STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495275	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loudoun Rehabilitation and Nursing Center	235 Old Waterford Road, Northwest Leesburg, VA 20176

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to review and revise the comprehensive care plan for one of two residents in the survey sample, Resident #1. The findings include: For Resident #1, the facility staff failed to review and revise the comprehensive care plan for the treatment of a urinary tract infection. The physician order dated 7/30/24 at 1:29 p.m. documented, Macrobid Oral Capsule 100 mg (milligrams); Give 100 mg by mouth one time only for UTI for 5 days 100 mg PO (by mouth) twice daily. Review of the comprehensive care plan dated, 1/4/24, failed to evidence revised documentation related to the treatment of a urinary tract infection on 7/30/24. On 12/4/24 at 11:59 a.m.an interview was conducted with RN (registered nurse) #1, When asked if a resident is being treated with antibiotics for a urinary tract infection, should that be addressed on the care plan RN #1 stated, yes. On 12/5/24 pm at 4:48 an interview was conducted with ASM (administrative staff member) #2, the director of nursing,asked if a resident is being treated with antibiotics for a urinary tract infection, should that be addressed on the care plan, ASM #2 stated yes. She stated she had reviewed the care plan of Resident #1 and did not see that it had been updated to reflex the urinary tract infection. The facility policy, Resident Centered Care Plan, documented in part, 12) The Care Planning/Interdisciplinary Team is responsible for review and updating the care plans. a. When requested by the resident/resident representative. b. When there has been a significant change in the resident's condition. c. When the desired outcome is not met. d. When the resident has been readmitted to the facility from a hospital stay, and e. At least quarterly and after each OBRA MDS assessment. On 12/5/24 at approximately 5:30 p.m. ASM #1, the administrator and ASM #2, the director of nursing, were made aware of the above concern No further information was provided prior to exit.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)

F 0684

Level of Harm - Actual harm

Residents Affected - Few

Provide appropriate treatment and care according to orders, resident's preferences and goals.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to administer an antibiotic for the treatment of a urinary tract infection. The resident missed six prescribed doses of Macrobid. The resident was sent out to the hospital three days later and admitted with septic shock from E. coli bacteremia/E.coli urinary tract infection, thus causing harm to one of two residents in the survey sample, Resident #1.

The findings include:

For Resident #1, the facility staff failed to administer six doses of the antibiotic, Macrobid (used to treat urinary tract infections) (1) prescribed to treat a urinary tract infection.

On 12/30/23 Resident #1 was admitted to the facility with diagnoses that included but were not limited to: DRPLA (Dentatorubral-pallidoluysian atrophy - a progressive brain disorder) (2), metabolic encephalopathy, history of pneumonia, benign prostatic hyperplasia, dysphagia and dementia.

The MDS (minimum data set) assessment, prior to transfer to the hospital on 8/2/24, a quarterly assessment, with an assessment reference date of 7/17/24, the resident scored a three out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired for making daily decisions. In Section GG - Functional Goals, the resident was coded as being dependent upon staff for all of his activities of daily living.

The nurse practitioner note dated, 7/19/24, documented in part, CC (chief complaint): Staff asked to see patient for recent fall, frequent attempts to get out of WC (wheelchair) .He is noted per staff with recent fall, no apparent injuries. He has been increasingly trying to get out of his WC without assistance which is new Assessment/Plan: No injuries noted, check labs.

The laboratory test results collected 7/22/24, documented in part, CBC (complete blood count): WBC (white blood cell count) = 11.21 (reference range - 3.10 - 9.50 X10 3u/L).

