STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	255328	A. BUILDING _____ B. WING _____	08/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEDFORD CARE CENTER OF MARION	6434 A DALE DR MARION, MS 39342

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS The State Agency (SA) conducted an annual recertification survey along with four (4) Complaint Investigations (CI), MS # 18740, MS #18822, MS #19462 and MS #19463, at the facility from 08/22/22 to 08/25/22. The SA did not substantiate MS #18740 for Neglect, Improper Discharge, and poor Quality of Care, MS # 18822 for Neglect, Misappropriation of Property and Resident Rights, MS #19462 for poor Quality of Care, and MS #19463 for improper Infection Control practices with no citations related to the complaints. During the survey, the SA determined that the facility was not in compliance with the requirements of participation in Medicare and Medicaid and cited F584, F641, F656, and F760. The facility held a licence for 120 beds with a census of 73.	F 000		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for	F 584		10/6/22

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

Electronically Signed | 09/13/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 584	Continued From page 1 the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observations, record review, interviews, and facility policy review, the facility failed to ensure privacy curtains in resident rooms were clean for four (4) of 24 sampled residents. Resident #1, Resident #61, Resident # 62, and Resident #64. Findings Include: A review of the facility's policy "Routine Cleaning and Disinfection" (undated) revealed "Policy: It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment and to	F 584	Bedford Care Center of Marion acknowledges receipt of the Statements of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and regulations. Please accept this Plan of Correction as our credible allegation of compliance. Bedford Care Center of Marion's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that any deficiency is accurate.	

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F 584	Continued From page 2 prevent the development and transmission of infections to the extent possible...Policy Explanation and Compliance Guideline...13. Privacy curtains in resident rooms will be changed when visibly dirty by laundering or cleaning with per manufacturer's instructions..." Resident #1 On 08/22/22 at 02:20 PM, the State Survey Agency (SSA) observed two (2) privacy curtains tied up in Resident #1's room. During an interview with Resident's #1's Resident Representative (RR) who was visiting the resident, she explained she "hates having the curtains down because they are so nasty, and I wish I could cut them off with scissors". She reported she has told staff, including Certified Nurse Aides (CNAs) and housekeeping, that the curtains needed to be cleaned, but nothing has been done. On 08/25/22 at 10:00 AM, during an observation and interview with Resident #1's RR who was at the resident's bedside, both privacy curtains were dirty. The curtain between the "A" side and "B" side had four (4) large brown streaks noted from the bottom of the curtain to midway up the curtain. The privacy curtain for the "B" side had circular brown spots the size of a half dollar scattered midway throughout the curtain. The RR stated that she is "afraid to touch the curtain and that is why she ties them up". At 1:30 PM on 08/25/22, Maintenance Director Housekeeper (MDH) #2 confirmed through observation and interview with RR and SSA present, that the privacy curtains were dirty. He stated he would have the curtains changed as soon as possible	F 584	* On August 23, 2022, the privacy curtains for rooms housing Resident # 1, Resident # 61, Resident # 62 and Resident# 64 were taken down and laundered by housekeeping personnel. ** All residents in the facility have the potential to be affected by this practice. *** On August 23, 2022, the Administrator in-serviced the Environmental Manager related to cleaning privacy curtains. On August 23, 2022, the Environmental Manager, conducted an audit of all rooms to determine if there were other privacy curtains which should be cleaned. All privacy curtains, found to be soiled shall be laundered by housekeeping personnel by September 13, 2022. By September 12, 2022, the Environmental Manager shall in-serviced housekeeping personnel related to cleanliness of privacy curtains. **** Beginning on September 14, 2022 the Environmental Manager or a maintenance employee shall inspect privacy curtains in 5 rooms per week times 3 weeks then 3 rooms per week for three weeks then 2 rooms per week for three weeks for any soiled privacy curtains. Soiled privacy curtains shall be taken down and replaced with a clean privacy curtain. All monitoring will be submitted to the Quality Assurance Committee for review by the Medical Director and the Steering Committee to ensure sustained compliance monthly for two month beginning on September 29, 2022, and	

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F 584	Continued From page 3	F 584	ending on October 27, 2022	

Resident #61

On 08/24/22 at 03:55 PM, during an observation of the resident's room, there were multiple red stains in the middle of the privacy curtain and multiple gray and black discolored areas at the middle and bottom of the curtain. The stains and discolored areas were observed from both sides of the resident beds.

