| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 495371 | A. Building<br>B. Wing | 03/14/2024 |

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| Heritage Hall-Rich Creek | 120 Old Virginia Avenue<br>Rich Creek, VA 24147 |

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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42353<br><br>Based on staff interview and clinical record review, the facility staff failed to ensure a minimum data set (MDS) assessment accurately reflected the resident's status for 1 of 23 residents in the survey sample, Resident #53.<br><br>The findings included:<br><br>For Resident #53, the facility staff coded the resident's side rails on the 1/17/24 MDS as a restraint when they were being used as an enabler for positioning.<br><br>Resident #53's diagnosis list indicated diagnoses, which included, but not limited to Hemiplegia and Hemiparesis following Cerebral Infarction, Dementia, Generalized Muscle Weakness, Dysphagia, Aphasia, Other Specified Interstitial Pulmonary Diseases, and Type 2 Diabetes Mellitus.<br><br>The most recent minimum data set (MDS) with an assessment reference date (ARD) of 1/17/24 assigned the resident a brief interview for mental status (BIMS) summary score of 6 out of 15 indicating the resident was severely cognitively impaired. Resident #53 was coded as requiring supervision or touching assistance only with eating, and substantial/maximal assistance with rolling from left to right and moving from a lying position to a sitting position.<br><br>Resident #53's current comprehensive person-centered care plan included a focus area stating in part that the resident required assistance for all activities of daily living related to weakness from a cerebral vascular accident (stroke) with an intervention dated 1/30/24 for 1/2 side rails at the head of bed to aid in turning and repositioning.<br><br>Resident #53's clinical record included a Bed Rail assessment dated [DATE] which documented bilateral side rails were indicated and would serve as an enabler to promote independence.<br><br>Resident #53's provider orders included an order dated 9/13/23 stating the resident May have 1/2 side rails at head of bed to aid in turning and repositioning per resident request. Resident is able to voluntarily reposition safely and use side rail controls.<br><br>The resident's most recent MDS with an ARD of 1/17/24 coded the use of the bed rails as a daily restraint.<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/13/24 at 9:53 AM, surveyor spoke with licensed practical nurse (LPN) #1 who stated Resident #53's side rails were not being used as a restraint and the coding was done in error. LPN #1 stated a modification should have been done and they will modify the MDS now.<br><br>On 3/13/24 at 4:03 PM, the survey team met with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Nurse Consultant, and Regional MDS Staff and discussed the concern of Resident #53's inaccurate MDS.<br><br>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/14/24. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>21227<br><br>Based on staff interviews, facility document review, and clinical record review, the facility staff failed to follow medical provider medication orders for two (2) of 23 sampled residents (Resident #88 and Resident #100).<br><br>The findings include:<br><br>1. The facility staff failed to provide Resident #100's medications as ordered by the medical provider.<br><br>Resident #100's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 2/18/24, was signed as completed on 2/20/24. Resident #100 was assessed as able to make self understood and as able to understand others. Resident #100's Brief Interview for Mental Status (BIMS) summary score was documented as a 14 out of 15; this indicated intact and/or borderline cognition. Resident #100 was assessed as requiring assistance with toileting hygiene, dressing, and bathing.<br><br>Resident #100's medication administration records (MARs) indicated the following medications had not been provided for the 9:00 a.m. dose on 2/4/24 and on 2/6/24:<br><br>- cyanocobalamin 500 mcg tablet,<br><br>- folic acid 1 mg tablet,<br><br>- Lasix 40 mg tablet,<br><br>- multivitamin tablet,<br><br>- sitagliptin 100 mg tablet,<br><br>- spironolactone 25 mg tablet,<br><br>- thiamine 100 mg tablet,<br><br>- ferrous sulfate 325 mg tablet,<br><br>- rifaximin 550 mg tablet,<br><br>- lactulose 10 GM orally, and<br><br>- midodrine 5 mg tablet.<br><br>The documented reason these medications were not provided was that the resident was (a)bsent from home without meds. Resident #100 was out of the facility for dialysis at the time the aforementioned medications were scheduled to be administered.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Resident #100's care plan included the intervention to administer ordered medications for the following focus areas: nutrition/dehydration/fluid maintenance, respiratory, dialysis, and cardiac/vascular.<br><br>The facility's policy titled Administering Medications (with a revised date of December 2012) indicated:<br><br>- Medications shall be administered in a safe and timely manner, and as prescribed.<br><br>- Medications must be administered within one (1) hour of their prescribed time .