STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355024	A. BUILDING _____ B. WING _____	C 12/06/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS ON UNIVERSITY	1315 S UNIVERSITY DR FARGO, ND 58103

(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 An unannounced onsite complaint survey was completed on December 5-6, 2018. The sample included ten (10) sampled residents and one (1) supplemental resident for focused review.	F 000		
F 565 SS=E	Resident/Family Group and Response CFR(s): 483.10(f)(5)(i)-(iv)(6)(7) §483.10(f)(5) The resident has a right to organize and participate in resident groups in the facility. (i) The facility must provide a resident or family group, if one exists, with private space; and take reasonable steps, with the approval of the group, to make residents and family members aware of upcoming meetings in a timely manner. (ii) Staff, visitors, or other guests may attend resident group or family group meetings only at the respective group's invitation. (iii) The facility must provide a designated staff person who is approved by the resident or family group and the facility and who is responsible for providing assistance and responding to written requests that result from group meetings. (iv) The facility must consider the views of a resident or family group and act promptly upon the grievances and recommendations of such groups concerning issues of resident care and life in the facility. (A) The facility must be able to demonstrate their response and rationale for such response. (B) This should not be construed to mean that the facility must implement as recommended every request of the resident or family group. §483.10(f)(6) The resident has a right to participate in family groups. §483.10(f)(7) The resident has a right to have	F 565		1/25/19

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

Electronically Signed | 01/15/2019

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F 565	Continued From page 1 family member(s) or other resident representative(s) meet in the facility with the families or resident representative(s) of other residents in the facility. This REQUIREMENT is not met as evidenced by: Based on information provided by the complainant, observations, review of monthly Resident Council meeting minutes, and resident, family, and staff interviews, the facility failed to actively seek a resolution to resident grievances related to delayed responses to call lights expressed by 9 of 10 sampled residents (Residents #1, #2, #3, #4, #6, #7, #8, #9, and #10). Failure to act upon the resident/family grievances regarding staff response time to call light resulted in continued dissatisfaction. Findings include: The facility failed to provide a copy of their policies addressing call lights and resident and/or family/representative grievances upon request. Information provided by the complainants indicated they had been contacted by residents who expressed frustration waiting for staff to respond to their call lights and/or who experienced pain/discomfort related to skin breakdown due to incontinence. Observations showed the following: * On the morning of 12/06/18, a bathroom call light remained unanswered from 8:02 a.m. until 8:24 a.m. (22 minutes). * 12/06/18 at 8:25 a.m., Resident #3 lying in bed. His call light, hanging over the top of the night stand, and not within reach.	F 565	1. Corrective Actions Residents #1 was re-assessed/interviewed for immediate care needs including toileting /incontinent needs, MD notified, orders noted, resident/responsible party notified and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident #2 was re-assessed/interviewed for immediate care needs, MD notified, orders noted. Resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved Resident #3 call light was made available. Re-assessed/interviewed for immediate care needs, MD notified, orders noted. Resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident #4 was re-assessed/interviewed to validate pain control needs were being met. MD notified, orders noted. Resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident # 6 was re-assessed/interviewed for immediate	

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F 565	Continued From page 2 * 12/06/18 at 10:35 a.m., Resident #3 lying in bed. His call light, hanging over the top of the night stand, and not within reach. Resident reached for his call light and was unable to access it. A sign, posted on the wall, stated, "Please keep call light clipped to the sheet and within reach." Review of "Resident Council Meeting" minutes, dated June-November 2018, occurred on 12/06/18. The meeting minutes identified residents voiced the following concerns : * August, ". . . certified nursing assistants (CNAs) . . . make roommate wait. Roommate can't use [his/her] call light. . . . CNA refused to help another pt [patient] . . ." * September, ". . . CNAs don't answer call lights timely in the a.m. . . ." * October, ". . . [Resident] - slow call lights concern form filled [out]. . . ." Resident and Family/Representative interviews identified the following: * 12/05/18 at 5:05 p.m., Resident #10 (identified by the facility as interviewable) stated, "Last night, I sat all night in a dirty diaper. The call light was unplugged. That's a long time . . . all night. That's a long time to have a dirty diaper. No one was in here at all last night. They kind of ignore me. I don't know if they don't like me or what." * 12/05/18 at 5:30 p.m., Resident #9 (identified by facility as interviewable) stated, "I've had to wait 45 minutes for staff to answer my call light. It took so long that I wet my pants." * 12/05/18 at 5:42 p.m., Resident #6's family member reported often waiting 15-20 minutes for staff to respond to Resident #6's call light. The family member also reported Resident #6 is a fall	F 565	care needs, MD notified, orders noted, resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident #7 was re-assessed /interviewed for immediate care needs, MD notified, orders noted, resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident # 8 was re-assessed for care needs, MD notified, orders noted, resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident #9 was re-assessed for care needs including toileting/incontinent needs, MD notified orders noted, resident/responsible party notified, and care plan updated as applicable. Grievances filed for any concerns not resolved. Resident #10 no longer resides in the facility 2. Identification of Others The Administrator/designee will conduct a review of the facility residents to validate that immediate care needs are addressed, and call lights are with in reach. Grievances will be filed for concerns not resolved 3. Systemic Corrections	

