with Resident #2's</p> | M 500                                                                                           |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 12</p> <p>Responsible Party (RP) on 9/11/18 at 4:02 PM, revealed the resident was admitted to the facility and weights were not done as ordered and Lasix was not increased or given based on weights. The RP stated, "That's why they ordered her to be weighed daily, to adjust her medication". Resident #2's RP stated the staff did not come in to weigh the resident in the mornings as they should have, and the resident had said that she had only been weighed a few times. The RP stated the documentation they had been given showed the resident had only been weighed twice the whole time she was at the facility. The RP reported Resident #2 wanted to get well and return home and stated she had never refused to be weighed because she knew how important it was for her. The RP reported Resident #2 was taken immediately to the Cardiologist upon leaving the facility, because she was unable to speak a full sentence, and because she was so short of breath and that she could only take a few steps. The RP stated the resident was admitted to the hospital and the Doctor said she had an excess of 35 lbs of fluid weight gain and was again in Heart Failure. The RP stated, "I believe she was neglected because they did not give her medication, her Lasix, right and she almost died. I brought her home with me, she is at home now, because I don't trust them."</p> <p>During an interview on 9/14/18 at 9:20 AM, the Director of Nursing (DON) acknowledged the Physician's Order for Lasix and daily weights were not followed for Resident #2. The DON confirmed the Nurse who administered medication for Resident #2 should have reviewed a weight in order to administer the Lasix and/or extra Lasix, but they didn't. The DON stated Resident #2 did have an order for daily weights on admission. The DON acknowledged not</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 13</p> <p>providing the weights/medication as needed, could be neglect. Further interview with the DON on 10/2/18 at 12:25 PM, revealed that she had given Resident #2 the IM Lasix on 8/6/18, due to 3+ pitting edema in the lower extremities and because the resident was short of breath, but the resident wasn't weighed at that time. She stated it was her fault the daily weight didn't get into the computer.</p> <p>In an interview on 9/14/18 at 2:20 PM, MDS Nurse, LPN #2, stated if an order for Lasix indicates it's to adjusted, based on the weight, "You can't accurately give the medication if you don't weigh daily, because you don't know whether to go up or not."</p> <p>An interview on 9/17/18 at 1:55 PM, with LPN #3 revealed she did not look at the drop down box of the MAR to read the whole order for Resident #2, and only gave the Lasix 20 mg daily and did not increase the dose. (The drop down box is where the completed order would be listed) LPN #3 stated if the Lasix was not given correctly, and as ordered to be adjusted by the resident's weight, then they would not be following physician's orders. LPN #3 was asked why the daily weights had been missed for Resident #2 and she stated, "I'm not sure why it was missed." "I don't ever remember her getting weighed."</p> <p>An interview on 9/17/18 at 10:00 AM, with the Nurse Practitioner (NP) confirmed Lasix 20 mg was ordered for Resident #2 and should have been increased to 40 mg if she had more than a three (3) pound weight gain overnight and/or five (5) pounds in a week. The NP confirmed not giving the Lasix correctly could have resulted in CHF. The NP stated she had noticed and had concerns that weights were sometimes not</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 14</p> <p>obtained and had spoken to the DON about it. The NP also stated, "The residents would tell me that they have not been weighed". The NP stated if she noticed a weight not being done she would go to the Nurse and stress to them the weights are to be done before breakfast daily. The NP stated she had even had complaints from the Cardiologist of weights not being obtained.</p> <p>In an interview on 9/19/18 at 1:40 PM, the Medical Director stated he was notified last week of residents with daily weights not being done as ordered. He stated if weights are ordered, they need to be done. The Medical Director confirmed Lasix was not given as ordered for Resident #2. He stated if staff did not obtain her daily weights, and base the dose of Lasix on that weight, it could result in fluid gain for the resident.</p> <p>In an interview on 9/20/18 at 7:58 AM, LPN #5 stated if a resident is to have a medication based on daily weights and not weighed, then the medication cannot be given safely. When asked if this could cause harm, LPN #5 responded, "Yes". LPN #5 acknowledged Resident #2 didn't receive services as needed or as ordered.</p> <p>Resident #3<br/>The facility admitted Resident #3 on 5/30/18, with the diagnoses including Congestive Heart Failure, Type 2 Diabetes Mellitus, Cardiovascular Accident (CVA), and Atrial Fibrillation. A review of the Admission MDS, with the ARD of 7/16/18, revealed Resident #3 had a BIMS score of 9, which indicated moderate cognitive impairment. A review of the 60 day assessment MDS, with the ARD of 9/5/18, revealed Resident #3 had a BIMS score of 12, which indicated she was more cognitively intact.