Resident #62

On 08/22/22 at 1:15 PM, during a phone interview with Resident #62's RR, she verbalized concern related to the privacy curtain in the resident's room. She stated it had been dirty for months and appeared to have dried feces on it. She had notified staff, including housekeeping and nursing staff, but the curtain had never been cleaned or changed.

On 08/22/22 at 4:13 PM, during an observation of the privacy curtain between the "A" and "B" side, there were numerous brown discolored areas that varied in size from a dime to a half dollar. There were three (3) discolored streaks that was approximately three-fourths (3/4) the length of the curtain. In the center of the curtain, there were many brown circular discolorations that were visible on both sides of the curtain. The privacy curtain had a brown substance noted from the entire base that proceeded up the curtain approximately one-half (1/2) of an inch.

Resident #64

On 08/22/22 at 4:10 PM, during an observation, the privacy curtain between the "A" side and "B"

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F 584	Continued From page 4	F 584		

side had numerous splattered spots that were a dark brown discoloration. The privacy curtain had dark brown dirt from the base that proceeded up the curtain approximately 1/2 of an inch.

On 08/23/22 at 1:40 PM, during an interview with Housekeeper #1, she explained she does nothing with the privacy curtains because the maintenance supervisor takes care of the curtains.

At 2:10 PM on 08/23/22, during an interview with MDH #2, he explained he expects the nursing staff and housekeepers to look at the privacy curtains daily and report to him if there are any problems and if the curtains need to be changed. The nursing staff and housekeepers are in the residents' rooms daily and should be able to see if the privacy curtains need changing. He stated that he has not received any reports lately of dirty privacy curtains and he was unable to recall when the curtains were last changed. MDH #2 observed the privacy curtains for Resident #62 and Resident #64 and confirmed the curtains were extremely dirty and needed to be changed.

On 08/24/22 at 10:05 AM, during an interview with CNA #1, she explained that if there were any problems in the resident's room with dirty items, including the privacy curtains, she would report the finding to the housekeeper or to maintenance.

On 08/24/22 at 10:10 AM, during an interview with CNA #2, she explained if she saw any concerns with the residents' rooms, she would tell maintenance.

On 08/24/22 at 10:30 AM, during an interview with Housekeeper #3, she explained if she

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F 584	Continued From page 5 noticed that privacy curtains are dirty, she would report it to MDH #2. The curtains are only changed when necessary, and she has not reported any curtains that needed to be changed. On 08/24/22 at 10:45 AM, during an interview with Licensed Practical Nurse (LPN) #1, she stated she had not looked at or noticed any dirty privacy curtains in resident rooms. At 10:50 AM on 08/24/22, during an interview with MDH #2, he explained the facility used "Repair Requisition" slips for staff to complete and submit to the maintenance department as needed for any issues. He had not received many Repair Requisition slips because staff usually tells the maintenance team the problem and concerns, and then those concerns are addressed right away. On 08/24/22 at 2:15 PM, during an interview with the Administrator, he reported he expects the housekeeping staff and nursing staff to notify maintenance of any dirty or soiled privacy curtains. He expected that privacy curtains are clean at all times. A record review of the facility's completed "Repair Requisition" slips for the past three (3) three months revealed there were no repairs or cleaning needed for privacy curtains.	F 584		
F 641 SS=E	Accuracy of Assessments CFR(s): 483.20(g) §483.20(g) Accuracy of Assessments. The assessment must accurately reflect the resident's status. This REQUIREMENT is not met as evidenced	F 641		10/6/22

