MSDH - Health Facilities Licensure and Certification

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 54NP | A. BUILDING: _____ B. WING _____ | 06/08/2023 |

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| SARDIS COMMUNITY NH | 613 EAST LEE STREET SARDIS, MS 38666 |

| (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) COMPLETE DATE |
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| M 000 | Initial Comments<br><br>The State Agency (SA) conducted an annual recertification survey at the facility from 6/6/23 through 6/8/23. During the survey, the SA determined the facility was not in compliance with the Minimum Standards of Operation for Institutions of Aged or Infirm, state licensure requirements and deficiencies were cited at M475, M500, and M700.<br>The facility held a license for 160 beds at the time of the survey, and the facility census was 49. | M 000 | | |
| M 475 SS=D | 45.16.6 Employee Testing for Tuberculosis<br><br>Employee Testing for Tuberculosis<br><br>1. Each employee, upon employment of a licensed entity and prior to contact with any patient/resident, shall be evaluated for tuberculosis by one of the following methods:<br><br>a. IGRA (blood test) and an evaluation of the individual for signs and symptoms of tuberculosis by medical personnel; or<br><br>b. A two-step Mantoux tuberculin skin test administered and read by a licensed medical/nursing person certified in the techniques of tuberculin testing and an evaluation of the individual for signs and symptoms of tuberculosis by a licensed Physician, Physician ' s Assistant, Nurse Practitioner or a Registered Nurse.<br><br>2. The IGRA/Mantoux testing and the evaluation of signs/symptoms may be administered/conducted on the date of hire or administered/read no more than 30 days prior to the individual ' s date of hire; however, the individual must not be allowed contact with a patient or work in areas of the facility where | M 475 | | 7/17/23 |

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| M 475 | Continued From page 1<br>patients have access until receipt of the results of the IGRA/assessment or at least the first of the two-step Mantoux test has been administered,/read and assessment for signs and symptoms completed.<br><br>3. If the Mantoux test is administered, results must be documented in millimeters. Documentation of the IGRA/TB skin test results and assessment must be documented in accordance with accepted standards of medical/nursing practice and must be placed in the individual ' s personnel file no later than 7 days of the individual ' s date of employment. If an IGRA is performed, results and quanitive values must be documented.<br><br>4. Any employee noted to have a newly positive IGRA, a newly positive Mantoux skin test or signs/symptoms indicative of tuberculin disease (TB) that last longer than three weeks (regardless of the size of the skin test or results of the IGRA), shall have a chest x-ray interpreted by a board certified Radiologist and be evaluated for active tuberculosis by a licensed physician within 72 hours. The employee shall not be allowed to work in any area where residents have routine access until evaluated by a physician/nurse practitioner/physician assistant and approved to return. Exceptions to this requirement may be made if the employee is asymptomatic and;<br><br>a. The individual is currently receiving or can provide documentation of having received a course of tuberculosis prophylactic therapy approved by the Mississippi State Department of Health (MSDH) Tuberculosis Program for tuberculosis infection, or | M 475 | | |

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| M 475 | Continued From page 2<br>b. The individual is currently receiving or can provide documentation of having received a course of multi-drug chemotherapy approved by the MSDH Tuberculosis Program; or<br><br>c. The individual has a documented previous significant tuberculin skin reaction or IGRA reaction.<br><br>4. For individuals noted to have a previous positive to either Mantoux testing or the IGRA, annual re-evaluation for the signs and symptoms must be conducted and must be maintained as part of the employee ' s annual health screening. A follow-up annual chest x-ray is NOT required unless symptoms of active tuberculosis develop.<br><br>5. If using the Mantoux method, employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the two-step Mantoux tuberculin skin test performed and documented in the employees ' personal record within fourteen (14) days of employment.<br><br>6. The IGRA or the two-step protocol is to be used for each employee who has not been previously skin tested and/or for whom a negative test cannot be documented within the past 12 months. If the employer has documentation that the employee has had a negative TB skin test within the past 12 months, a single test performed thirty (30) days prior to employment or immediately upon hire will fulfill the two-step requirements. As above, the employee shall not have contact with residents or be allowed to work in areas of the facility to which residents have routine access prior to reading the skin test, completing a signs and symptoms assessment | M 475 | | |

