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	255171	A. BUILDING _____ B. WING _____	C 01/28/2019

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F 755	Continued From page 10 the resident was completely out of the medication until today. The DON confirmed someone should have been notified that the resident was out of Tramadol and any new orders received and followed. In an interview on 1/28/19 at 4:00 PM, the Administrator confirmed there were issues with acquiring, reconciliation, and availability of controlled substances. He confirmed policy and procedures was not followed for these issues.	F 755		

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F 755	Continued From page 9	F 755		

communication between the Pharmacy and the facility about Resident #7's Tramadol. She stated she wasn't aware the resident was completely out of Tramadol, but would get it today.

Interview with LPN #5 on 1/28/19 at 2:20 PM, with review of the MAR and Proof of Use sheet where the last dose of Tramadol was signed out on 1/9/19, for Resident #7, revealed she had documented Resident #7 had been administered Tramadol on 1/10/19, 1/11/19, 1/17/18, and 1/18/19. She stated she forgot to circle and document the reason why it wasn't given. She stated the dates she did circle, 1/14, 1/15, 1/16, 1/21, and 1/22/19, should have been documented on the back of the MAR as to why they weren't given. She stated she just forgot and didn't follow the procedure for narcotic documentation. LPN #5 confirmed Resident #7 didn't receive Tramadol from 1/9/19-1/27/19 (18 days). She stated she had re-ordered the medication several times herself and she thought it would come, so she didn't notify anyone LPN #5 stated Resident #7 did not complain of increased pain and she often had to wake the resident up to give the Tramadol routinely.

Interview with the DON on 1/28/19 at 2:55 PM, confirmed policy/procedure was not followed for documentation of the reason Tramadol was not administered to Resident #7 for the dates/initials circled on the MAR, and some doses were signed as given; however the last Proof of Use sheet documented the last dose given was on 1/9/19 (18 days not received). Further interview with the DON on 1/28/19 at 3:42 PM, revealed she didn't know of any documentation from the Pharmacy about not filling the Tramadol for Resident #7 and was not aware the re-order was rejected, or that

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F 755	Continued From page 8 to him or asked for Tramadol, but if it was ordered, then it should be available and given. Interview with RN #2/Unit Manager, on 1/28/19 at 1:04 PM, revealed she wasn't sure why the Tramadol had not been re-ordered for Resident #7; this was the first she had been made aware of the resident not having the medication available and it would be stat-ordered today. RN #2 confirmed the only documentation on the back of the MAR revealed entries for 1/25/19 and 1/27/19, of the Tramadol not being available on the cart and the other circled times did not document reasons for holding the Tramadol. Interview with the Regional Nurse Consultant on 1/28/19 at 1:30 PM, revealed she had contacted the Pharmacy, who reported Resident #7's Tramadol had been requested from the facility multiple times, however, it was too soon to replace and the insurance wouldn't pay. She stated it wasn't conveyed to the Pharmacy that the facility would pay for the Medication. The Nurse Consultant confirmed there were issues regarding the acquisition and availability of the Tramadol for Resident #7, and stated it looked like the policy and procedure for controlled substances would have to be re-vamped from the bottom up. Interview with the DON on 1/28/19 at 1:45 PM, confirmed the facility didn't replace Resident #7's Tramadol as indicated on the investigative report and she wasn't sure why. She stated if the Pharmacy rejected an order or a re-fill they should notify the facility and the staff should have confirmed the facility would pay for the medication. There was no documentation presented to indicate there had been	F 755		

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F 755	Continued From page 7	F 755		

revealed they could not prove LPN #4 diverted the medications she signed for on 1/4/19, for Residents #7, #8 and #9; however she was responsible for the loss, since she signed for the controlled medication on 1/4/19, and the medication was not found in the facility. The DON stated LPN #4 didn't follow the procedure of logging the medication on the Master Log, putting the medication in the cart, and reconciling the medication with the Master Log/count; and was terminated.

Review of Resident #7's January 2019 MAR, with the DON, on 1/28/19 at 12:20 PM, revealed Tramadol 100 mg was to be administered to Resident #7 at 8:00 PM daily. The DON verified that the MAR had documented initials circled for the Tramadol administration for dates of 1/14/19-1/16/19, 1/19/19, and 1/21/19-1/27/19, and should have explanations documented on the back of the MAR and she would have to look.

Observation and interview with Resident #7, on 1/28/19 at 12:20 PM, revealed she had not received Tramadol in a week or more. She stated she wasn't in a lot of pain and she had taken Tylenol, which had helped her Arthritis; but the Tramadol did work better. She stated she had not asked anyone for the Tramadol recently. Resident #7 did not show signs of pain during the observation and interview.