<br><br>This policy did not provide guidance to address when medications were scheduled to be administered when a resident is out of the facility for a dialysis treatment.<br><br>On 3/13/24 at 3:45 p.m., the Director of Nursing (DON) reported the facility staff had an hour window before and after the medications were scheduled for the medications to be given. On 3/14/24 at 8:25 a.m., the DON reported the once-a-day medications could have been scheduled to be administered outside of the resident's dialysis times.<br><br>On 3/13/24 at 4:03 p.m., the survey team met with the facility's Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Consultant, and Regional MDS Nurse. During this meeting, the failure of the facility's staff to administer Resident #100's medical provider ordered medications was discussed.<br><br>28567<br><br>2. For Resident #88, the facility staff failed to administer the IV antibiotic Ciprofloxacin per the providers orders. The provider ordered 112 doses of the antibiotic the resident received 111.<br><br>Resident #88's diagnoses included, but were not limited to, rhadomyolysis, dementia, and stage 4 pressure ulcer of the sacral region.<br><br>Section C (cognitive patterns) of Resident #88's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 02/07/24 included a Brief Interview for Mental Status (BIMS) score of 0 out of a possible 15 points.<br><br>Resident #88's comprehensive care plan included the focus area at risk for skin impairment related to impaired physical mobility, and incontinence, is being treated for a Stage 4 to sacral area. Interventions included administer medications per current order.<br><br>Resident #88's clinical record included an order for the antibiotic Ciprofloxacin 400 mg intravenously every morning and at bedtime for wound infection for 112 Administrations via picc line. The order date for this medication was documented as 01/12/24.<br><br>On 01/12/24 Registered Nurse (RN) #2 documented a progress note that read in part, Ciprofloxacin . intravenously every morning and at bedtime for wound infection for 112 Administrations .Awaiting medication to be sent from pharmacy. MD [medical doctor] and RP [responsible party] made aware.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A review of the clinical record revealed that Resident #88 received 38 doses of the Ciprofloxacin in January, 58 doses in February, and 15 doses in March for a total of 111 doses.<br><br>On 03/13/24 at 11:17 a.m., the Director of Nursing (DON) and Nurse Consultant were made aware of the issue regarding Resident #88's antibiotic.<br><br>On 03/13/24 at 4:00 p.m., during an end of the day meeting with the administrative staff the issue with the missing dose of the antibiotic was reviewed.<br><br>No further information regarding this issue was provided to the survey team prior to the exit conference. |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.<br><br>28567<br><br>Based on observation, resident interview, staff interview, and facility document review, the facility staff failed to ensure they had sufficient staff to attain the highest practicable well-being. The dining room was not being utilized for breakfast and was not used consistently at the evening meal due to staffing issues on 2 of 3 Units, Unit 1 and Unit 2.<br><br>The findings included:<br><br>The facility staff were not utilizing the dining room at breakfast and did not consistently use the dining room for the evening meal due to staffing issues.<br><br>On 03/12/24 at 1:20 p.m., during an interview with Resident #11 this resident stated the facility did not use the dining room on Sunday morning's and sometimes it was not used because the facility did not have enough help.<br><br>On 03/12/24 at 1:50 p.m., during an interview with the Administrator this staff stated that sometimes they had to close the dining room in the evenings if they did not have enough help, but it did not happen as much as it previously did.<br><br>On 03/13/24 at 10:05 a.m., during an interview with the Director of Nursing (DON) this staff stated the dining room was not utilized at breakfast the residents eat breakfast in their rooms, and it has always been that way.<br><br>On 03/13/24 2:40 p.m., during an interview with Licensed Practical Nurse (LPN) #6 this staff stated they did not use the dining room for breakfast.<br><br>On 03/13/24 at 2:45 p.m., during an interview with Certified Nursing Assistant (C.N.A.) #4 this staff stated they did not use the dining room in the mornings and did not always use it in the evening. C.N.A. #4 stated some of the residents had stated they would use the dining room if it was available.<br><br>On 03/13/24 at 2:50 p.m., during an interview with Resident #66 this resident stated the dining room was not used in the morning and the facility wouldn't have enough staff to use it. Resident #66 then stated when the dining room is closed later in the day they did not always know until the last thing, they would be in the dining room and then they had to pick everything up and take it to their room.<br><br>On 03/13/24 at 4:00 p.m., during an end of the day meeting with the administrative staff the Administrator stated staffing has improved, they have never used the dining room for breakfast and when they tried, they had a low turnout.<br><br>(continued on next page) |