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F 565	Continued From page 3 risk. * 12/05/18 at 5:55 p.m. Resident #1 reported often having to wait for over an hour to use the bed pan. Resident #1 stated, "I limit the amount of water I drink depending upon who is working, because I know [staff] will take a long time to answer my light." Resident #1 also reported having "wet the bed" waiting for staff to answer the call light. * 12/05/18 at 6:10 p.m. Resident #2 stated, "I have to wait a long time, 60-90 minutes sometimes, for [staff] to answer my call light." * 12/05/18 at 6:15 p.m., Resident #4 (identified by the facility as interviewable) reported waiting multiple times, for up to an hour, for staff to answer her call light. Resident #4 then described one occurrence in detail, where she turned on her call light for a pain pill. Resident #4 reported a staff member entered her room, turned off her call light, told her she would notify the nurse, and left the room. A nurse offered her a pain pill one hour and forty-five minutes later. Resident #4 then stated she continued to have pain and turned her call light on several times throughout the evening. In frustration, she called a family member, asking them to call the facility in an effort to get someone to answer her light. * 12/06/18 at 7:50 a.m., Resident #10 pointed to her call light and stated, "I rang the bell here. I finally got up and went in there [bathroom]. I rang the bell in there. Took them forever. About twenty-five minutes, I was sitting there this morning. I'm so discouraged." * 12/06/18 at 8:00 a.m., Resident #7 (identified by facility as interviewable) stated, "I put my call light on one day and had to wait 45 minutes before staff answered the light." Resident #7 reported being told staff failed to answer the light because	F 565	The Administrator/designee will provide training to staff on the timely response and access to call lights and follow up with resident/responsible party immediate care needs, including concerns of pain and toileting/incontinent needs. The RN Consultant/designee will provide education to the Inter-disciplinary team on the Grievance/Compliant Process, including filing, comprehensive investigation, follow up until resolution is achieved and resident/family member/responsible party-notification/agreement. New and temporary staff will receive education on the Grievance/Complaint Process as a part of orientation. 4. Monitoring The Administrator or designee will audit call light response time/positioning of call light and conduct interviews for 10 residents per week for one month then 5 residents per week for 2 months and then randomly thereafter to validate that call lights are answered timely and resident care needs are being met. The Administrator/designee will review Grievances three (3) times a week for twelve (12) weeks to validate appropriate investigation, follow up and satisfactory resolution of resident/responsible party. The Administrator/designee will request	

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F 565	Continued From page 4 a physical therapist was present in the room. * 12/06/18 at 8:15 a.m., Resident #8 (identified by facility as interviewable) reported waiting for up to one hour for staff to answer the call light. * 12/06/16 at 10:15 a.m., Resident #4's family member confirmed Resident #4 had called them at home asking them to contact the facility for assistance. * 12/06/18 at 10:50 a.m., Resident #10 shifted her weight as she laid on the bed and stated, "My butt is so sore! The [staff] are getting so disgusted checking my diaper. I hate to do it (pointed towards call light)." During a staff interview on 12/06/18 at 10:55 a.m., a CNA (#4) stated Resident #10 "puts on [her] call light. If we're helping someone else, she will self-transfer to [the] bathroom." During a staff interview on 12/06/18 at 2:45 p.m., when asked the facility's expectation regarding staffs' response to call lights, an administrative nurse (#1) stated, "I believe it's two minutes." Failure of the facility to act upon the resident/family grievances regarding call light response times resulted in resident incontinence/possible skin breakdown, safety concerns due to residents self-transferring, and continued frustration and dissatisfaction.	F 565	invite from resident council monthly and as needed to ensure that there is satisfaction with call light response times/grievances/etc. Results of all audits and monitoring will be shared by the Administrator/designee at the monthly QAPI committee for review and recommendations.	
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment.	F 657		1/25/19

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F 657	Continued From page 5 (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced by: THIS IS A REPEAT DEFICIENCY FROM THE SURVEY COMPLETED ON 06/28/18. Based on observation, record review, review of facility policy, and staff interview, the facility failed to review and revise comprehensive care plans to reflect the resident's current status for 1 of 10 sampled residents (Resident #10). Failure to review/revise care plans to reflect each resident's current status limited the staffs' ability to communicate needs and ensure continuity of care for the residents. Findings include:	F 657	1.Corrective Action Resident #10 no longer resides at the facility. 2.Identification of Others The Director of Nursing (DON)/designee will do a review of all resident care plans to validate that care plans reflect current ADL (bathing etc.) and nutritional needs (preferences etc.) To include updates applicable to wound care and implementation of wound prevention	

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F 657	Continued From page 6 The facility failed to provide a copy of their policy addressing resident care plans upon request. Review of the facility's policy titled "Weight Assessment and Intervention" occurred on 12/06/18. This policy, dated 2018, stated, ". . . [Careplanned] Interventions for undesirable weight loss shall be based on careful consideration of . . . Resident choice and preferences . . . The use of supplementation . . ." Review of Resident #10's medical record occurred on all days of survey. The record identified a diagnosis of a malignant tumor (rectal cancer). - Resident #10's bathing record identified an initial bath on 11/26/18 (eight days post admission to the facility). The current care plan stated, ". . . Focus: Resident has a potential for self care deficits . . . Interventions: . . . Assist resident with activities he/she is unable to perform independently. . . . Encourage patient to perform minimal oral-facial hygiene as soon after rising as possible. Assist with brushing teeth and shaving, as needed. . . ." Resident #10's current care plan failed to address her bathing needs. - Resident #10's physician's orders, dated 12/03/18, stated, "Nifedipine 0.2% - Lidocaine 2% in Lipovan Rectal Cream [a prescribed cream applied to relieve pain] . . . Apply to rectum topically BID [twice daily]. Donut cushion to minimize perineal discomfort with sitting."	F 657	interventions. 3.Systemic Changes The RN Consultant will provide education to the Interdisciplinary Team regarding timely revision of the resident□s care plans including applicable ADL care and nutritional needs. To include wound care and implementation of wound prevention interventions. New or temporary staff will receive education as a part of the orientation process 4.Monitoring The Director of Nursing/designee will complete random audits of 5 different care plans 3x weekly for 4 weeks, 5 different care plans weekly for 4 weeks and weekly for 3 months to validate that resident care plans include applicable ADL care and nutritional needs as well as wound care and wound prevention interventions. Results of audit will be shared by the DON at the monthly QAPI committee for review and recommendations until a lessor frequency is deemed appropriate.	