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F 641	Continued From page 6 by: Based on interviews, record review, and facility policy review, the facility failed to accurately code a Minimum Data Set (MDS) assessment for a resident with a restraint for one (1) of 24 MDS assessments reviewed. Resident #16 Findings Include: The facility's policy "Resident Assessment Instrument" (undated), revealed " ...Any flags for this MDS section will be reviewed and resolved prior to submission of the MDS to ensure accuracy of MDS ...All persons who have completed any portion of the MDS Resident Assessment Form MUST sign such document attesting to the accuracy of such information ..." A record review of the "Order Summary Report" with "Active Orders As Of 08/25/2022" revealed a Physician's Orders with a start date of 02/04/21 for "Seat belt to be on when PT (Patient) in Motorized w/c (wheelchair) to enable resident to be up and about facility and for positioning R/T (Related To) Spastic Movements Secondary to DX: (Diagnosis) Cerebral Palsy, Release Q (Every) 2 HRS (Hours) for skin checks and changing of brief and check resident Q 30 mins (minutes). Every shift". A record review of the Quarterly MDS with an Assessment Reference Date (ARD) of 08/18/22, revealed Section P0100 for Physical Restraints specified that Resident #16 used a "Trunk restraint" daily that was "Used in Bed". The MDS also indicated no restraints were "Used in Chair or Out of Bed". A Brief Interview of Mental Status (BIMS) was not conducted because the resident is rarely/never understood, however a staff	F 641	Bedford Care Center of Marion acknowledges receipt of the Statements of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and regulations. Please accept this Plan of Correction as our credible allegation of compliance. Bedford Care Center of Marion's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that any deficiency is accurate. *Resident # 16's Minimum Data Set (MDS) with assessment reference date of August 18, 2022, was modified on August 23, 2022 to reflect the appropriate restraint used. Minimum Data Set was modified by a Licensed Practical Nurse (LPN)-MDS Nurse. **Residents with a restraint have the potential to be affected by this practice. ***Section P on current Residents' MDS will be verified for accuracy by the MDS Nurses to be completed by September 15, 2022. The Registered Nurse, RN-MDS Nurse will verify accuracy of all completed Section P's that are in progress, prior to signing and locking the MDS. RN MDS will audit section "P" for any errors. Auditing to ensure accuracy will begin September 09, 2022 50% for 2 weeks then 25% for 2 weeks then 25% monthly	

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F 641	Continued From page 7 assessment for mental status indicated that she is independent in making decisions regarding tasks of daily life. On 08/22/22 at 01:44 PM, the State Agency (SA) observed Resident #16 lying in her bed on a concave mattress, with a wedge underneath her back. There was no trunk restraint observed while she was in the bed. On 08/23/22 at 11:42 AM, an observation of Resident #16 revealed she was up in a motorized wheelchair in the hallway near her room, and she was wearing a seat belt strap around her waist. On 08/23/22 at 04:23 PM, during an interview with Licensed Practical Nurse (LPN) #6, who is the MDS Nurse, she confirmed the MDS for Resident #16 was coded incorrectly because the trunk restraint is used while Resident #16 is up in her chair as an enabler, and there is no trunk restraint used while she is in bed. She stated that the MDS is important because it gives insight on the patient's care. On 08/24/22 at 08:34 AM, during an interview with the Director of Nursing (DON), she confirmed the MDS was inaccurate because Resident #16 did not use the belt in the bed, she used it when she was in her chair. She stated that they go over things every morning about the MDS and Care plan and that both are important and should be accurate. Record review of Resident #16's "Admission Record" revealed the facility admitted her on 06/24/09 with diagnoses including Cerebral Palsy, History of Falling, and Aphasia.	F 641	for the next 3 months. Any discrepancy will be immediately corrected. **** All monitoring will be submitted to the Quality Assurance Committee for review by the Medical Director and the Steering Committee to ensure sustained compliance monthly for two month beginning on September 29, 2022, and ending on October 27, 2022.	