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| F 0725<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | On 03/14/24 at 8:40 a.m., during an interview with Resident #21 this resident stated that they would use the dining room if it was open for breakfast, they did use the sitting room where they took other residents that required feeding assistance. Resident #21 stated the dining room had more light, was bigger, and more people could join in.<br><br>On 03/14/24 at 11:20 a.m., the DON provided the survey team with a copy of a policy titled, Food Production. This policy read in part, The dietary department will provide accurate, efficient and consistent meal service . in a pleasant atmosphere .Nursing staff will be assigned to assist in the dining areas at all times .<br><br>The facility dining room for Unit 1 and Unit 2 was not observed to be used for breakfast during the survey.<br><br>No further information regarding this issue was provided to the survey team prior to the exit conference. |

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| F 0755<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.<br><br>28567<br><br>Based on staff interview, clinical record review, and facility document review, the facility staff failed to ensure medications were available for administration for 1 of 20 current residents, Resident #29.<br><br>The findings included:<br><br>The facility staff failed to ensure the antibiotic Doxycycline was available for administration.<br><br>Resident #29's diagnoses included, but were not limited to, methicillin resistant staphylococcus aureus infection (MRSA), history of urinary tract infection, and aphasia.<br><br>Section C (cognitive patterns) of Resident #29's quarterly Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 01/03/24 included a Brief Interview for Mental Status (BIMS) score of 0 out of a possible 15 points.<br><br>Resident #29's clinical record included a provider order for the antibiotic Hyclate Oral Tablet 100 MG (Doxycycline Hyclate), give1 tablet two times a day for MRSA until 04/20/2024.<br><br>A review of Resident #29's medication administration record for March 2024 revealed that for March 11, 2024, for both doses Licensed Practical Nurse (LPN) #4 documented a 5 for the administration of the Doxycycline. Per the MAR a 5=hold see progress note.<br><br>When reviewing the progress notes the surveyor was unable to determine what the code of 5 represented.<br><br>On 03/13/24 at 12:00 p.m., during an interview with LPN #4 this staff stated the medication was not available for administration and was not available in the stat box (cubex).<br><br>On 03/13/24 at 4:00 p.m., during an end of the day meeting with the administrative staff the issue with the antibiotic not being administered on 03/11/24 was reviewed.<br><br>On 03/14/24 at 8:10 a.m., the Director of Nursing provided the survey team with a copy of their policy regarding ordering medications from the pharmacy provider. This policy read in part, .The provider pharmacy is contacted if an emergency arises requiring immediate pharmacist consultation regarding medications ordered and needed prior to the next scheduled pharmacy delivery .<br><br>On 03/14/24 at 9:23 a.m., during an interview with LPN #2 this staff stated the physician was in yesterday, was made aware of the missed day of antibiotics and the antibiotic was extended for 1 day to make up for the missed doses.<br><br>No further information regarding this issue was provided to the survey team prior to the exit conference. |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>47299<br><br>Based on staff interview, clinical record review and facility document review, the facility staff failed to act upon a medication regimen review for 1 of 23 residents in the survey sample, resident #95.<br><br>The findings include:<br><br>For resident # 95, the facility staff failed to act upon a physician approved pharmacist recommendation, generated by the December 11, 2023 medication regimen review.<br><br>Resident # 95 's diagnoses included but were not limited to, unspecified dementia, unspecified mood disorder, major depressive disorder, psychotic disturbance, and anxiety.<br><br>Resident # 95's significant change minimum data set (MDS), with an assessment reference date (ARD) of 2/28/24, assigned the resident a brief interview for mental status (BIMS) score of 4, indicating severe cognitive impairment. Resident # 95 was also coded as refusing care and wandering during the look back period.<br><br>Surveyor reviewed Resident # 95's pharmacy drug regimen review dated 12/11/23 which read in part, This resident is receiving the atypical antipsychotic GEODAN (Ziprasidone) which carries a risk to cause adverse metabolic effects. Please consider checking a fasting lipid panel, fasting plasma glucose and A1C, at baseline, 3 months post initiation, and annually to monitor for potential adverse effects. Additionally, monitoring BMI and waste circumference is recommended at baseline, 1 month, 2 month, 3 month, 6 month, and then annually for all patients on atypical antipsychotics. The medical director had checked that they agreed with the recommendation and had signed the form. They did not date the form when they signed it.<br><br>During further review of the clinical record this surveyor noted that Geodan therapy was initiated 11/27/23. The above lab work was obtained 1/15/24, more than a month after the recommendation was made and less than 3 months post initiation of therapy. Surveyor was unable to locate any waste circumference measurements in the record and only one note made 2/15/24 by the Registered Dietician (RD) addressing BMI, which was documented that day to be 26.<br><br>On 3/14/24 at 9:46 AM this surveyor interviewed Licensed Practical Nurse (LPN) # 3, who is also the Unit Manager. When asked about the December 11, 2023 recommedation, they stated, yes, I remember this. Let me see what I can find. LPN # 3 returned at 10:43 AM and stated that there was only the 1/15/24 lab. I think when I looked at it, I just saw the part about 3 months. They indicated that there were no measurements of waste circumference done and that the RD had made notes about the BMI. This surveyor explained that there was only one note done February 15, 2024 that addressed the BMI located in the record, but I would look at other notes if they were able to produce them.<br><br>(continued on next page) |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/14/24 at 10:57 AM this surveyor asked the Director of Nursing (DON) and the Regional Nurse Consultant for a policy regarding Medication Regimen Reviews. The Director of Nursing produced several policies. The first one entitled, Medication Utilization and Prescribing- Clinical Protocol with a revision date of December 2012, read in part, under the heading, Cause Identification, #3, The consultant pharmacist should use the monthly and interim drug regimen review to help identify potentially problematic medications. Under the heading Treatment/Management, # 3 The consultant pharmacist will advise the physician and staff about options to address medication-related issues such as food-drug interactions, effects of medication combinations, and drug-disease interactions. The next policy entitled, Psychoactive Medication with a created date of 3/14/24 read in part, Each resident's drug regimen will be evaluated and monitored by various members of the health care team as specified in this policy, to assure the regimen is free from unnecessary drugs i.e. excessive dose/duplicative therapy, for excessive duration, without adequate monitoring, without adequate indications for use or in the presence of adverse consequences which indicate the does should be reduced or discontinued or any combinations of these reasons. Under the heading Therapeutic Documentation # D. The consultant pharmacist will notify the Director of Nursing Services (DON) in writing of recommendations on a monthly basis. The DON will follow up with the physician as appropriate. A third policy entitled, Organization Aspects Consultant Pharmacist Services Provider Requirements read in part, Y. Provide a report of activities, findings and recommendations to the administrator and the director of nursing on a monthly basis. This includes a consolidation report of all resident reviews, and a summation of monthly findings. A copy of the monthly report will also be maintained by they pharmacy for reference. Individual resident recommendations are provided to prescribers, the facility's medical director and the director of nursing upon completion or following MRR.<br><br>On 3/14/24 at 12:03 PM the survey team met with the Administrator, Director of Nursing, Regional Nurse Consultant, Assistant Director of Nursing and the Regional MDS Coordinator. This concern was discussed at that time.<br><br>No further information was provided to the survey team prior to the exit conference. |