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| M 475 | Continued From page 3<br>and documenting the results and findings.<br><br>7. All staff noted as negative per the IGRA blood test or who do not have a significant Mantoux tuberculin skin test reaction (reaction of less than 5 millimeters in size) shall be retested annually within thirty (30) days of the anniversary of their last IGRA or Mantoux tuberculin skin test. Staff exposed to an active infectious case of tuberculosis between annual tuberculin skin tests shall be treated as contacts and be managed appropriately. Individuals found to have a significant Mantoux tuberculin skin test reaction and a chest x-ray not suggestive of active tuberculosis, shall be evaluated by a physician or nurse practitioner/physician assistant for treatment of latent tuberculin infection.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on record review, staff interview, and facility policy review the facility failed to establish and maintain an infection prevention and control program designed to help prevent transmission of communicable diseases and infections as evidenced by failure to administer a second step Tuberculin (TB) skin test to employees prior to working in the facility for one (1) of 10 employees reviewed.<br><br>Findings include :<br><br>Review of the facility policy titled, " TB Testing MS", with a revision date of 7/19 revealed, "II: Employee Testing for Tuberculosis ...Baseline ...Employees with a negative tuberculin skin test and a negative symptom assessment shall have the second step of the the two-step Mantoux tuberculin skin test, administered, read, and | M 475 | The Director of Nurses (DON) readministered the first step TB skin test to the Maintenance Supervisor on 6/8/23. She read it on 6/11/23 with no negative findings. The second step will be administered by the DON on 6/25/23 and read on 6/28/23 by the DON. The DON then completed a 100% audit on the TB skin tests for all staff on6/9/23. No other deficient practices were identified. A Quality Improvement meeting was held on 6/8/23 with all department heads and Medical Director.<br><br>All staff and residents have the potential to be affected by this deficient practice.<br><br>An in-service was conducted for all staff by the Staff Development Registered Nurse (RN) on 6/9/2023 on the facility policy labeled "TB Testing in MS". | |

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| M 475 | Continued From page 4<br>documented in the employee's personnel record within fourteen (14) days of employment.<br><br>A record review of the Maintenance Supervisor's Employee TB Test Record revealed he received a step-one (1) Tuberculin purified protein derivative (PPD) skin test on 4/12/23 with a reading of 00 millimeters (mm) on 4/14/23. There is no evidence that the Maintenance Supervisor was offered or received a second step TB skin test.<br><br>During an interview with Licensed Practical Nurse (LPN) Assessment Nurse on 6/8/23 at 11:45 AM, she stated that the Maintenance Supervisor did not receive a second step TB skin test. She stated that she previously administered TB skin testing but was moved into a different position. She stated now the Director of Nursing (DON) is responsible for the TB skin testing and she tries to help her.<br><br>During an interview with the Administrator on 6/8/23 at 11:50 AM, she stated that she thought the LPN Assessment Nurse was responsible for administering the TB skin testing.<br><br>During an interview with the DON on 6/8/23 at 12:35 PM, stated that the Staff Development Coordinator (SDC) is responsible for TB skin testing. She stated that the LPN Assessment Nurse was moved out of the SDC role, so she and the LPN Assessment Nurse have both been doing the TB Skin tests. The DON confirmed that during the time the facility was looking for a SDC there was not a consistent plan in place to ensure a TB test was not missed. She stated not doing a TB skin test on a staff or resident could cause the spread TB in the facility. | M 475 | The DON will audit 100% of all new staff to ensure that they receive TB skin testing according to facility policy starting 6/15/23 once a week for 4 weeks, then monthly for 3 months and then quarterly at the facility Quality Improvement (QI) meetings. The results will be reported at the QI committee meeting to be held on 7/17/23 and then at every quarterly QI meeting until substantial compliance is obtained. Any concerns that may be identified with the current plan of correction, the QI committee will revise until substantial compliance is obtained. | |

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| M 500 | Continued From page 5 | M 500 | | |
| M 500 SS=D | 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;<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 | M 500 | | 7/17/23 |