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F 656	Continued From page 8	F 656		
F 656 SS=E	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §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 - (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 (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). (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. (iv)In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (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	F 656		10/6/22

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F 656	Continued From page 9 entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to follow a resident's comprehensive care plan for one (1) of 24 care plans reviewed for implementation of identified interventions. Resident #68. Findings Include: Record review of the facility's policy, "Comprehensive Care Plan," undated, revealed "It is the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident ...to meet a resident's medical, nursing, and mental and psychosocial needs ..." Record review of the "Admission Record" revealed Resident #68 was admitted to the facility on 07/29/22 with a diagnosis of Major Depressive Disorder and Generalized Anxiety Disorder. Record review of the Comprehensive Care Plan revealed Resident #68 uses anti-anxiety medications related to Anxiety. Interventions identified for this focus were to administer anti-anxiety medications as ordered by the physician. Record review of the "Order Summary Report" for Resident #68 revealed a Physician's Order dated 08/10/22 for "ALPRAZolam (Generic name for Xanax) 1 MG (Milligram) Give 1 tablet by mouth	F 656	Bedford Care Center of Marion acknowledges receipt of the Statements of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and regulations. Please accept this Plan of Correction as our credible allegation of compliance. Bedford Care Center of Marion's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that any deficiency is accurate. * The ALPRAZolam (Xanax) for Resident # 68 was delivered from the pharmacy on August 23, 2022, and he received the medication, as ordered, that same morning. ** All Residents, who receive medication, have the potential to be affected by this practice. *** On August 23, 2022, the Director of Nurses conducted an in-service for all Licensed Nurses in the Facility, related to the "re-ordering medication process". An Audit was conducted by the Director of Nurse on August 24, 2022, to ensure that medications ordered for all Residents	

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F 656	Continued From page 10 two times a day for anxiety". In an interview with Resident #68 on 08/22/22 at 12:15 PM, he stated he did not receive his anxiety medication (Xanax) this past weekend (08/20/22 and 08/21/22). Record review of the Electronic Medication Administration Record (EMAR) for August 2022 revealed Resident #68 was not administered the 8:30 AM and 8:30 PM doses of Alprazolam 1 MG on 08/21/22 and 08/22/22. The MAR indicated Resident #68 was administered the 8:30 AM dose on 08/20/21 of Alprazolam, but not the 8:30 PM dose. In an interview with Resident #68 on 08/24/22 at 3:10 PM, he stated he was told by a nurse that his Xanax ran out Friday (08/19/22) and they needed another prescription to have it refilled. He did not receive any doses of Xanax on Saturday (08/20/22), Sunday (08/21/22), or Monday (08/22/22). On 08/25/22 at 2:05 PM, an interview with Registered Nurse (RN) #2/Care Plan Nurse, revealed the Care Plan is a guide for staff to use to provide better care to residents. She stated the Care Plan is written specific to the needs of individual residents and should be followed. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 8/4/22 revealed a Brief Interview of Mental Status (BIMS) score of 15, which indicates Resident #68 is Cognitively Intact.	F 656	were available in the facility according to their plan of care. Starting August 25, 2022 all narcotic refills will be checked by the Medication Nurse on Thursdays to ensure that prescriptions needed over the weekend are obtained on Friday. The Director of Nurses or the Registered Nurse Supervisor will pull a list of "not administered" medications to determine the reason why the medications were not administered. This auditing of the Plan of Care began August 25, 2022 and will continue weekly on Thursdays for 3 weeks to ensure compliance. A Care Plan in-service was initiated by the MDS Nurse on September 15, 2022 to educate all nursing staff on the importance of following the care plan as it is written and will be completed by September 16, 2022. All issues with medications will be immediately addressed by the Director of Nurses or the Registered Nurse Supervisor. **** All monitoring will be submitted to the Quality Assurance Committee for review by the Medical Director and the Steering Committee to ensure sustained compliance monthly for two month beginning on September 29, 2022, and ending on October 27, 2022	
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760		10/6/22