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| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure medication error rates are not 5 percent or greater.<br><br>22218<br><br>Based on observation, staff interview, and clinical record review facility staff failed to maintain a medication error rate less than 5% during medication pour and pass observation.<br><br>The surveyor observed medication pour and pass. On 3/13/2024, the surveyor watched three nurses pass medications to six residents for a combined total of 26 opportunities. Nurses' technique and hand hygiene were appropriate to the task.<br><br>At 8:26 AM, the surveyor observed LPN #7 prepare morning medications for Resident #66. The resident had a physician order for a Lidoderm external patch 5% apply to posterior neck in the morning for pain. The nurse stated there was no tape on the medication cart, so would return to apply the patch later, after some tape had been found. Later in the day (2PM), LPN #7 informed the surveyor the resident had left the building for an appointment and a hold order was entered for the Lidoderm patch. The surveyor counted the Lidoderm patch as medication omission number one.<br><br>At 8:35 AM, the surveyor observed LPN #7 prepare morning medications for Resident #11. The resident had physician orders for ICaps MV Oral Tablet (multiple vitamins with minerals) Give 1 tablet by mouth one time daily and cholecalciferol oral capsule 125 mcg Give 1 tablet by mouth one time daily. Neither medication was in the medication cart. The nurse stated she would check the storage room later for the 2 medications. Later in the day (2PM), LPN #7 informed the surveyor the medications were not in the storage room earlier, so a hold order had been entered. The surveyor counted these as medication omissions numbers two and three.<br><br>The administrator, director of nursing, and assistant director of nursing were notified of the concern during a summary meeting on 3/13/2024. |