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F 657	Continued From page 7 The current care plan stated, ". . . Focus: Skin integrity impaired: redness to perineum area secondary to diarrhea r/t [related/to] colon cancer . . . Interventions: Maintaining clean, dry skin provides a barrier to infection. Patting skin dry instead of rubbing reduces risk of dermal trauma to fragile skin. . . . Monitor for s/s [signs/symptoms] of infection . . . Notify MD [medical doctor] as needed. . ." The care plan failed to reflect Resident #10's need for a physician-prescribed barrier cream and/or a pressure relieving device. - Resident #10's Nutritional Assessment, dated 11/20/18, identified, ". . . Other Food Likes/dislikes . . . Does not drink milk. . . ." The facility provided a copy of Resident #10's current snack schedule. The schedule identified, "Dislikes . . . Wheat Bread . . . Pancakes . . . " and ". . . All Days [receives] . . . Boost Vanilla" Observations on December 5-6, 2018 showed dietary staff placed milk on Resident #10's meal trays. Resident #10 did not drink the milk, and made several comments regarding her food preferences. The current care plan identified, ". . . Focus: Potential for or presence of altered nutrition needs related to . . . selective food preferences, unwillingness to accept nutritional supplements . . . Interventions: Encourage food and fluid intake . . . Snacks provided as scheduled . . ." The care plan failed to reflect Resident #10's choices/preferences and/or supplementation as specified in the facility's policy.	F 657		

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F 657	Continued From page 8 During an interview on 12/06/18 at 1:30 p.m., when asked questions pertaining to Resident #10's care plan, an administrative nurse (#1) confirmed staff failed to revise her care plan to include her bathing needs, physician-prescribed barrier cream and/or a pressure relieving device, and food choices/preferences and/or supplementation as specified in the facility's policy.	F 657		
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on information provided by the complainants, record review, review of facility policy, and staff interview, the facility failed to assist with activities of daily living (ADLs) for 1 of 10 sampled residents (Resident #10) who required staff assistance for bathing. Failure to provide assistance to residents who cannot perform the bathing task independently may result in poor personal-hygiene and decreased self-esteem. Findings include: Information provided by the complainants indicated residents are not bathed regularly, and are observed with greasy hair. Review of the facility policy titled "Activities of Daily Living (ADLs)" occurred on 12/06/18. This policy, dated 2018, stated, ". . . Appropriate care	F 677	1.Corrective Actions Resident #10 no longer resides in the facility 2.Identification of Others The Director of Nursing (DON)/designee will do a review of resident care plans to validate that care plans reflect applicable ADLs (bathing etc.). Modifications will be made to care plans with missing information. All resident's tasks will be reviewed for the last 14 days to review of bathing records to validate that showers have been given per request/schedule. If it is determined that resident missed his/her last shower, the resident will be offered a shower/bath. 3.Systemic Changes	1/25/19

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F 677	Continued From page 9 and services will be provided for resident who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with . . . Hygiene (bathing, dressing, grooming, and oral care) . . . " - Review of Resident #10's medical record occurred on all days of survey. The record identified a diagnosis of a malignant tumor (rectal cancer). The current care plan stated, ". . . Focus: Resident has a potential for self care deficits . . . Interventions: . . . Assist resident with activities he/she is unable to perform independently. . . . Encourage patient to perform minimal oral-facial hygiene as soon after rising as possible. Assist with brushing teeth and shaving, as needed. . . ." Resident #10's current care plan failed to address her bathing needs. Resident #10's bathing record identified an initial bath on 11/26/18 (eight days post admission to the facility). Staff documented "not applicable" and/or "resident not available" on four occasions during the time period between admission and her first bath. During an interview on 12/06/18 at 1:30 p.m., when asked questions pertaining to Resident #10's bathing schedule, an administrative nurse (#1) confirmed staff failed to bathe Resident #10 during the initial eight days of her stay. The nurse (#1) was unable to explain the "not applicable" notations in her record.	F 677	The RN Consultant/designee will provide education to the Inter-disciplinary team on requirements of updating and revising care plans to include current ADL needs including baths. The Director of Nursing (DON)/designee will provide education to the applicable staff on steps to take if resident is out of building/refuses or misses a scheduled shower. New or temporary staff will receive this education as a part of orientation. 4.Monitoring The Director of Nursing/designee will complete random audits of 5 different care plans 3x weekly for 4 weeks, 5 different care plans weekly for 4 weeks and weekly for 3 months to validate that resident care plans include applicable ADL care including bathing. The Director of Nursing/designee will complete a random audit of bathing/shower documentation 3x week for 3 months to validate that resident showers have been completed timely or rescheduled if needed. Results of audit will be shared by the DON/designee at the monthly QAPI committee for review and recommendations until a lessor frequency is deemed appropriat	
F 684 SS=G	Quality of Care CFR(s): 483.25	F 684		1/25/19

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F 684	Continued From page 10 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on information provided by the complainants, observation, record review, review of professional reference, and resident/staff interviews, the facility failed to provide the necessary care/services to treat 1 of 10 sampled residents (Resident #10) with skin breakdown and pain/discomfort. Failure to monitor Resident #10's skin condition and provide physician-prescribed interventions in a timely manner contributed to her existing skin breakdown and resulted in her experiencing avoidable pain/discomfort. Findings include: Information provided by the complainants indicated facility staff failed to identify possible risk factors contributing to residents' skin conditions and failed to provide the care/services necessary to prevent further skin breakdown. The complainants reported having been contacted by residents who were frustrated waiting for staff to respond to their call lights and/or who experienced pain/discomfort secondary to skin breakdown/being soiled. The facility failed to provide a copy of their policy	F 684	1. Corrective Actions Resident #10 no longer resides in the facility 2. Identification of Others at Risk The Director of Nursing (DON) /designee will conduct a review of all residents to validate that necessary care/services (including nutritional) to treat skin breakdown and pain/discomfort are addressed and care planned. Residents identified with skin conditions are being monitored and physician- prescribed interventions are implemented in a timely manner, with applicable updates to person centered care plans. The Administrator/designee will conduct a review of all residents to validate that immediate needs (including toileting/incontinent needs) are met and complete grievances/concerns forms for any unresolved concerns requiring further follow up. 3. Systemic Changes The RN consultant/designee will provide	