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F 760	Continued From page 11 The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interviews, record review, and facility policy review, the facility failed to prevent a significant medication error by not reordering a prescribed medication for one (1) of 24 sampled residents. Resident #68 Findings Include: Record review of the facility's policy, "Medication Orders and Receipt Record", undated, revealed, " ...Policy Interpretation and Implementation ...4. Medications should be ordered in advance, based on the dispensing pharmacy's required lead time. Five days for reorder medications and seven days for medication that requires special processing ..." On 08/22/22 at 12:15 PM, in an interview with Resident # 68, he stated he did not receive his anxiety medication (Xanax) this past weekend (08/20/22 and 08/21/22) and the nurses told him that the Nurse Practitioner (NP) did not write a prescription for the medication. He had to deal with anxiety all weekend. Record review of the "Order Summary Report" for Resident #68 revealed a Physician's Order dated 08/10/22 for "ALPRAZolam (Generic name for Xanax) 1 MG (Milligram) Give 1 tablet by mouth two times a day for anxiety". Record review of the Electronic Medication Administration Record (EMAR) for August 2022	F 760	Bedford Care Center of Marion acknowledges receipt of the Statements of Deficiencies and proposes this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and regulations. Please accept this Plan of Correction as our credible allegation of compliance. Bedford Care Center of Marion's response to this Statement of Deficiencies does not denote agreement with the Statement of Deficiencies, nor does it constitute an admission that any deficiency is accurate. * The Alprazolam (Xanax) for Resident # 68 was delivered from the pharmacy on August 23, 2022, and he received the medication, as ordered, that same morning. Resident #68 as assessed by the Director of Nursing with no signs or symptoms of anxiety. Resident #68 next scheduled dose of Xanax was administered on August 23, 2022. ** All Residents, who receive medication, have the potential to be affected by this practice. *** On August 23, 2022, the Staff Development Nurse conducted an in-service for all Licensed Nurses, related to the "re-ordering medication process".	

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	255328	A. BUILDING _____ B. WING _____	08/25/2022

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F 760	Continued From page 12 revealed Resident #68 was not administered the 8:30 AM and 8:30 PM doses of Alprazolam 1 MG on 08/21/22 and 08/22/22. The MAR indicated Resident #68 was administered the 8:30 AM dose on 08/20/21 of Alprazolam, but not the 8:30 PM dose. On 08/23/22 at 2:50 PM, in an interview with Licensed Practical Nurse (LPN) #1, she stated that when they run out of a controlled medication, they contact the physician or NP for a prescription and retrieve the medication from the Cubex (automated medication dispensing system). On 08/24/22 at 3:10 PM, in an interview Resident #68, he stated he was told by a nurse that his Xanax ran out Friday (08/19/22) and they needed another prescription to have it refilled. The NP was going to fax the prescription on Monday night and the medication was administered when the medication was received on Tuesday, 08/23/22. He did not receive any doses of Xanax on Saturday (08/20/22), Sunday (08/21/22), or Monday (08/22/22). He had been taking Xanax for his anxiety since 2011 and had never missed a dose. On 08/24/22 at 4:00 PM, in an interview with LPN #2, she stated that she reorders medications from pharmacy when the medication has 8 to 10 doses left. If there are no medications available, the nurse should call the NP, notify the nurse supervisor, and contact the backup pharmacy, which is a local pharmacy that the facility uses. On 08/25/22 at 8:55 AM, in an interview with LPN #3, she stated she contacted the NP on 8/19/22 (Friday) and was told by the NP that she would come by the facility to write a prescription on	F 760	In-serviced nursing staff on August 23, 2022 concerning the phone number and posted location of Unicare pharmacy so everyone will have direct access to the phone number for direct communication with Unicare pharmacy. An audit was initiated on August 23, 2022 through August 26, 2022 to ensure all nursing staff had access to the Cube-X system to get ordered medications should a need arise. ANy nursing staff that did not have access to the cube-x system was immediately added. An Audit was conducted by the Director of Nurse began on August 24, 2022, to ensure that medications ordered were available in the facility. Beginning August 23, 2022 all narcotic refills will be checked by the Medication Nurse on Thursdays to ensure that prescriptions needed over the weekend are obtained on Friday and will continue time two months. This auditing of the Plan of Care began August 25, 2022 and will continue weekly on Thursdays for two months to ensure compliance. All issues with medications will be immediately addressed by the Director of Nurses or the Registered Nurse Supervisor. **** Beginning August 25, 2022 the Director of Nurses or the Registered Nurse Supervisor will pull a list of "not administered" medications to determine the reason why the medications were not administered. All monitoring will be submitted to the Quality Assurance Committee for review by the Medical Director and the Steering Committee to ensure sustained compliance monthly for	