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| F 0810<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide special eating equipment and utensils for residents who need them and appropriate assistance.<br><br>49622<br><br>Based on observation, resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to provide special eating equipment for 1 of 23 residents in the survey sample, Resident #8.<br><br>The findings include:<br><br>For Resident #8 (R8), the facility failed to utilize a two (2) handled cup with lid and straw for fluids on 3/12/24 and 3/13/24.<br><br>R8's diagnosis list indicated diagnoses, which included, but not limited to muscle wasting and atrophy at multiple sites and cerebrovascular accident (stroke).<br><br>On the most recent MDS (minimum data set) assessment with an ARD (assessment reference date) of 12/27/23, R8 was coded as 10/15 on the BIMS (brief interview for mental status) indicating moderately impaired cognition for making daily decisions. She was coded as having functional limitations in range of motion to both upper extremities. R8 was also coded as requiring supervision or touching assistance with eating.<br><br>On 3/12/24 at 1:25 PM, surveyor observed R8 sitting in wheelchair. Both hands were observed to be closed tightly. R8 stated, she has shaky hands She stated her cup is sometimes placed in a coffee cup to help her be able to take a drink better.<br><br>On 3/13/24 at 8:16 AM, surveyor observed R8 sitting up in bed. She was drinking from a carton of milk with a straw. Surveyor asked R8 if a 2 handled cup was on her breakfast tray, she said, no.<br><br>On 3/13/24 at 12:56 PM, surveyor observed R8 eating lunch. The tray was not observed to contain a 2 handled cup. Surveyor read tray-ticket and tray-ticket revealed, Feeding Assistance Devices 2 handled cup (with) w/lid and straw.<br><br>A review of R8's clinical record revealed the following:<br><br>A physician's order dated 9/7/23 with a start date of 10/1/23: Regular Diet Mechanical Soft w/(with) Pureed Meats .2 (two) handled cup (with) w/lid & straw .<br><br>A Nutrition Care Area Assessment-Quarterly, dated 12/22/23, revealed in part: .C. Adaptive Devices, 2 (two) handled cup (with) w/lid and straw .<br><br>A review of R8's current comprehensive care plan dated 12/22/23 revealed, in part: Provide and serve diet as ordered.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495371 | A. Building<br>B. Wing | 03/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Hall-Rich Creek | 120 Old Virginia Avenue<br>Rich Creek, VA 24147 |

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

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| F 0810<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 3/13/24 at 1:22 PM, surveyor interviewed the dietary manager (DM), and asked the process for providing adaptive equipment to the residents. DM stated when adaptive equipment comes back to the kitchen, the dietary department washes it. Surveyor asked DM about R8's adaptive equipment and DM stated she (R8) is to get built-up utensils and 2 handled cup. Surveyor informed DM that R8 did not have the cup for the past two meal observations. DM stated she would look into it.<br><br>On 03/13/24 at 4:03 PM, administrator, assistant director of nursing, director of nursing, regional nurse consultant, and regional MDS (minimum data set) nurse were informed of this concern.<br><br>A review of the policy, Assistive Devices and Equipment, revealed in part: .1. Certain devices and equipment that assist with resident .independence are provided for residents. These may include (but are not limited to): a. specialized eating utensils and equipment .3. Recommendations for the use of devices and equipment are based on comprehensive assessment .<br><br>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/14/24. |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.<br><br>28567<br><br>Based on staff interview and clinical record review, the facility staff failed to maintain a complete and accurate clinical record for 2 of 20 current residents, Resident #11 and #8.<br><br>The findings included:<br><br>1. Resident #11's Durable Do Not Resuscitate (DDNR) was incomplete. Section #1 and #2 were left blank.<br><br>Resident #11's diagnoses included, but were not limited to, hemiplegia and hemiparesis following cerebral infarction, dysphagia, muscle wasting and atrophy, anxiety, and depression.<br><br>Section C (cognitive patterns) of Resident #11's annual Minimum Data Set (MDS) assessment with an Assessment Reference Date (ARD) of 02/07/24 included a Brief Interview for Mental Status (BIMS) score of 11 out of a possible 15 points.<br><br>Resident #11's clinical record included a DDNR dated for 02/13/23. Section #1 and #2 were incomplete.<br><br>Section 1 of the DDNR read in part, I further certify [must check 1 or 2]:<br><br>1. The patient is CAPABLE of making an informed decision .<br><br>2. The patient is INCAPABLE of making an informed decision .<br><br>The boxes beside #1 and #2 were blank.<br><br>Section 2 read If you checked 2 above, check A, B, or C below: The three boxes below were blank.<br><br>On 03/14/24 at 4:00 p.m., during an end of the day meeting with the administrative staff the incomplete DDNR was reviewed.<br><br>No further information regarding this issue was provided to the survey team prior to the exit conference.<br><br>49622<br><br>2. For Resident #8, the facility staff failed to accurately document a physician's order for a LUE (left upper extremity) splint.<br><br>The findings included:<br><br>Surveyor made observations of Resident #8 (R8) on 3/12/24 and on 3/13/24. A splint was not visible on her left hand. Two blue splints were observed on R8's nightstand.<br><br>(continued on next page) |