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F 684	Continued From page 11 addressing skin conditions/pressure ulcers upon request. Kozier & Erb's "Fundamentals of Nursing: Concepts, Process, and Practice," 10th ed., Pearson Education, Inc., New Jersey, pages 828 and 862, states, ". . . Many medications increase [skin] sensitivity . . . chemotherapy drugs for cancer . . . Several factor increase the risk for the development of pressure ulcers: immobility and inactivity, inadequate nutrition, fecal and urinary incontinence . . . and certain chronic medical conditions. . . . Nursing interventions to prevent the formation of pressure ulcers include conducting ongoing assessment of risk factors and skin status, providing skin care to maintain skin integrity, ensuring adequate nutrition and hydration . . . providing supportive devices . . ." - Review of Resident #10's medical record occurred on all days of survey. The record identified diagnoses of a malignant tumor (rectal cancer), adult failure to thrive, severe protein-calorie malnutrition, and hearing loss. The current physician's orders identified the following: * 11/26/18, "Aquaphor [an over-the-counter skin protectant ointment] - Apply TID [three times daily] to affected gluteal, perineal, and vulvar areas." * 12/03/18, "Nifedipine 0.2% - Lidocaine 2% in Lipovan Rectal Cream [a prescribed cream applied to relieve pain] . . . Apply to rectum topically BID [twice daily]. Donut cushion to minimize perineal discomfort with sitting." * Undated, "Monitor skin for breakdown . . . Q [every] shift."	F 684	training to the Inter-disciplinary team on comprehensive Clinical Meetings including timely implementation of preventative care and services including routine monitoring related to wound care, and physician notification if prescribed medication is not readily available. The training will also include validation of accurate scoring of the Braden Scale Assessment. All new or temporary staff will receive education at the time of orientation. The Administrator/designee will provide training to staff on timely response to call lights and resident/family needs, including concerns of pain and toileting/incontinent needs. All new or temporary staff will receive education at the time of orientation. The RN Consultant/designee will provide education to the Inter-disciplinary team on the Grievance/Complaint Process, including filing, comprehensive investigation, follow up until resolution achieved and resident/family member/responsible party-notification/agreement. All new or temporary staff will receive education at the time of orientation. 4. Monitoring The Director of Nursing (DON)/designee will conduct random monitoring three (3) times a week for 12 weeks to validate that residents have the necessary	

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F 684	Continued From page 12 * Undated, "Must complete all documentation for skin alterations on Saturday . . ." A Braden Scale [a skin assessment], dated 11/19/18 (the evening of Resident #10's admission to the facility), identified, ". . . Rarely Moist: Skin is usually dry, linen only requires changing at routine intervals . . . Chairfast: Ability to walk severely limited . . . Cannot bear own weight and/or must be assisted into chair or wheelchair. . . . Slightly Limited [Mobility]: Makes frequent though slight changes in body or extremity position independently. . . . Adequate [Nutrition]: Eats over half of most meals. Eats a total of 4 servings of protein . . . Occasionally will refuse a meal, but will take a supplement when offered . . . No Apparent Problem [Friction/Shear]: Moves in bed and in chair independently and has sufficient muscle strength to lift up." It is unclear how staff determined Resident #10's skin was usually dry, her linens only required changing at routine intervals, she ate greater than 50% of most meals, ate 4 servings of protein daily, and/or occasionally refused meals. The current care plan identified the following: * ". . . Focus: Resident is at risk for falls/injuries . . . Interventions: . . . Encourage resident to request assist whenever needed. . . ." * ". . . Focus: Skin integrity impaired: redness to perineum area secondary to diarrhea r/t [related/to] colon cancer . . . Interventions: Maintaining clean, dry skin provides a barrier to infection. Patting skin dry instead of rubbing reduces risk of dermal trauma to fragile skin. . . . Monitor for s/s [signs/symptoms] of infection . . . Notify MD [medical doctor] as needed. . ." The care plan failed to reflect Resident #10's	F 684	care/services/on-going monitoring (including nutritional, physician prescribed treatments, accurate assessments-Braden) to treat skin break down as well as pain/discomfort are addressed timely and documented on person centered care plans. The Administrator/designee will conduct random audits on various shifts five (5) times a week for 12 weeks to validate that resident□s call lights are answered timely and immediate care (including toileting/ incontinent/pain) needs are being met, and the person-centered care plans reflect needs. The Administrator/designee will conduct random monitoring three (3) times a week for 12 weeks to validate that concerns requiring a grievance are filed, a comprehensive investigation has been completed with applicable resolution and resident/family/responsible party-notification/agreement. The DON and Administrator will bring audit results monthly to the QAPI Committee for review and revision.	

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F 684	Continued From page 13 need for a physician-prescribed barrier cream and/or pressure relieving device. The progress notes identified the following: * 11/19/18, ". . . Patient was admitted from [hospital] with a diagnosis of rectal cancer. . . . Head to toe skin assessment was completed on admission. Patient has redness in groin areas and sacrum. . . ." * 11/20/18, ". . . She uses call light for needs . . ." * 11/22/18, ". . . Patient is incontinent of B/B [bowel/bladder] . . . Assist of one for bed mobility and transfers. Patient stays in her room most of the time. . . ." * 11/25/18, "Weekly skin assessment done, noted redness to her bottom and continuing with feces d/t [due/to] her illness. cleansed the area and treatment done as directed. . . ." * 11/26/18, "Patient returned from [cancer center] with new orders to discontinue ammonium lactate. Start Aquaphor to apply to gluteal/perianal and the vulvar areas three times a day. monitor skin for breakdown every shift. . . ." * 11/27/18, ". . . Her coccyx area is excoriated from frequent diarrhea. Lac-Hydrine cream is burning her, so it will be d/c [discontinued] and Aquaphor started. . . ." * 11/28/18, ". . . Receiving radiation therapy and continuous chemo infusion for rectal cancer. . . ." * 11/29/18, ". . . Incontinent of B/B [bowel/bladder] maximum assist with all cares. Extensive assist with transfers and bed mobility. . . . Pain management effective with Tylenol as when needed. . . ." * 11/30/18, ". . . She is checked et [and] changed/repositioned on a routine basis. . . ." * 12/02/18, ". . . She is routinely checked at night.	F 684		