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| M 500 | Continued From page 6<br>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 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 | M 500 | | |

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| M 500 | Continued From page 7 | M 500 | | |

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;
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;

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;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

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);

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);

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| M 500 | Continued From page 8<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 record); and<br><br>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.<br><br>This Statute is not met as evidenced by:<br>Based on observation, resident family interview, staff interview, record review, and facility policy review the facility failed to ensure residents were free from restraints for one (1) of 59 residents reviewed. Resident #42<br><br>Findings Include:<br><br>Record Review of the facility policy titled, "Restraints and Safety Devices", with a revision date of 10/22, revealed, "It is the philosophy of this facility that a resident has the right to be free from any physical or chemical restraints ..."<br><br>An observation on 6/6/23 at 9:15 AM revealed Resident #42 was in the bed laying on a winged | M 500 | Resident #42 was given an new bed and a new mattress at 5:15 p.m. on 6/7/2023 after resident told the Administrator that she was ok with her switching them out. The Director of Nurses (DON) assisted the Administrator in changing out the bed and mattress for resident #42. Resident #42 stated that she was comfortable and happy with the new bed and mattress. The Administrator and the maintenance director checked every bed in the facility for the 54" side rails and removed them.<br><br>All residents have the potential to be affected by this deficient practice.<br><br>An in-service on the facility Restraint | |

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| M 500 | Continued From page 9<br>mattress with full siderails in the upright position on both sides of the bed.<br><br>During an interview with Resident #42 on 6/6/23 at 9:16 AM, she shook her head no when asked if she knew why she was on the winged mattress and had full siderails up on either side of the bed.<br><br>A record review of Resident #42's Physician , dated June, 2023, revealed that she did not have an order for a winged mattress or full side rails.<br><br>A record review of Resident #42's Nurse Data Collection and Screening, completed on 5/17/23, revealed that she did not have a bed rail or a restraint in use.<br><br>A record review of Resident #42's medical record revealed she did not have a consent or assessment for the use of the winged mattress or full siderails.<br><br>An observation of Resident #42 on 6/7/23 at 4:00 PM, revealed she was in bed laying on a winged mattress with full siderails in the upright position on both sides of the bed.<br><br>During an interview on 6/7/23 at 4:02 PM with Resident #42's Responsible Party, she stated she did not know anything about the winged mattress or full side rails and stated that Resident #42 did not like the mattress.<br><br>During an interview with Resident #42 on 6/7/23 at 4:04 PM, she shook her head no when asked if she liked the winged mattress. Resident #42 shook her head yes when asked if the mattress was uncomfortable.<br><br>During an interview Licensed Practical Nurse | M 500 | Policy was conducted by Staff Development Registered Nurse with all facility staff on 6/9/2023. All staff in-serviced voiced understanding of facility restraint policy.<br>Residents will be monitored by DON/Administrator (ADM) weekly times 3 months to ensure compliance with F604.<br><br>Weekly rounds will be completed by DON/ADM and an audit will be completed on each resident to ensure that every resident residing in the facility is free of chemical and/or physical restraints beginning on 6/15/2023. DON and the Administrator will report findings of audit to daily department head meeting once a week for 4 weeks beginning 6/15/23, then monthly for the next 3 months and then at the quarterly QI meeting to be held on 7/17/23 and then every quarter thereafter until substantial compliance is obtained. If concerns are identified with the current corrective action plan, the Quality Improvement Committee will revise the plan of correction until compliance is obtained. | |

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(LPN) #1 on 6/7/23 at 4:20 PM she stated that winged mattresses are used to prevent residents from falling out of bed and that they only used one-half (1/2) side rails in the facility for bed mobility. She stated that if a resident had a winged mattress or full side rails, they would not have a Physician's order for them and the order would not show up on the electronic Medication Administration Record (eMAR). She stated she would know if a resident was supposed to have a winged mattress or full side rails because she would be told in report. LPN #1 stated that she was familiar with Resident #42 and the resident did not have a winged mattress or full side rails.