</p> | M 500                                                                                           |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 15</p> <p>An interview on 9/12/18 at 5:00 PM, with Resident #3, revealed she does not refuse to be weighed. Resident #3 stated the staff does not weigh her every day but every couple of days and stated she understands how important it is to be weighed because of her fluid buildup.</p> <p>Review of the care plan, for Resident #3, initiated 6/21/18, revealed to weigh as ordered and prn.</p> <p>Review of physician's orders, dated 6/1/18 and again on 6/26/18, revealed an order to weigh Resident #3 daily every night shift. (Resident #3 was discharged home on 6/15/18 and re-admitted on 6/18/18).</p> <p>Review of the MAR for July 2018, revealed daily weights were to be obtained every night shift with a start date of 6/26/18. Review of the "Weights and Vital Summary" form, revealed Resident #3 weighed 167.2 pounds on 6/19/18. On 6/26/18, the resident weighed 174.0 pounds, a 9.8 pound gain in one (1) week. Resident #3's weight on 7/2/18 was 172.6 pounds, the day she was admitted to the hospital, which was a 5.4 pound weight gain from 6/19/18 until 7/2/18, in less than two (2) weeks after re-admission.</p> <p>A review of the Hospitalist Admission Note on 7/2/18, noted Resident #3 was admitted to the hospital with altered mental status and noted a history of CHF. The family reported swelling in the arm and legs for the past few months. The note documented 3+ pitting edema in the bilateral lower extremities and left upper extremity. The admission Chest X-Ray (CXR) revealed the impression of bilateral Pleural Effusions which indicated fluid on the lungs. The Assessment/Plan for the #3's diagnosis included: Edema: CHF vs Hypoalbuminemia, will assess response to Lasix</p> | M 500                                                                                           |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 16</p> <p>in the ER (Emergency Room), and consider an albumin bolus. The Brain Natriuretic Peptide (BNP) was 20,481, with the Latest Reference Range of less than 1,800 pg/ml. Resident #3 was hospitalized from 7/2/18 through 7/8/18 and received IV Albumin and was discharged back to the facility with daily weights ordered.</p> <p>A review of the physician's orders for Resident #3, after re-admit, dated 7/11/18, noted an order for daily weights on the night shift due to a diagnosis of CHF with the start date of 7/11/18. (Weights are obtained per standing orders for the first three (3) days after admission/re-admission).</p> <p>The Medication Administration Record (MAR) review from 6/26/18 through 9/14/18, revealed Resident #3 had 10 missed weights, excluding a hospital admission from 7/2/18 to 7/8/18. Weight on 7/11/18 was 172.6, and on 9/14/18 weight was 177.6. Daily weights were not obtained as ordered, so that staff could evaluate the resident for CHF and/or other medical issues and implement intervention as needed. Dates of missed weights, that should have been obtained on the night shift, included 6/29/18, 7/2/18, 7/13/18, 7/23/18, 8/14/18, 8/15/18, 9/4/18, 9/9/18, 9/11/18, and 9/14/18.</p> <p>An interview on 9/14/18 at 2:10 PM, with MDS Nurse, Licensed Practical Nurse (LPN) #1, confirmed if the staff fails to follow the Physician's Orders they would be jeopardizing the resident's health.</p> <p>In an interview on 9/14/18 at 11:55 AM, CNA #1 stated two (2) nights last week she had 19 to 20 residents and weights didn't get done. She stated, "The nurse tells us who to weigh at the beginning of the shift." "Also sometimes other workers have</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 17</p> <p>to leave in the middle of the shift, and that puts us short and not enough help." CNA #1 confirmed weights didn't always get done as they should and could considered neglectful.</p> <p>An interview on 9/14/18 at 12:20 PM, with LPN #4, revealed she worked the night shift and stated the Nurse on night shift is responsible for making sure the CNAs obtain the ordered weights. She stated there was a few days that the lift would not work properly, but was fixed now. She stated there had been in-services about abuse and neglect about two (2) weeks prior. She stated she had heard from residents that CNAs were not coming in to get weights at intervals. She acknowledged the services weren't always provided with obtaining daily weights.</p> <p>The facility submitted an acceptable Allegation of Compliance (AoC) on 9/19/18, for the Immediate Jeopardy.