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F 684	Continued From page 14 . . . Is able to direct own cares and does ask for assistance appropriately as needed. . . . Assist with toileting needs. Assist with transfers, pt. did remain in room . . . resident is thin and skin intact with redness to the perirectal area do [sic] to stool, treatments and incontinences [sic] treatment to area bid and prn [as needed]. . . ." * 12/03/18, "Pt . . . is slightly confused/forgetful at times. . . . Assist with toileting needs, is incontinent at times. Transfers with assist. Pt. does remain in room . . . Extensive assist with toileting needs. . . . Patient is HOH [hard of hearing] but can make needs known. patient ask [sic] for assistance appropriately. . . ." * 12/04/18, ". . . makes needs known to staffs [sic]. Extensive assist with care and toileting needs. No new open areas noted in the button [sic] and the perineal area. . . . Pt. does remain in room . . . Pain management was effective with Tylenol when needed. . . . In the [care] conference more attention to be paid to patient care and diet. No new skin areas of concern noted by this writer after lasted [sic] treatment was done at HS [hour of sleep] this shift. Though patient is noted to have more than 3-4 bathroom trips during one shift. . . . One assist using her walker for toileting. . . ." During an interview on 12/05/18 at 5:05 p.m., Resident #10 (identified by the facility as interviewable) stated, "Last night, I sat all night in a dirty diaper. The call light was unplugged. That's a long time . . . all night. That's a long time to have a dirty diaper. No one was in here at all last night." Resident #10 also reported a staff member working the evening/night shift had directed her to "put the cream on" herself. Observation showed Resident #10 lying in bed	F 684		

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F 684	Continued From page 15	F 684		

on a pressure-guard mattress, with her wheelchair next to the bed, a square (versus donut-shaped) pressure-relief cushion in place.

During an interview on 12/06/18 at 7:50 a.m., Resident #10 pointed to her call light and stated, "I rang the bell here. I finally got up and went in there [bathroom]. I rang the bell in there. Took them forever. About twenty-five minutes, I was sitting there this morning." She then repeated her concern regarding the evening/night shift staff member who directed her to "put the cream on" herself. Observation showed Resident #10 lying in bed, squirming from side to side. When asked if she required assistance, she pointed towards her buttocks and stated, "It itches. Then it hurts. It's irritated. It hurts so bad! A different med [medication] is coming from Pharmacy today."

During an interview on 12/06/18 at 10:50 a.m., Resident #10 shifted her weight as she laid on the bed and stated, "My butt is so sore! The girls are getting so disgusted checking my diaper. I hate to do it (points towards call light)."

During an interview on 12/06/18 at 10:55 a.m., when asked questions pertaining to Resident #10's toileting needs, a CNA (#4) stated Resident #10 "puts on [her] call light. If we're helping someone else, she will self-transfer to [the] bathroom. When we provide toilet cares, [we] gently wipe [the] little sore on her buttocks. Just redness to her buttocks, but very painful! Put a little ointment on the rash." The CNA then showed the surveyor the tube of Peri-Guard ointment located in Resident #10's dresser drawer. The CNA (#4) also reported offering to assist Resident #10 to the bathroom if needed.

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F 684	Continued From page 16	F 684		

Observation showed no personal cares or assistance to the bathroom from 7:50 a.m. and 10:55 a.m. When asked questions pertaining to the progress notes referencing "changing and/or routinely repositioning" Resident #10, the CNA (#4) reported staff chart at the end of their shift. She confirmed staff are not required to chart after each interaction.

Observation on 12/06/18 at 12:48 p.m., showed a CNA (#4) assisted Resident #10 into the bathroom and provided toileting cares. Resident #10's coccyx appeared darkened, and her perineal/rectal area appeared reddened/raw-looking. Resident #10 voiced discomfort when the CNA (#4) applied Peri-Guard ointment to the reddened area.

During an interview on 12/06/18 at 1:30 p.m., when asked questions pertaining to Resident #10's prescribed skin cream, an administrative nurse (#1) reported the facility received the physician's order for Lipovan rectal cream on 12/03/18. The nurse (#1) explained the pharmacy did not have that particular cream in stock and therefore contacted a second pharmacy to see if they had it in their inventory. The administrative nurse (#1) reported the Pharmacy delivered the cream on 12/05/18. Review of the Medication Administration Record (MAR) showed staff applied the cream to Resident #10's buttocks for the first time on 12/06/18, three days after her physician wrote the order. When asked questions regarding the discrepancy, the administrative nurse (#1) stated, "It [Lipovan rectal cream] may have hit the building late in the day. It should have been here [12/03/18]. Staff should have called [her physician] that evening, and checked

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F 684	Continued From page 17 into another medication until it came in." During an interview on 12/06/18 at 3:40 p.m., an administrative nurse (#1) reported the facility currently does not have a policy regarding skin issues/pressure ulcers. The administrative nurse (#1) then stated he would expect nursing staff to complete the Braden Scale upon admission, weekly for three weeks, and every three months thereafter. After identifying Resident #10 as having rectal cancer and skin breakdown, the facility failed to: * Develop a policy outlining staff expectations for providing skin care, * Identify the risk factors impacting Resident #10's ability to heal, including her need for high calorie foods/supplementation, prompt transfer/toileting assistance following each episode of incontinence, and a physician-prescribed barrier cream/pressure relieving device, * Accurately document Resident #10's baseline risk factors for developing a facility-acquired pressure ulcer, * Continue to monitor Resident #10's skin until they were able to determine no concerns existed for the development of a facility-acquired pressure ulcer, * Care plan Resident #10's need for a physician-prescribed barrier cream and specific pressure relieving device, and/or * Provide the care/services necessary to prevent further skin breakdown and/or avoidable pain/discomfort; including scheduled and/or prompt transfer/toileting assistance, Lipovan rectal cream, donut cushion, etc.	F 684		