Observation of the East End front cart on 1/28/19 at 1:04 PM, with LPN #3, and RN #2 present, revealed Resident #7 did not have Tramadol 100 mg available for administration on the medication cart. LPN #3 stated he had added the medication on the Pharmacy sheet to be re-ordered today. He stated the resident had not complained of pain

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F 755	Continued From page 6 Pharmacy receipts and Proof of Use Sheets, revealed Resident #8 and Resident #9's medication Tramadol, was replaced and available for administration when observed on 1/28/19 around 3:00 PM. Resident #9: Observation and interview with Resident #9 on 1/28/19 at 1:00 PM, revealed no concerns with getting Tramadol as needed. Review of the MAR revealed no missed doses as needed. Resident #8: Observation and interview with Resident #8 on 1/25/19 at 1:30 PM, revealed no concerns with getting Lyrica as ordered. Review of the MAR revealed no missed doses. Resident #7: Review of Resident #7's physician's orders, dated 12/10/18, revealed orders for Tramadol 100 milligram (mg) daily. Review of a Controlled Substances Proof of Use sheet for Resident #7, revealed Tramadol 100 mg was received on 12/11/18, and the last dose available and signed out/administered was dated 1/9/19. There were no other Proof of Use sheets, or Pharmacy Delivery sheets found after 1/9/19, for Resident #7's ordered Tramadol. Review of the Delivery Receipt, dated 1/4/19, revealed LPN #4 signed for Resident #7's card of 30 Tramadol. Review of the Master Log for East End front cart, revealed no entry for Resident #7's Tramadol that was delivered 1/4/19 or 1/5/19. Interview with the DON on 1/28/19 at 9:59 AM, with the Regional Nurse Consultant present,	F 755		

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F 755	Continued From page 5 #7, for 30 tablets, and Resident #9 also had a card of 30 Tramadol that was signed in as received by LPN #4 on 1/4/19, that was not logged in on the Master log and was unaccounted for in the facility. The investigation revealed all three (3) residents' medication would be replaced by the facility, at facility cost. The investigation revealed LPN #4 was terminated due to the inability to prove without a doubt that it was not a diversion. Interview with LPN #4 on 1/28/19 at 10:00 AM, with the Administrator, DON, and Regional RN present, revealed she had signed for the controlled medications after they were brought by the Pharmacy Driver on the 11P-7A shift of 1/4/19, shortly after midnight. She described the process of checking to ensure the medications were there and the count was right prior to letting the driver leave. LPN #4 confirmed she indeed checked the medications and initialed each medication card/amount and signed that all of the medications were received by herself. LPN #4 stated she signed all of the others in the log and placed them in the cart and doesn't know why the Lyrica for Resident #8 was not in what she had signed in. LPN #4 stated she was not aware until another nurse called her at home the next week and she came to the facility to help look for the cards herself. She stated they could not find the Lyrica anywhere. LPN #4 denied taking the medication cards. She was not aware other medications were missing at that time. She stated she understood why she was terminated, because she had signed for the medications and they weren't accounted for. Again, she denied taking the controlled substances from the facility. Observation of the medication carts and review of	F 755		

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F 755	Continued From page 4 any comes out of a packet. She stated when she counted narcotics with the other nurse she had not paid attention to the medication itself, only the count of pills and packets. Interview with Resident #6, on 1/25/19 at 11:00 AM, revealed she had not taken Tramadol for a long time and had not asked for any. She stated that she only takes Tylenol, Ibuprofen and Valium to control her pain of Fibromyalgia. Review of Resident #6's Controlled Substances Proof of Use" sheet, documented the last Tramadol administered to Resident #6 was on 11/22/18. Review of the medical record revealed Resident #6 was admitted to the hospital on 11/25/18 and 12/12/18, and Tramadol was not ordered for Resident #6 after return from the hospital. Therefore, the medication should have been pulled from the cart. Interview with the DON on 1/28/19 at 3:42 PM, revealed Resident #6's Tramadol should have been removed from the inventory since it was not re-ordered after the resident's re-admission from the hospital. Resident #7, #8 and #9: Review of a facility investigation, dated 1/11/19, revealed two (2) cards of Lyrica for Resident #8 was delivered to the facility and signed for by LPN #4 on 1/4/19 (11pm-7am shift). The Lyrica was not logged into the Master Log and the medication was not accounted for in the facility. During the investigation, it was determined that two (2) other residents had medication that was not accounted for, Tramadol 100 mg for Resident	F 755	Clinical Services or Executive Director monthly x six (6)months for further review and/or recommendations. 5. AOC: February 18, 2019	