The infectious disease (ID) nurse practitioner note dated, 7/24/24, documented in part, Reason for visit: Known to ID service. AMS (altered mental status). He is noted per staff with recent fall, no apparent injuries. He has been increasingly trying to get out of his WC without assistance which is new. Labs ordered by this provider available for review, noted with AKI (acute kidney injury), with cr (creatinine) of 1.4 from baseline cr 0.8 on 3/21., elevated Na+ (sodium) and slight leukocytosis. Pt was also evaluated for COVID infection by our ID team. Pt with increased agitation on 7/23. Our team was notified. by primary team Assessment and Plan: Change in AMS in baseline confused pt - rule out infectious process vs. (verses) worsening underlying neurodegenerative disease vs. due to dehydration/electrolyte imbalances .Recommendations: Obtain clean catch midstream UA (urinalysis) with reflex to cx (culture) ordered. Obtain CXR (chest x-ray) - fax sent from out ID office. Hold off on starting antibiotics t this time. Repeat CBC with differential ordered for 7/25 AM (morning). Hydration. Monitor electrolytes.

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Loudoun Rehabilitation and Nursing Center	235 Old Waterford Road, Northwest Leesburg, VA 20176

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	

The nurse practitioner note dated, 7/24/24, documented in part, CC: Staff asked to see patient for review of labs (na+ sodium, cr. 1.4 WBC 11.21 7/23) .Labs ordered by this provider available for review, noted with AKI (acute kidney injury), with cr (creatinine) of 1.4 from baseline cr 0.8 on 3/21., elevated Na+ (sodium) and slight leukocytosis. This provider consulted with ID re: elevated WBC .Assessment/Plan: DC (discontinue) Cozaar (3). Ordered D5W (dextrose 5% and water) @ 100cc/h (cubic centimeters per hour) x one liter, repeat labs on Monday, consulted ID for WBC. Leukocytosis: Infection w/u (work up).

The CXR report dated,documented in part, Impression: 1. Unremarkable frontal view chest. 2. No evidence of active tuberculosis is noted.

The nurse practitioner note dated, 7/26/24, documented in part, CC: Staff asked tro see patient sp (status post) fall again, and to discuss with wife updates of care .Noted recently with AKI (acute kidney injury), with cr (creatinine) of 1.4 from baseline cr 0.8 on 3/21., elevated Na+ (sodium) and slight leukocytosis. This provider consulted with ID re: elevated WBC, CXR and urine studies are pending. Patient was given 1L (liter) D5W dt (due to) elevated Na+ and Cr. Cozaar was dc'd (discontinued). Repeat labs pending for Monday . Assessment and Plan: Off Cozaar; BP (blood pressure) is 133/78. Repeat labs pending for Monday. SP D5W at 100 cc/h x one liter. Labs and plan of care DW (discussed with) wife via telephone. Leukocytosis: Infectious w/u per ID, CXR pending., urine studies pending. Observed to have a fall again today.

The Urine Culture Report printed 7/28/24, documented in part, > (greater than) 100,000 CFU/mL Escherichia coli.

The nurse practitioner note dated, 7/30/24, documented in part, CC: Staff asked to see patient for lab review, noted positive growth on urine culture, continues with agitation, change from baseline .Repeat labs available for review, Cr remains elevated at 1.4. Na+ improved. WBC is increased, and urine studies are positive for E. coli (Escherichia coli) uti (urinary tract infection), mixed resistance .7/29 - WBC - 12.24 , 7/23 - WBC - 11.21. Assessment/Plan: + E. coli UTI. DW ID team who will follow. Macrobid per ID. Noted with WBC 12.24 .Noted UTI, insert foley and trial void after ABX (antibiotics).

The ID nurse practitioner note dated, 7/30/24, documented in part, Reason for visit: ID progress note . Labs/diagnostic results: Labs reviewed. WBC increased to 12.24 on 7/29/24. 7/31 - CXR - negative. Urine cx (culture) grew E. coli sens (sensitive) to all except #E.coli U TI. #change in AMS in baseline confusion pt - possible secondary to E. coli UTI vs. ? worsening underlying neurodegenerative disease, vs. due to dehydration/electrolyte imbalances .Recommendations: Start Macrobid for a total of 5 days.