During an interview with the Minimum Data Set (MDS) Nurse on 6/7/23 at 4:30 PM, she stated that if a resident had a winged mattress or full side rails, then they would have a physician's order, assessment, and care plan. She stated that Resident # 42 did not have a winged mattress, full side rails, physician's orders for a winged mattress and side rails, or a care plan for a winged mattress and side rails. She stated when she did the Admission MDS she would have seen it and questioned it. The MDS Nurse stated that Resident # 42 moved rooms and if she now has a winged mattress and full side rails it is likely because that was the bed in the room when she moved into it.

During an interview on 6/7/23 at 4:42 PM, with the Director of Nursing (DON) she stated that if a resident had a winged mattress or full side rails they should have a physician's order, assessment, and care plan; and that it would show up on the eMAR for the staff to know that the resident was supposed to have it.

During an observation and interview with the

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| M 500 | Continued From page 11<br><br>DON on 6/7/23 at 4:45 PM, she verified that Resident #42 did have a winged mattress and full side rails on her bed and that she should not have them. The DON stated that these items were a restraint and if the resident attempted to get out of bed with them in place she could fall and injure herself.<br><br>During an interview with the Administrator on 6/8/23 at 8:15 AM, she verified that the side rails on Resident #42's bed were 54 inches long.<br><br>Record review of the Face Sheet revealed that the facility admitted Resident #42 to the facility on 5/10/23 with a diagnosis of Cerebral Infarction.<br><br>Record review of the MDS Section C with an Assessment Reference Date (ARD) date of 5/17/23, revealed that Resident #42 had a Brief Interview of Mental Status (BIMS) score of seven (7) which indicated that she was moderately cognitively impaired. | M 500 | | |
| M 700 SS=D | 45.24.1 General<br><br>General. The facility shall provide routine drugs, emergency drugs and biologicals to its residents or obtain them by agreement.<br><br>This Statute is not met as evidenced by:<br>Level II<br><br>Based on observation, staff interview, record review, and facility policy review the facility failed to meet the pharmaceutical needs of a resident when staff failed to obtain and provide the medication Clopidogrel for Resident #18 for one (1) of 16 medications reviewed. | M 700 | Director of Nurses (DON) obtained Clopidogrel 75 mg as ordered from back-up Pharmacy at 8:45am on 6/7/23. Licensed Practical Nurse (LPN) #2 administered medication to resident #18 as ordered by the physician. Registered Nurse (RN)#2 notified the physician on 6/7/23 that his orders had not been followed and obtained new orders for | 7/17/23 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 54NP | A. BUILDING: _____ B. WING _____ | 06/08/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SARDIS COMMUNITY NH | 613 EAST LEE STREET SARDIS, MS 38666 |

| (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) COMPLETE DATE |
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| M 700 | Continued From page 12<br><br>Findings include:<br><br>A review of the facility policy titled, "Physician Orders," revised 1/23, revealed "It is the policy of the facility that all physician's orders will be implemented timely and carried out in a professional manner ... An order for medication or supplies shall be placed to the pharmacy or appropriate supplier." ...<br><br>A medication administration observation for Resident #18 with Licensed Practical Nurse (LPN) #2 on 6/7/23 at 7:45 AM, revealed she was unable to give Resident #18 the Clopidogrel 75 milligram (mg) as ordered. She revealed the medication had not been delivered from the pharmacy. LPN #2 stated the Clopidogrel was ordered on 6/2/23 after the resident returned from an outside appointment. She confirmed she faxed the order to the pharmacy that day. LPN #2 also revealed when she came back to work on Monday 6/5/23 the medication was not in the facility, so she notified pharmacy again on 6/5/23 and 6/6/23 and the physician of not having the medication to administer.<br><br>A review of the Physician's Orders for Resident #18, revealed Clopidogrel 75 mg tablet give one tablet daily at 8:00 AM with an order date of 6/2/23.<br><br>A review of the Physician Consultation Report dated 6/2/23, revealed under New Orders: Start Plavix Daily ...<br><br>During an interview with the Director of Nursing (DON) on 6/07/23 at 8:00 AM, she revealed she was unaware Resident #18 did not have his Clopidogrel. A review of the emergency drug kit | M 700 | resident #18. Resident's vital signs were obtained by LPN #2 on 6/7/23 with no negative findings. A Quality Improvement(QI) meeting was held with all department heads and Medical Director on 6/8/23.<br><br>All residents have the potential to be affected by this deficient practice.<br><br>An in-serviced was completed by RN #2 for all nursing staff on policy labeled "Physician Orders" on 6/9/23. All resident physician orders were checked against resident medicine cards to ensure accuracy by the DON and LPN's assigned to the 2 medicine carts on 6/14/2023. Any and all discrepancies found were immediately corrected. At this time all physician orders and medicine cards are 100 % accurate.<br><br>DON will audit new physician orders and that medications were received and given as ordered 5 times a week for the next 4 weeks, starting 6/15/23 ending on 7/15/23 and then monthly for the next 3 months and then quarterly. The Administrator and DON will also present findings of audits in the Quarterly QI meeting on 7/17/23 and then quarterly at each QI meeting until substantial compliance is achieved. If any negative findings occur with current plan of correction, the QI committee will revise the plan of correction until substaintial compliance is obtained. | |