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F 684	Continued From page 18 See F565 and F692.	F 684		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health; §483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on information provided by the complainants, observation, record review, review of the professional references, review of facility's policy, and resident/staff interviews, the facility failed to address the needs and monitor weight for 1 of 1 sampled resident (Resident #10) already experiencing impaired nutrition. Failure to develop and implement interventions in a timely manner may result in Resident #10 experiencing impaired wound healing, a decline in function, and/or unplanned weight loss.	F 692	1. Corrective Actions Resident #10 discharged from the facility 2. Identification of Others The Director of Nursing/designee will conduct a review of all residents to validate resident have current and accurate weights, if weight loss or gain or if a wound(s) is identified applicable interventions (supplements/snacks amount consumed documented and	1/25/19

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F 692	Continued From page 19 Findings include: Information provided by the complainants indicated facility staff failed to provide snacks and/or supplements to residents at high risk for weight loss. The complainant also reported families/representatives were directed to purchase snacks for residents. Kozier & Erb's "Fundamentals of Nursing: Concepts, Process, and Practice," 10th ed., Pearson Education, Inc., New Jersey, page 862, states, ". . . Several factor increase the risk for the development of pressure ulcers: . . . inadequate nutrition . . . Nursing interventions to prevent the formation of pressure ulcers include . . . ensuring adequate nutrition and hydration . . ." Review of the facility's policy titled "Weight Assessment and Intervention" occurred on 12/06/18. This policy, dated 2018, stated, ". . . The nursing staff will measure resident weights on admission, and monitor until no weight concerns noted. . . . The . . . multidisciplinary team may identify conditions . . . that may be . . . increasing the risk of weight loss. For example . . . Increased need for calories and/or protein . . . [Careplanned] Interventions for undesirable weight loss shall be based on careful consideration of . . . Resident choice and preferences . . . The use of supplementation . . ." Review of Resident #10's medical record occurred on all days of survey. The record identified diagnoses of a malignant tumor (cancer), adult failure to thrive, and severe protein-calorie malnutrition.	F 692	provided as needed for appointments) are implemented, and care plans revised and updated as applicable. Any missing information will be obtained and records updated. 3.Systemic Changes The DON/designee will provide education to applicable staff on obtaining accurate and timely weights as well as documenting the amount consumed of snacks and supplements implemented for weight loss and wound healing. Further education will include revising care plan with applicable interventions implemented for weight loss and wound healing. The Registered Dietitian (RD) /designee will provide education to Nutritional Services on process of validating that resident receiving snack and supplements for weight loss intervention or wound healing receive when going to appointments, out of the facility etc. 4. Monitoring The DON/designee will monitor the process of obtaining weights to validate accuracy and timeliness, and the documentation of the amount of snacks/supplements consumed for residents with snacks and supplements ordered for weight loss or wound healing 3 times a week for 4 weeks, weekly for 4 weeks and monthly for 3 months. The Registered Dietician/designee will audit the care plans for resident choices and supplying snacks for residents with	

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F 692	Continued From page 20 The current physician's orders identified the following: * 11/19/18, "Megestrol [an appetite stimulant] 40 mg/ml [milligrams/milliliters] suspension take 10 ml (400 mg) by mouth once daily." * Undated, "Nepro supplement twice a day." The current Medication Administration Record identified Resident #10 received Nepro once a day on November 19-20, 2018. A handwritten note stated, "See POC [Plan of Care]." The record lacked evidence Resident #10 received Nepro twice daily per order, that the order for Nepro had been discontinued after 11/20/18, and/or that another supplement had been ordered. A Braden Scale, dated 11/19/18 (the evening of Resident #10's admission to the facility), identified, ". . . Adequate [Nutrition]: Eats over half of most meals. Eats a total of 4 servings of protein . . . Occasionally will refuse a meal, but will take a supplement when offered . . ." It is unclear how staff determined she ate greater than 50% of most meals, ate 4 servings of protein daily, and/or occasionally refused meals. A Nutritional Assessment, dated 11/20/18, identified, ". . . Height . . . 60 [inches or 5 feet]Admitting Weight in LBs [pounds] . . . 86 . . . BMI [Body Mass Index] . . . 16.7 [Underweight = < 18.5] . . . PO [Oral] Intake . . . 25-50% . . . Eating environment . . . In room . . . Feeds self independently . . . Isolation . . . Chemo [chemotherapy] precautions . . . Appetite . . . Poor . . . Other Food Likes/dislikes . . . Does not drink milk . . . Summary . . . [resident] admitted	F 692	appointments during meals 3 times a week for 4 weeks, weekly for 4 weeks and monthly for 3 months. Results of the audits will be shared by the DON and RD at the monthly QAPI committee for review and recommendations until a lessor frequency is deemed appropriate.	

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F 692	Continued From page 21 from the hospital. Dx [Diagnosis]: Rectal cancer . . . severe protein calorie malnutrition . . . Failure to thrive . . . Receiving radiation therapy and continuous chemo infusion for rectal cancer. . . . Wt [Weight]: 80 [sic] lbs [pounds] (The assessment failed to accurately reflect Resident #10's weight. On 11/19/18, staff documented a weight of 85.8 lbs.) . . . [Hospital] charting reported a 5-10 lb weight loss in the recent past. . . . Resident has refused to receive nutritional supplements such as nepro, ensure and boost at this time. She is agreeable to receiving Promod [supplement] 30 cc BID [twice daily]. She has scheduled snacks including 1/2 pb [peanut butter] sandwich, 1/2 cup cheese cubes, 1/2 c [cup] ice cream and milk (The assessment identified Resident #10 dislikes milk.) . . ." The facility provided a copy of Resident #10's current snack schedule. The schedule identified the following: * "Dislikes . . . Wheat Bread . . . Pancakes" * 11/20/18, "MWF [Monday, Wednesday, Friday] EV [Evenings]: 1 Bag Cheez-its" * 11/26/18, "Su, Tu, Th, Sa [Sunday, Tuesday, Thursday, Saturday] AM: 4 oz [ounces] 2% Milk [The schedule failed to reflect Resident #10's dislike of milk.] . . . EV: 4 oz Vanilla Ice Cream . . . MWF EV: 4 oz Grape Juice . . . PM: 4 oz Vanilla Ice Cream" * 11/30/18, "Su, Tu, Th, Sa PM: 1/2 cup Cheese Cubes . . . EV: 3 Packs Saltine Crackers" * 12/04/18, "MWF AM: Margarine & Mayo w [with]/Sandwich . . . 1/2 White Meat and Cheese Sandwich" * 12/05/18, "All Days . . . BR [Breakfast]: White Toast, PB [peanut butter], Jelly . . . PM: 8 oz [ounces] Boost Vanilla"	F 692		