The physician order dated 7/30/24 at 1:29 p.m. documented, Macrobid Oral Capsule 100 mg (milligrams); Give 100 mg by mouth one time only for UTI for 5 days 100 mg PO (by mouth) twice daily.

Review of the July 2024 MAR (medication administration record) documented the above order. The MAR documented the administration of the Macrobid on 7/30/24 at 3:10 p.m. The MAR did not evidence documentation any other times for the medication to be administered. There was a blank on the MAR for 7/31/24. The August 2024 MAR documented the above order and there were blanks for 8/1/24 and 8/2/24. Again, there was no times for administration documented on the MAR.

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NAME OF PROVIDER OR SUPPLIER Loudoun Rehabilitation and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 235 Old Waterford Road, Northwest Leesburg, VA 20176	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Under the Temperature Tab in the computer, the following temperatures were documented: 7/27/24 at 3:26 p.m. - 97.4 degrees 7/29/24 at 10:30 p.m. - 98.0 degrees 8/2/24 at 7:00 p.m. - 101.0 degrees The nurse's note dated, 8/2/24 at 10:32 p.m. documented, OFFERED A CUP OF ICE WATER AT 1548 (3:48 P.M.), REPORTED TO HAVE VOMITED AT 16:10 (4:10 P.M.) DURING INCONTINENCE CHANGE. OFFERED CUP OF GINGER ALE AND RESIDENT DRANK ALL. RESIDENT SENT TO ER (EMERGENCY ROOM) DUE TO FEBRILE, SOB (SHORTNESS OF BREATH) AND HYPOXIA. VITAL SIGNS @ 16:20 (4:20 P.M.) 99.5 (TEMPERATURE), 20 (RESPIRATIONS) 130/56 (BP), 99 (HEART RATE). WETCOLD TOWELS PUT ON RESIENT'S FOREHEAD AND ARMPITS AT 16:30 (4:40 P.M.). AT 1700 (5:00 P.M.) TEMP. WAS STILL 99.5 AND WAS GIVEN 2 TABLETS OF TYLENOL 325 MG. AT TEMP RECHECIED, WAS 101.1 AND HAS VOMITED TWICE. ONE TIME ZOFRAN (5) 4 MG. PT NOTED HAVING LABORED BREATHING. VITALS RECHECKED AT 18:20 (6:20 P.M.) 21 (RESPIRATIONS) 105.4 (TEMPERATURE), 136/54 (BP), 143 (HEART RATE) 66% 3L (OXYGEN SATURATION ON 3 LITERS OF OXYGEN). PUT ON REBREATHER MASK ON 5L, WAS FLATUATION (SIC) B/N (BETWEEN) 73% AND 83%. SENT OUT AT 19:30 (7:30 P.M.) ALL RESPECTIVE PARTIES NOTIFIED. PT WAS REPORTED TO BE admitted TO (NAME OF HOSPITAL). 8/2/24 at 7:42 p.m. The emergency room physician note dated, documented in part, Chief Complaint: Fever. Altered Mental Status. 69 yo (year old) M (male) h/o (history of) Dentatorubral-pallidoluysian atrophy (DRPLA) progressive neurodegenerative disease living in long term care here in ED (emergency department) via EMS (emergency medical services) on CPAP (5) due to AMS and difficulty breathing. EMS reports staff rounded on him to find him hypoxic to the 60's put on NC. They started CPAP sats in mid-80's pt. altered. Have been febrile today. Temp 101. Been recently treated for UTI Physical Exam: BP: 100/67, Heart Rate: 115, Temp: 103.3, Resp Rate: 26 .Constitutional: Comments: Patient is toxic appearing altered responding only to pain increased work of breath tachypneic .Pulmonary: Breath sounds: No wheezing or rhonchi. Comments: Tachypneic increased work of breathing on CPAP on arrival . Medical Decision Making: Labs: ordered. Radiology: ordered. ECG/medicine tests: ordered XXX[AGE] year-old male with progressive neurodegenerative disease living in a long-term care facility here in the emergency department due to acute change in mental status hypoxia respiratory failure .Highly suspect sepsis possible respiratory failure secondary to poor reserve due to progressive neuro degenerative disease. Possible urinary tract infection source versus bacterial versus viral pneumonia versus aspiration pneumonia. There is no facial asymmetry he is generally weak. Called for stat pressors and a chest x-ray he does not appear volume overloaded lungs sound relatively clear anteriorly but his is extremely tachypneic lower extremity is not swollen abdomen is not swollen. Differential does include flash pulmonary edema acute valvular CHF (congestive heart failure) ACS pulmonary embolism. Highly suspect sepsis. Heart review do not see a recent echocardiogram. Patient does have a history of hypoxic respiratory failure due to fluid pneumonia in the past on chart review XR chest AP Portable - 8/2/24 at 7:57 p.m. Impression: No acute disease CT Chest Abdomen Pelvis WO (without) Contrast. Impression: Multifocal pneumonia .Clinical Impression: Sepsis. Acute hypoxic respiratory failure. Troponin level elevated. Pneumonia of both lungs due to infectious organism, unspecified part of lung. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	The hospital Discharge summary dated [DATE] documented in part, 69 y.o. Male with a history of Dentatorubral-pallidoluysian atrophy (DRPLA), ataxia, dysphagia, incontinence, hypertension, who resides in long-term care facility, was brought into ER by EMS on 8/2/24 for altered mentation and dyspnea. Patient was noted to be febrile with temperature of 103.3, mild leukocytosis of 9.9, acidotic with serum bicarb(bicarbonate) of 17, creatinine elevated at 1.9, was noted to be hypoxic into the 70's, required nasal cannula oxygen, saturating still in the 80%, admitted to the ICU for septic shock, acute respiratory failure with hypoxia, found to have E. coli bacteremia from urinary tract infection. Treated with broad-spectrum antibiotics, subsequently weaned off the Levophed (6), oxygen and transferred to regular floor on 8/6/24. Diagnoses: #Septic shock from E. coli bacteremia/E.coli urinary tract infection: Resolved. Off the Levophed. # E. coli bacteremia from UTI: E. coli resistant to ampicillin and ciprofloxacin. # Aspiration pneumonia: respiratory pathogens: not detected (8/2/24). [NAME] blood cell count: 19.0 (8/10/24) up from 18.8 (8/9/24), high 37.6 (8/5/24) Completed 7 days of antibiotics with IV (intravenous) Zosyn (7) .# Acute respiratory failure with hypoxia: From bilateral aspiration pneumonia. Resolved. On 12/4/24 at 11:25am An interview was conducted with ASM (administrative staff member) #3, the nurse practitioner, ASM #3 stated the resident had DRPLA, he was having a gradual decline in his condition. It's called a burden of chronic disease. Any assault on his system, they can't come back as fast. Each assault on his system, make them weaker each time. When asked of his urinary retention, ASM #3 stated the resident had obstructive uropathy, anatomically, due to an enlarged prostate and was being treated with two medications for that. The above laboratory tests were reviewed with ASM #3. She stated that once the resident is referred to ID, they take over the treatment of any infections. The ID note of 7/30/24 was reviewed with ASM #3. The July and August MARs were reviewed with ASM #3. When asked if the resident didn't get the antibiotic as prescribed, what is the likelihood for him to get sicker and then go septic, ASM #3 stated, when you have an infection, you need antibiotics. She couldn't say that was the cause for him going to the hospital but in the presence of infection they need antibiotics. She further stated the resident should have received the five days of antibiotics that were prescribed. On 12/4/24 at 11:59 a.m. An interview was conducted with RN (registered nurse) #1 When asked how she evidenced that she has given a medication, RN #1 stated it's documented on the MAR. There will be a check mark and the initials of the staff member giving the medication documented on the MAR. When asked what a blank on the MAR indicated, RN #1 stated, it (medication) wasn't given, there should be a check mark and the initials. On 12/4/24 at 12:31 p.m. An interview was conducted with ASM #2, the director of nursing,The above MARs were reviewed with ASM #2. ASM #2 stated she had looked at them. The ID doctor didn't put the orders in PCC (computer program) correctly. ASM #3 stated the resident only got one dose of the Macrobid. ASM #3 stated yes from that order it was supposed to be for five days. She stated the bigger problem was he, the resident, had aspirated prior to leaving the facility, he vomited and