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F 755	Continued From page 3 Resident #6: During a count of narcotic/controlled medications on the West End front hall cart, with LPN #1 on 1/25/19 at 10:30 AM, Resident #6 had a card of Tramadol, with a delivery date of 11/21/18, with 30 tablets in the card. The medication in the #30 slot appeared smaller than the other tablets and was taped into the slot. LPN #1 agreed the pill looked smaller and RN #1/Unit Manager observed the card of Tramadol. The pill in the #30 slot was punched out and identified by RN #1, LPN #1 and the surveyor as Synthroid 50 micrograms (mcg), by the markings on the pill. LPN #1 stated she didn't know why she hadn't noticed the difference prior; she usually just made sure the count was correct and didn't really look that closely at the medication. Interview with the DON on 1/28/19 at 9:10 AM, revealed the staff should not be taping controlled medications back into the packet, they should call another nurse and destroy the medication and document the reason the medication was destroyed. The DON stated she had investigated and reported the incident to the State Agencies over the week-end and could not determine who had taped the Synthroid into Resident #6's Tramadol card, or when it was done; but had initiated education over the weekend to the nursing staff to not tape any medication into the packets and to observe all medications closely. She confirmed the process for reconciling medications was not followed because one (1) of the Tramadol tablets was missing. Interview with LPN #2, who worked on the East End front cart, on 1/28/19 at 12:06 PM, revealed she had not taped any medications back into a card; it should be destroyed with another nurse if	F 755	identified. A controlled substance audit was conducted by the Director of Clinical Services and Regional Director of Clinical Services on 1/29/19 by visualizing each supply on four (4) of 4 medication carts. There was no evidence of tampering noted and controlled substance counts were all correct. 3. Reeducation with facility nurses regarding the management and safeguarding of controlled substances was initiated by the Director of Clinical Services on 1/29/19 to ensure controlled substances are accounted for upon delivery, available as ordered, and reconciled per policy and procedure. 4. To ensure that controlled substances are safeguarded and available as ordered, Random Quality Reviews of 10 controlled substances will be conducted by the Director of Clinical Services three (3)x/week x 4 weeks, then weekly x 4 weeks, then monthly x 4 months until substantial compliance is achieved. To ensure that controlled substances are properly accounted for, Quality Review of Master Logs for previous days' delivery on each medication cart will be conducted by the Director of Clinical Services 3x/week x 4 weeks, then weekly x 4 weeks, then monthly x 4 months, until substantial compliance is achieved. Substantial compliance will be based on results of Quality Reviews. Findings from the Quality Reviews will be taken to Quality Assurance Performance Improvement (QAPI) Committee by the Director of	

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F 755	Continued From page 2 should contact Physician/Prescriber when staff is notified by Pharmacy of an order requiring clarification. 10.4-Facility should explain the issue to the Physician/Prescriber, document the clarification and document any new orders received. 10.5-Facility staff should then communicate the result and any new orders or directions to the Pharmacy. Review of the facility's "Controlled Drug Count" policy, revised 8/22/17, revealed: The oncoming shift and the off going shift nurses assigned to the controlled drug cart to be responsible for ensuring the accuracy of the controlled drug count. Review of the facility's "Inventory Control of Controlled Substances" policy, revised 1/1/13, revealed the facility should ensure that the incoming and outgoing nurses count all Schedule II controlled substances and other medications with a risk of abuse or diversion at the change of each shift or at least once daily and document the results on the Controlled Substance Count Verification/Shift Count Sheet". 1.2.1-Reconcile the total number of controlled medications on hand, add newly received medications to the inventory, and remove medications that are completed or discontinued from the inventory. The Director of Nursing (DON) confirmed on 1/28/19 at 3:42 PM, there was no policy for documentation if a resident refuses or doesn't receive a medication as ordered. She stated the practice was for the nurse to circle the medication to be administered on the Medication Administration Record (MAR) and document the reason the medication was not administered on the back of the MAR.	F 755	tablets from the Omnicell. Tramadol was removed and administered to Resident #7 by Licensed Practical Nurse #1 on 1/28/19 at 3:41PM. Supply of ongoing pain medication was received in the facility by Licensed Practical Nurse #2 on 1/28/19 at 3:51PM. Root Cause Analysis (RCA) was conducted on 1/28/19 by the QAPI Committee. Based on findings, Res #6 did not miss any medications and did not have a current order for Tramadol. Card of Tramadol was removed from the narcotic box on 1/27/19 by the Director of Clinical Services. Root Cause Analysis was conducted by the QAPI Committee on 1/8/19. Based on findings, Res #8 did not miss any medications, and Lyrica was replaced on 1/8/19 at facility cost. Root Cause Analysis was conducted on 1/8/19 by the QAPI committee. Based on findings, Res #9 did not miss any medications, and additional missing card of Tramadol was replaced on 1/28/19 at facility cost. 2. Other residents in the facility have the potential to be affected by the alleged deficient practice. A Quality Review of current residents' controlled substances was conducted by the Director of Clinical Services on 1/29/19, to ensure that residents had controlled substances available for administration per physician orders. There were no negative findings	