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	355024	A. BUILDING _____ B. WING _____	C 12/06/2018

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F 692	Continued From page 22 The current care plan identified, ". . . Focus: Potential for or presence of altered nutrition needs related to . . . selective food preferences, unwillingness to accept nutritional supplements, BMI [body mass index] < 18, rectal cancer . . . Interventions: Encourage food and fluid intake . . . Snacks provided as scheduled . . . Weight per order and evaluate changes." The care plan failed to reflect Resident #10's choices/preferences or supplementation as specified in the facility's policy. The progress notes identified the following: * 11/19/18, ". . . Dinner was served . . . Consumed about 50%. . . ." * 11/20/18, ". . . appetite is fair . . . . Snacks . . . encouraged. . . ." * 11/21/18, "New orders per [Physician] for Boost Liquid Supplement four times daily." The current physician's orders reflect an order for Nepro versus Boost. * 11/28/18, "Nutrition Admission Assessment . . ." (Staff re-entered data from the nutritional assessment completed on 11/20/18, nine days prior to this entry. The progress note failed to accurately reflect Resident #10's weight, current physician's orders, and Resident #10's dislike of milk.) * 12/02/18, ". . . appetite is fair. . . . resident is thin . . ." * 12/04/18, ". . . wt 86# [pounds], eats 50-100% of meals on an enhanced diet, on an appetite stimulant. Receiving scheduled snacks. Dislikes most nutritional supplements. . . . In the [care] conference more attention to be paid to . . . diet. . . . Patient appetite fair most of the time. Encouraged . . . snacks. . . ."	F 692		

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F 692	Continued From page 23 Observation showed the following: * 12/05/18 at 6:05 p.m., Resident #10 received a supper tray containing a pimento (pepper) and cheese with mayonnaise sandwich, green beans, pudding, coffee, milk (despite her dislike for milk), and grape juice. Resident #10 ate the crust off her sandwich. When asked about her meal, she stated, "What is this? I don't like it [sandwich]. I'd rather have toast. That's cold. I don't want them [beans]. I don't eat that [pudding]." * 12/06/18 at 8:10 a.m., Resident #10 reported an administrative staff member (#2) entered her room the night before and stated, "Oh, you don't like Mexican [food]," and returned with a bowl of chicken noodle soup. Resident #10 then made the comment, "My stomach hurts." When asked what was causing her discomfort, she stated, "I'm just hungry." She asked the surveyor for assistance opening a snack-pack of mandarin oranges, which she reported her "two friends" brought her. * 12/06/18 at 9:22 a.m., Resident #10 received a breakfast tray containing an egg, English muffin, oatmeal, prunes, coffee, milk (despite her dislike for milk), and orange juice. Resident #10 stated, "I don't like these [English muffins]," and asked the Certified Nursing Assistant (CNA) (#3) to bring her a piece of toast. She ate the toast and half an egg, and drank half a glass of juice. * No observations were made of staff members offering Resident #10 snacks on either day of survey. During an interview on 12/06/18 at 10:55 a.m., a CNA (#4) assisted Resident #10 prior to her cancer-treatment appointment. When asked if she planned on sending a snack with Resident	F 692		

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F 692	Continued From page 24 #10, the CNA (#3) stated, "[Resident #10] ate breakfast, so I don't think she needs anything." During an interview on the afternoon of 12/06/18, an unidentified dietary staff member reported Resident #10's guardian recently talked her into taking the supplement Boost. The staff member also reported there is no documentation reflecting Resident #10's actual intake, as "staff are only required to document whether she accepts or refuses the snacks offered." After identifying Resident #10 as malnourished and at risk for weight loss, the facility failed to: * Provide supplements as ordered, * Accurately document Resident #10's baseline weight, * Continue to monitor Resident #10's weight until they were able to determine no weight concerns existed, * Care plan Resident #10's choices/preferences or supplementation as specified in the facility's policy, * Supply Resident #10 with snacks prior to transport to appointments scheduled over the noon hour, and/or * Monitor/document Resident #10's snack intake in an effort to determine their caloric benefits.	F 692		
F 697 SS=D	Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.	F 697		1/25/19

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F 697	Continued From page 25 This REQUIREMENT is not met as evidenced by: Based on information provided by the complainants, observation, record review, review of facility policy, and resident/staff interviews, the facility failed provide treatment and services in a manner that maintained the highest practicable physical well-being for 1 of 10 sampled residents (Resident #10) observed experiencing pain during cares. Failure to carry out physician's orders in a timely manner resulted in Resident #10 experiencing avoidable pain/discomfort. Findings include: Information provided by the complainants indicated residents contacted family members/representatives when they experienced pain/discomfort secondary to skin breakdown/being soiled. Review of the facility's policy titled "MEDICATION ORDERS: Prescriber Medication Orders" occurred on 12/06/18. This undated policy stated, ". . . The prescriber is contacted for direction when delivery of a medication will be delayed or the medication is not or will not be available. . . ." - Review of Resident #10's medical record occurred on all days of survey. The record identified diagnoses of a malignant tumor (rectal cancer). A physician's order, dated 12/03/18, identified, "Nifedipine 0.2% - Lidocaine 2% in Lipovan Rectal Cream [a prescribed topical anesthetic cream applied to relieve pain] . . . Apply to rectum topically BID. . . ." The progress notes identified the following:	F 697	1.Corrective Action Resident #10 no longer resides at the facility. 2.Identification of Others The DON/designee will conduct a review of all facility residents to validate that residents pain management needs are being met and that physician ordered pain medications are available and used per instructions. 3.Systemic Changes The DON/designee will further educate applicable staff on the requirement of implementing treatment and services related to pain and carrying out physician orders in a timely manner and the process to follow if medication/treatment is not readily available. New or temporary staff will be educated on the process at orientation. 4.Monitoring The DON or designee will audit the Medication Administration Records, the receipt of medications for pain and the notification of physician if medication cannot be received timely for 5 residents 3 times weekly, for 4 weeks, 5 residents weekly for 4 weeks and 5 residents monthly for 3 months. Results of audit will be shared by the DON/designee at the monthly QA committee for review and recommendations until a lessor frequency is deemed appropriate.	