aspirated. When asked how she evidenced that a medication has been administered, ASM #3 stated it's signed off on the MAR. On 12/5/24 at 1:13 p.m. ASM #1 and ASM #2 were made aware of the concern for harm for Resident #1 (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	On 12/5/24 at 4:48 p.m. An interview was conducted with ASM #2 When asked if an antibiotic is ordered twice a day, when should it be given, ASM #2 stated it could be given at 9:00 a.m. and 9:00 p.m. or 9:00 a.m. and 5:00 p.m. On 12/5/24 at 6:15 p.m. An interview was conducted with ASM #4, the ID nurse practitioner,When asked if she was aware of the resident didn't receive the antibiotic she ordered, ASM #4 stated the director of nursing had just told her about it. She stated she put it in the computer to be a one-time mediation, not a routine medication. She stated she ordered it for twice a day for five days. When asked if a resident vomits and possibly aspirates, would they get a fever within two hours. ASM #4 stated probably not. ASM #4 was told the temperature of the resident was over 105 when he went to the hospital, she stated that was probably not from aspiration. The facility policy, Medication and Treatment Order, failed to evidence documentation related to administering medications per the physician orders. No further information was provided prior to exit. References: (1) Macrobid - Nitrofurantoin is used to treat urinary tract infections. Nitrofurantoin is in a class of medications called antibiotics. It works by killing bacteria that cause infection. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682291.html (2) Dentatorubral-pallidoluysian atrophy (DRPLA) is a progressive brain disorder that causes involuntary movements, mental and emotional problems, and a decline in thinking ability. The average age of onset for DRPLA is around 30 years, but this condition can appear any time between infancy and mid-adulthood. The signs and symptoms of DRPLA differ somewhat between affected children and adults. When DRPLA appears before age [AGE], it most often involves episodes of involuntary muscle jerking or twitching (myoclonus), seizures, behavioral changes, intellectual disabilities, and problems with balance and coordination (ataxia). When DRPLA begins after age [AGE], the most frequent signs and symptoms are ataxia, uncontrollable movements of the limbs (choreoathetosis), psychiatric symptoms such as delusions, and deterioration of intellectual function (dementia). This information was obtained from the following website: Dentatorubral-pallidoluysian atrophy: MedlinePlus Genetics. (3) Cozaar is used alone or in combination with other medications to treat high blood pressure. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a695008.html. (4) E.Coli - E. coli is the name of a type of bacteria that lives in your intestines. This information is obtained from the following website: https://medlineplus.gov/ecoliinfections.html. (5) Positive airway pressure (PAP) treatment uses a machine to pump air under pressure into the airway of the lungs. This helps keep the windpipe open during sleep. The forced air delivered by CPAP (continuous positive airway pressure) prevents episodes of airway collapse that block the breathing in people with obstructive sleep apnea and other breathing problems. This information was obtained from the following website: https://medlineplus.gov/ency/article/001916.htm. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	(6) Levophed is similar to adrenaline. It is used to treat life-threatening low blood pressure (hypotension) that can occur with certain medical conditions or surgical procedures. This information was obtained from the following website: https://www.drugs.com/mtm/levophed.html. (7) Zosyn - Piperacillin and tazobactam injection is used to treat pneumonia and skin, gynecological, and abdominal (stomach area) infections caused by bacteria. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a694003.html.