</p> <p>Review of the facility's AoC revealed the facility took the following corrective actions to remove the IJ:</p> <p>Brief Summary of Event:<br/>At 10:32 AM, on Monday 9/17/18, the State Complaint Surveyor informed the Facility Administrator the facility was in Immediate Jeopardy (IJ) status concerning Resident #2 and Resident #3. Resident #2 attended a follow-up appointment related to post Aortic Valve Replacement at a local Cardiology Clinic on 8/8/18. Resident #2 was noted to have shortness of breath and an increase in weight of 23 pounds (lbs) since the previous 5/2/18 Cardiology visit per Cardiology consult note. Resident #2 was transported to the local hospital Emergency Room (ER). Resident #2 was admitted to the</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 18</p> <p>hospital on 8/8/18, with an admitting diagnosis of Systemic Anemia with a Brain Natriuretic Peptide (BNP) lab result of 1335 Picograms per Milliliter (pg/ml). Per hospital lab result sheet, less than (&lt;)300 pg/ml effectively rules out Acute Congestive Heart Failure (CHF) and greater than (&gt;) 300 pg/ml could be indicative of Acute CHF. The facility failed to obtain 20 daily weights since admission to the facility on 7/17/18. The facility failed to assess the weight in order to provide the proper dose of Lasix according to parameters set by the physician order. The order included Lasix 20 milligrams (mg) per day, may increase to 40 mg if weight gain is greater than three (3) lbs over night or five (5) lbs in a week. The facility failed to develop and implement a care plan regarding obtaining daily weights. The facility failed to develop and implement a care plan regarding Lasix therapy with weight changes. This resulted in the resident being hospitalized from 8/8/18 to 8/17/18, with the hospital discharge summary stating Resident #2 had a diagnosis of CHF and evidence of severe volume overload and Acute Chronic Diastolic Heart Failure Exacerbation, and was treated aggressively with intravenous (IV) diuresis using Lasix.</p> <p>The Facility failed to obtain nine (9) daily weights for Resident #3. Resident #3's initial admission weight from 6/18/18 was 167.2 lbs and her discharge weight to the hospital on 7/2/18, was 172.6 lbs; a weight change of 5.4 lbs. The facility failed to implement a care plan for daily weights for Resident #3, who has a history of CHF. Resident #3 was sent to the local Emergency Room related to Altered Mental Status on 7/2/18, and was admitted to the hospital with a BNP lab result of 20,481 pg/ml, and a diagnosis of Edema: CHF versus Hypoalbuminemia. Resident received treatment of Albumin infusions while</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 19</p> <p>hospitalized. Resident #3 was discharged from the hospital on 7/9/18 back to the facility with a diagnosis of Anasarca due to Chronic Kidney Disease and Hypoalbuminemia associated with Cancer, Encephalopathy secondary to Urinary Tract Infection (UTI) resolved, Severe Protein Malnutrition due to Cancer, and a history of CHF.</p> <p>Facility Actions:</p> <p>1. On 9/14/18, a 100 percent (%) audit of a total of 20 residents, with diagnosis of CHF (which include two (2) residents receiving Hemodialysis), was completed by Director of Nursing (DON) and the Transitional Care Unit (TCU) Nurse for current weight orders and for following current physician orders, with all residents with CHF found to be in compliance with current orders. The facility Nurse Practitioner (NP) reviewed all residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF, which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily weights and 14 residents were added for weekly weights. The residents on Hemodialysis are being monitored and treated by the local dialysis center and weights are being recorded weekly at the facility.</p> <p>2. Care plans for all residents with CHF were reviewed by the Regional Minimum Data Set (MDS) Registered Nurse on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF, with no concerns found.</p> <p>3. On 9/14/18 at 4:00 PM, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD),</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 20</p> <p>one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPN, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are to be done on 11:00 PM-7:00 AM shift in the AM by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders will be care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion.</p> <p>4. On 9/14/18 at 4:30 PM, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. In this meeting residents with CHF were discussed and the following procedure was adopted and implemented: All residents with</p> | M 500                                                                                           |                                                                                                                          |                                                                    |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b> |                                                                                                                          |                                                                    |
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| M 500                                                               | <p>Continued From page 21</p> <p>CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. On 9/17/18 at 10:40 AM, the Medical Director was notified of the IJ concerning Resident #2 and Resident #3.