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F 755	Continued From page 1 aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review, and policy review, the facility failed to ensure controlled medications were acquired, secured, reconciled and available for administration for four (4) of nine (9) sampled and 16 unsampled residents for a total of 25 residents reviewed. Residents #6, #7, #8 and #9. Resident #6 had a Tramadol missing, as a Synthroid tablet was placed/taped in the #30 slot of the Tramadol card of 30 pills. Resident #7 (Tramadol), #8 (Lyrica), and #9 (Tramadol) had missing controlled medications that were signed in by facility staff, but never logged into the Master Log and/or entered in the cart. Resident #7 did not have Tramadol replaced/available for 18 days. Findings include: Review of the facility's "Physician/Prescriber Authorization and Communication of Orders to Pharmacy" policy, with a revised 10/01/18, revealed: 5.4-Orders that are not accepted by the pharmacy are rejected and order rejection is communicated to the facility customer for correction or clarification via phone, fax, or secured electronic transmission. 10.3-Facility	F 755	Deficiency # This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by the provisions of State and Federal law. Date Certain F755 1. Root Cause Analysis (RCA) was conducted on 1/28/19 by Quality Assurance Performance Improvement (QAPI) committee and based on findings Resident (Res) #7 was assessed for pain on 1/28/19 by the Director of Clinical Services, Nurse Practitioner, and Licensed Practical Nurse #1. Res #7 denied having any pain and had no signs or symptoms indicating pain. Nurse Practitioner was consulted on 1/28/19 regarding pain medication availability. Nurse Practitioner gave a one-time order for Tramadol 100mg on 1/28/19 at approximately 3:30PM. Pharmacy was contacted by Licensed Practical Nurse #1 on 1/28/19 and authorization was received to remove Tramadol 50mg times two (2)	

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F 000	INITIAL COMMENTS The State Agency (SA) conducted a complaint survey (MS #15620) and a revisit of the annual survey on 1/25/19 and 1/28/19. The complaint was substantiated for missing controlled substances and failure to ensure accurate acquisition, availability, and reconciliation of controlled substances. During the survey, the SA determined the facility was not in compliance with the requirements for Medicare and Medicaid and will remain out of substantial compliance and cited deficiencies at F755. The facility had a census of 106, with a bed capacity of 120.	F 000		
F 755 SS=D	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all	F 755		2/18/19

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

Electronically Signed | 02/07/2019

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.

LP

Approval Date: 2/19/19 Printed ☑

D. WRIGHT 02.21.2019

Plan of Correction (PoC) Review

Facility Name: Winona Healthcare + Rehab - CI- MS 15620

Survey Date: 1/28/19 70TH DAY: 04.08.2019

Name of Reviewer & Date: Sheila Serton 2/14/19

James Williams (662-283-1260)

F1

2/14/19 @ 11:22 AM - spoke c Admin

Tag #	Corrective Action(s) made for Identified Resident/Patient?	How will other residents be identified?	Systemic changes or corrective measures.	How will the corrective measures be monitored?	What is the Completion Date?
Pharmacy SVS. (D) F755 Res#7	RCA conducted (by who? spell out Resident (Res)	How many carts?	OK	Random QR by whom? Beginning when?	2/18/19
	assessed for what? when? (date + time) One time order for			Spell out # less than 10.	
	What & when? who obtained the order?			who will take QR to QA?	
	who contacted when the pharmacy. Remove what med from omnicell?				
	what med was administered? when?				
Res#6 Res#8	Capitalize Resident Tramadol. RCA by whom? RCA by whom?				
	* Indicate each resident individually				
Res#9	RCA by whom?				

Added to board ☑ Materials requested ☐ Desk Review: yes / no

Added to spreadsheet ☑ Signature: Sheila Serton, RN