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| SARDIS COMMUNITY NH | 613 EAST LEE STREET SARDIS, MS 38666 |

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| M 700 | Continued From page 13 | M 700 | | |

with the DON revealed there is no Clopidogrel on the formulary list. The DON placed a call to pharmacy to have the medication sent from back-up pharmacy. The DON revealed the resident has poor circulation and confirmed by not receiving the Plavix as ordered placed Resident #18 at risk for further circulation concerns and possible blood clots.

In an interview with the DON and LPN #2 on 6/07/23 at 8:20 AM, revealed the DON asked LPN #2 "Who did you report to that Resident #18 needed Clopidogrel and if you notified the pharmacy who did you speak with." LPN #2 confirmed she had not notified anyone of needing the Clopidogrel.

Record review of the Electronic Medication Administration Record (EMAR) revealed an order dated 6/2/23 "Clopidogrel 75 mg tablet, oral 8a (AM) daily. Give 1 tab (tablet) by mouth daily." Documentation on the EMAR revealed staff initials were listed on 6/3/23 through 6/6/23 indicating the medication had been administered.

An interview with the Administrator on 6/07/23 at 1:20 PM, revealed LPN #2 failed to order the Clopidogrel when she obtained the order on 6/2/23.

During an interview with the Minimum Data Set Nurse (MDS) on 6/07/23 at 1:30 PM, revealed she called and spoke with a pharmacist at the pharmacy and the pharmacist revealed there was no record of an order for Clopidogrel for Resident #18 until the DON called this morning 6/7/23 at 8:02 AM.

During a phone interview with LPN #3 on 6/07/23 at 3:10 PM, confirmed the Clopidogrel was not in

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| M 700 | Continued From page 14 | M 700 | | |

the facility the 6/3/23 or 6/4/23 when she worked. She confirmed she did not notify the pharmacy or the physician. LPN #3 confirmed she should have contacted the resident's provider and the pharmacy of these concerns.

An interview with Registered Nurse (RN) #1on 6/08/23 at 8:15 AM, revealed all new medication orders are faxed to the Pharmacy to be filled and delivered. She went on to say if orders are received after hours, the pharmacy has an on-call pharmacist, and they would notify a local pharmacy that contracts to delivery any medications needed immediately. RN #1 confirmed if a nurse is unable to get a medication the physician needs to be notified.

During an interview with the Administrator on 6/08/23 at 8:28 AM, she revealed the nurses did not give the Clopidogrel as ordered and failed to notify the pharmacy of the medication order and did not notify the physician of not having the medication to be administered. The Administrator confirmed the Clopidogrel was not delivered until 6/7/23 and confirmed LPN #2 and LPN #3 should have followed up with pharmacy and notified the DON they did not have the medication.

Record review of the Admission Record revealed that the facility admitted Resident #18 to the facility on 8/03/15 with diagnoses of Atrial Fibrillation, Heart Failure, and Atherosclerotic Heart Disease of Coronary Arteries.

Record review of the Minimum Data Set (MDS) with an Assessment Reference Date of 3/16/23 revealed Resident #18 had a Brief Interview of Mental Status (BIMS) score of 15 which indicates Resident #18 is cognitively intact.