</p> <p>6. A QAPI meeting was held on 9/17/18 at 5:00 PM, with the following staff members present: Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, and developing and implementing care plans, were reviewed with no changes made on 9/17/18. The following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters:</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days, and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week, and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director,</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 22</p> <p>and the Dietary Manager during week days, and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly weights will be added to the care plan at the time of review during clinical meeting, by the clinical team on weekdays, and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily to ensure completeness and accuracy, by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. On 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 23</p> <p>(7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life Connections-one (1) of one (1). No staff will be allowed to work at the facility until in-serviced, which includes new hires; this will be monitored by the Facility Administrator.</p> <p>-On 9/17/18 at 11:30 AM, an in-service was initiated by the Regional Minimum Data Set (MDS) Registered Nurse regarding ensuring residents with CHF and residents receiving Hemodialysis, should all have weights as ordered included in the plan of care for MDS #1, MDS #2, Medical Records LPN, and the DON.</p> <p>8. The facility alleges that all corrective actions have been completed as of 9/17/18, and the Jeopardy was removed as of 9/18/18.</p> <p>The SA validated through interview, record review, observation and policy review that the facility completed the following actions to remove the IJ:</p> <p>1. The SA validated through interview and record review that a 100% audit was completed by the DON and TCU Nurse on 9/14//18, of 20 residents, with diagnosis of CHF, which included two (2) residents receiving Hemodialysis, for current weight orders and for following current physician orders, with no issues. The SA validated through interview and record review that the facility NP reviewed residents with a diagnosis of CHF to include weights, vital signs, and any current signs and symptoms of CHF which included shortness of breath, edema, and weight variance. Six (6) residents with a determined unstable CHF condition remained on daily</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 24</p> <p>weights and 14 residents were changed/added for weekly weights. The residents on Hemodialysis are monitored and treated by the local dialysis center and weights are recorded weekly at the facility.</p> <p>2. The SA validated through interview and record review that care plans for all residents with CHF were reviewed by the Regional MDS RN on 9/14/18, to ensure they reflected all the weight monitoring orders and that care plans were developed and implemented for each resident with CHF with no concerns found. No further issues were identified during record review.</p> <p>3. The SA validated through interview, sign-in sheets from in-services, and record review that on 9/14/18, an in-service was initiated for clinical staff members which included one (1) of one (1) Social Services Director (SSD), one (1) of one (1) Nursing Home Administrator, one (1) of one (1) Life Connections Coordinator, two (2) of 11 Registered Nurses, five (5) of 16 LPNs, and three (3) of 33 Certified Nursing Assistants (CNAs) by the DON regarding the procedure for daily weights, documentation, and signs and symptoms of CHF including:</p> <p>" Daily/weekly weights for residents with CHF are done on 11:00 PM-7:00 AM shift in the mornings by the CNA, and documented by the Nurse in the Medication Administration Record (MAR), unless otherwise specified by the resident for an alternate time.</p> <p>" Daily/weekly weights are reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor reviews the daily/weekly weights on the weekends. The</p> | M 500                                                                                           |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 25</p> <p>MD/NP are notified by the TCU Manager during the week, and the Weekend RN Supervisor during the weekend, of a daily gain of three (3) lbs or a five (5) lb gain within a week.</p> <p>" All Lasix and weight orders are care planned and updated as they are received by MDS #1 or MDS #2 Nurse.</p> <p>" Signs and symptoms of CHF include: Shortness of breath especially when lying flat, tired, run-down feeling, swelling in feet, ankles, and legs, weight gain, and confusion. Staff interviews across all disciplines revealed in-services were attended, understood, and followed.</p> <p>4. The SA validated through sign-in sheets and staff interview, that on 9/14/18, an emergency Quality Assurance Improvement Meeting (QAPI) was held with the Medical Director and QAPI team including the Medical Director, DON, Facility Administrator, Social Services Director, MDS #1, and MDS #2. The following procedure was adopted and implemented: All residents with CHF that have daily weights ordered will be discussed in the morning clinical meeting by the Clinical Team. The facility weight policy was reviewed with no changes made on 9/14/18.</p> <p>5. The SA validated by interview that the Medical Director was notified of the IJ concerning Resident #2 and Resident #3 on 9/17/18.