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F 760	Continued From page 13	F 760		

Saturday, and if not, she would do it on Monday. She confirmed that she did not administer the Xanax on 08/20/22 at 8:30 AM as was documented on the MAR. She was unsure of why she documented it and she guessed she "charted too fast". She confirmed the prescription for the Xanax should have been requested and obtained from the NP before his supply got too low. She usually contacts the NP when a resident's controlled medications is down to seven doses. She stated she takes full responsibility for the medication not being administered to the resident.

On 08/25/22 at 9:25 AM, during a phone interview with LPN #4, she stated she retrieved Xanax from the Cubex on 08/19/22 for his evening dose. She commented that she should have contacted the NP that morning (08/19/22) to advise that Resident #68 needed a written prescription, but she forgot.

On 08/25/22 at 10:38 AM, in an interview with Registered Nurse (RN) #1 who is the supervisor, she stated she could not recall being told Resident #68 was out of Xanax. She stated nurses should order narcotics 5 days in advance before the resident's medication runs out. The cart nurse is responsible for ordering medications and the supervisor should be notified if a resident does not have medication available. The nurses should print out a prescription for controlled medications and have the NP to sign it. If a resident is completely out of a controlled medication, the nurse should notify the NP and receive a written prescription to be sent to the backup pharmacy.

On 08/25/22 at 11:03 AM, in an interview with the

two month beginning on September 29, 2022, and ending on October 27, 2022.

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F 760	Continued From page 14	F 760		

NP, she stated she was notified on Sunday (08/21/22) by LPN #3 that Resident #68 was out of Xanax. She stated she told LPN #3 that she may come by Sunday to sign the prescription, but LPN #3 did not tell her Resident #68 was completely out of Xanax. The nurse should have contacted her when the resident had seven days of medication left, but lately they have been waiting until the residents are out of their medication to contact her. She expects the nurses to follow the physician orders and there is no excuse for a resident not to get medications as ordered. She stated Resident #68 could have had anxiety and withdrawal signs from not receiving the Xanax.

On 08/25/22 at 11:13 AM, in an interview with the Director of Nursing (DON), she stated she worked the night shift on Sunday night (08/21/22). Resident #68 made her aware that he was out of Xanax. She stated the cart nurse is responsible for ordering medications and should have contacted the NP ten (10) days before the medication runs out. She did not notice any changes in the resident mood Sunday night. She expected the nurses to give medications as ordered.

Record review of the "Narcotic-Controlled Drug" form for Alprazolam Tablet one (1) for Resident #68 revealed the last dose from the medication card was signed out at 9:10 AM on 08/19/2022.

Record review of the "Packing Slip Proof of Delivery" document revealed the facility received 26 doses of Alprazolam 1 mg tablets on 08/23/22 at 3:48 AM for Resident #68.

Record review of the "Admission Record"

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F 760	Continued From page 15 revealed the facility admitted Resident #68 on 07/29/22 with diagnoses including Major Depressive Disorder and Generalized Anxiety Disorder. Record review of the Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 08/4/22 revealed Resident #68 had a Brief Interview of Mental Status (BIMS) score of 15, which indicated he is cognitively intact.	F 760		