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F 697	Continued From page 26 * 11/19/18, ". . . Patient was admitted from [hospital] with a diagnosis of rectal cancer. . . . Patient has redness in groin areas and sacrum. . . ." * 11/22/18, ". . . Patient is incontinent of B/B [bowel/bladder] . . ." * 11/25/18, "Weekly skin assessment done, noted redness to her bottom and continuing with feces d/t [due/to] her illness. . . ." * 11/26/18, "Patient returned from [cancer center] with new orders to discontinue ammonium lactate. Start Aquaphor to apply to gluteal/perianal and the vulvar areas three times a day. monitor skin for breakdown every shift. . . ." * 11/27/18, ". . . Her coccyx area is excoriated from frequent diarrhea. Lac-Hydrine cream is burning her, so it will be d/c [discontinued] and Aquaphor started. . . ." * 11/28/18, ". . . Receiving radiation therapy and continuous chemo infusion for rectal cancer. . . ." * 11/29/18, ". . . Incontinent of B/B [bowel/bladder] . . ." * 12/02/18, ". . . redness to the perirectal area do [sic] to stool, treatments and incontinences [sic] treatment to area bid and prn [as needed]. . . ." Observation showed the following: * 12/06/18 at 7:50 a.m., Resident #10 lying in bed, squirming from side to side. When asked if she required assistance, she pointed towards her buttocks and stated, "It itches. Then it hurts. It's irritated. It hurts so bad! A different med [medication] is coming from Pharmacy today." * 12/06/18 at 10:50 a.m., Resident #10 shifted her weight as she laid on the bed and stated, "My butt is so sore!"	F 697		

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F 697	Continued From page 27 During an interview on 12/06/18 at 10:55 a.m., when asked questions pertaining to Resident #10's toileting needs, a certified nursing assistant (CNA) (#4) stated, "When we provide toilet cares, [we] gently wipe [the] little sore on her buttocks. Just redness to her buttocks, but very painful! Put a little ointment on the rash." The CNA then showed the surveyor the tube of Peri-Guard ointment located in Resident #10's dresser drawer. Observation on 12/06/18 at 12:48 p.m., showed a CNA (#4) assisted Resident #10 into the bathroom and provided toileting cares. Resident #10's coccyx area appeared darkened, and her perineal/rectal area appeared reddened/raw-looking. Resident #10 voiced discomfort when the CNA (#4) applied Peri-Guard ointment to the reddened area. During an interview on 12/06/18 at 1:30 p.m., when asked questions pertaining to Resident #10's prescribed skin cream, an administrative nurse (#1) reported the facility received the physician's order for Lipovan rectal cream on 12/03/18. The nurse (#1) explained the pharmacy did not have that particular cream in stock and therefore contacted a second pharmacy to see if they had it in their inventory. The administrative nurse (#1) reported the Pharmacy delivered the cream on 12/05/18. Review of the Medication Administration Record (MAR) showed staff applied the cream to Resident #10's buttocks for the first time on 12/06/18. When asked questions regarding the discrepancy, the administrative nurse (#1) stated, "It [Lipovan rectal cream] may have hit the building late in the day. It should have been here [12/03/18]. Staff should have	F 697		

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F 697	Continued From page 28 called [her physician] that evening, and checked into another medication until it came in." The progress notes failed to reflect staff notified Resident #10's physician regarding the unavailable Lipovan rectal cream, the delayed delivery of the cream depending upon whether it was available through the second pharmacy, and/or that they had asked for direction/a replacement cream until it arrived. Failure to carry out the physician's order for Lipovan rectal cream in a timely manner resulted in Resident #10 experiencing avoidable pain/discomfort.	F 697		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug	F 761		1/25/19

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F 761	Continued From page 29 Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, record review, review of facility policy, and staff interview, the facility failed to ensure accurate labeling of medications for 1 of 10 residents (Resident #6) observed during medication pass. Failure to have undamaged and legible medication labels may result in residents receiving the wrong medication and dose. Findings include: Review of the facility policy titled, "Medication 0rdering and Receiving from Pharmacy; Medication Labels" occurred on 12/06/18. This undated policy stated, " . . . medication containers having damaged, incomplete, illegible, confusing labels are returned to the dispensing pharmacy for relabeling . . . in accordance with the medication destruction policy . . . medication labels are not altered or marked in anyway by nursing personnel . . ." Review of resident #6's medical record occurred on all days of survey. The current physician orders included NovoLog FlexPen, inject 2-12 units subcutaneous three times a day with meals per sliding scale, and Tresiba insulin injection 10 units subcutaneous every morning. Observation on 12/06/18 at 8:18 a.m. showed a nurse (#2) administered insulin to Resident #6 with an insulin pen with the label rubbed off. The	F 761	1. Corrective Actions Resident #6 has a new Novolog Flex Pen with legible labeling. 2.Identification of Others The DON/designee conducted a review of all residents who have orders for Insulin pens to validate legible labeling. Insulin pens were labeled or replaced as applicable. 3.Systemic Changes The DON/designee will provide education to applicable licensed staff regarding the need for legible labels and the process for requesting labels if label becomes illegible. 4.Monitoring The DON/designee will audit insulin pen labels for legibility weekly x12 weeks. Results of audit will be shared by the DON at the monthly QA committee for review and recommendations until a lessor frequency is deemed appropriate.	

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F 761	Continued From page 30 label failed to show the medication dose, open date, ordering physician, and expiration date. An interview with an administrative nurse (#1) in the afternoon of 12/06/18, agreed the necessary information on the insulin pen was illegible, and for medication error prevention, illegible insulin pen labels should be replaced per policy.	F 761		