</p> <p>6. The SA validated through interview and record review of sign-in sheets that a QAPI meeting was held on 9/17/18, which included the Medical Director, Director of Nursing, Facility Administrator, Social Services Director, MDS Nurse #1, and MDS Nurse #2. Facility policies for medication administration, physician orders, developing and implementing care plans were</p> | M 500                                                                                           |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 26</p> <p>reviewed with no changes made on 9/17/18. Interview with nursing staff and Administrative staff revealed the following procedures were reviewed and adopted by the Medical Director and QAPI team regarding obtaining daily weights, initiating and updating care plans to reflect correct plan of care regarding weights, and following Lasix parameters.</p> <p>" Daily/weekly weights will be monitored daily during morning clinical meeting by the Clinical Team including DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director on week days and Weekend RN Supervisor on the weekends, to ensure that all daily weights are obtained and properly addressed. This monitor will be documented by the DON during the week and the Weekend RN Supervisor on the weekends, by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the Medication Administration Record (MAR).</p> <p>" All new orders will be reviewed daily during morning clinical meeting by the Clinical Team consisting of the DON, MDS #1, MDS #2, Medical Records LPN, TCU RN, Social Services Director, and the Dietary Manager during week days and the Weekend RN Supervisor on weekends, to ensure that parameters are being performed and documented properly as ordered.</p> <p>" All new orders obtained for daily/weekly weights will be added to the care plan at the time of review during clinical meeting by the clinical team on weekdays and RN supervisor on weekends. All care plans initiated or revised regarding daily/weekly weights will be reviewed daily, to ensure completeness and accuracy by the Clinical Team on weekdays and Weekend RN Supervisor on weekends, to ensure completeness. This monitor will be documented by the DON during the week and the Weekend</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

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| M 500                                                               | <p>Continued From page 27</p> <p>RN Supervisor on the weekends by a Care Plan &amp; Weight Audit check list tool. This monitor will be gathered from the care plan.</p> <p>7. The SA validated by interview, record review and sign-in sheet review, that on 9/17/18, an in-service was initiated by the Director of Nursing and Facility Administrator for all staff members regarding daily weights are to be done on 11:00 PM-7:00 AM in the AM, unless otherwise specified by residents of alternate time. Daily/weekly weights will be reviewed by the Clinical Team consisting of the DON, TCU RN, MDS #1, MDS #2, Medical Records LPN, Dietary Manager, and Social Services Director (SSD) in the clinical meeting every morning during the week. The Weekend RN Supervisor will review the daily/weekly weights on the weekends. The MD/NP will be notified by the TCU Manager during the week and the Weekend RN Supervisor during the weekend of a daily gain of three (3) lbs or a five (5) lb gain within a week. The following staff were present at the in-service: RNs-11 of 11, LPNs-14 of 14, CNAs-28 of 28, Administrator-one (1) of one (1), Therapy Department-34 of 34, Dietary-seven (7) of seven (7), Housekeeping/Laundry-seven (7) of seven (7), Maintenance Director-one (1) of one (1), Business Office Manager-one (1) of one (1), Marketing Director-one (1) of one (1), Social Service Director-one (1) of one (1), and Life Connections-one (1) of one (1). Review of the employee roster revealed no staff was allowed to work at the facility until in-serviced, which included new hires; this will be monitored by the Facility Administrator.</p> <p>The SA validated through interview and review of care plans, that on 9/17/18, an in-service was initiated by the Regional Minimum Data Set (MDS) Registered Nurse regarding ensuring</p> | M 500                                                                                                 |                                                                                                                          |                                                                    |

MSDH - Health Facilities Licensure and Certification

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>30SR</b>                              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUNPLEX SUB-ACUTE CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>6520 SUNSCOPE DRIVE</b><br><b>OCEAN SPRINGS, MS 39564</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG                                                                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| M 500                                                               | Continued From page 28<br><br>residents with CHF and residents receiving<br>Hemodialysis, should all have weights as ordered<br>included in the plan of care for MDS #1, MDS #2,<br>Medical Records LPN, and the DON.<br><br>8. The SA validated that all corrective actions<br>were completed by the facility as of 9/17/18 and<br>the IJ removed on 9/18/18, prior to the SA exit. | M 500                                                                                                 |                                                                                                                          |                                                                    |