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| F 0842<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A physician's order dated 1/8/24, revealed, RESTORATIVE NURSING PROGRAM- . (LUE splints 6 hours daily) 6 times per week.<br><br>On 3/13/24 at 11:14 AM, surveyor interviewed licensed practical nurse #5 (LPN#5), who informed surveyor that she (R8), is to wear it (splint) every day for six hours.<br><br>On 3/13/24 at 11:35 AM, surveyor interviewed certified nursing assistant #3 (CNA#3) and asked how often R8 is to wear splint. CNA#3 stated six days per week for six hours a day. CNA#3 stated she (R8) usually wears it from 9 am to 11 am.<br><br>On 3/13/24 at 3:42 PM, surveyor interviewed assistant director of nursing (ADON). ADON agreed splint was to be worn six days per week for six hours per day. Surveyor informed ADON that CNA#3 stated R8 only wears the splint from 9 am to 11 am.<br><br>On 03/13/24 at 4:03 PM, administrator, assistant director of nursing, director of nursing, regional nurse consultant, and regional MDS (minimum data set) nurse were informed of this concern.<br><br>On 3/14/24 at 8:35 AM, ADON brought surveyor a new physician order for R8 dated 3/14/24. ADON informed surveyor the previous order had been entered wrong and it should have read, up to six hours. A review of the physician's order dated 3/14/24, revealed, Restorative Nursing Program .(LUE splints up to 6 (six) hours daily) 6 (six) times per week.<br><br>ADON brought surveyor a Restorative Nursing Program Plan for R8 dated, 2/9/23 that revealed, .splint wearing up to 6 (six) hours to LUE (left upper extremity).<br><br>A review of the policy, Medication Orders, revealed in part: .Recording Orders .6. Treatment Orders-when recording treatment orders, specify the treatment, frequency, and duration of the treatment.<br><br>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/14/24. |

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|---|---|
| F 0847<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse.<br><br>21227<br><br>Based on staff interviews, facility document review, and clinical record review, the facility staff failed to ensure the facility's arbitration agreement addressed residents' right to rescind the agreement within 30 calendar days of signing the agreement.<br><br>The findings include:<br><br>The facility's AGREEMENT TO ARBITRATE document did not address residents' right to rescind the agreement within 30 calendar days of signing the agreement. Review of the facility's AGREEMENT TO ARBITRATE document failed to reveal explicit language addressing residents' and/or residents' representatives' right to rescind the agreement within 30 calendar days of signing it. (A signed AGREEMENT TO ARBITRATE document for one (1) of the sampled residents was provided to the survey team.)<br><br>On 3/13/24 at 9:24 a.m., the facility's Admissions Director reported they did not see language, in the document, addressing the right to rescind within 30 days of signing the facility's AGREEMENT TO ARBITRATE document. The Admissions Director reported the right to rescind within 30 days of signing the AGREEMENT TO ARBITRATE document is discussed when it is signed but isn't documented.<br><br>The facility's Arbitration Policy (with an effective date of 10/24/22) included the following statement: Admissions personnel must explain to the Resident [sic] or their personal representative that if they sign the agreement, they have the explicit right to rescind the agreement within 30 calendar days of signing it.<br><br>On 3/13/24 at 4:03 p.m., the survey team met with the facility's Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Consultant, and Regional MDS (Minimum Data Set) Nurse. During this meeting, the failure of the facility's AGREEMENT TO ARBITRATE document to explicitly include information about the right to rescind the agreement within 30 calendar days of signing it was discussed. |

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|---|---|
| F 0848<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Provide a neutral and fair arbitration process and agree to arbitrator and venue.<br><br>21227<br><br>Based on staff interviews, facility document review, and clinical record review, the facility staff failed to ensure the facility's arbitration agreement addressed the selection of a venue that would be convenient to both parties.<br><br>The findings include:<br><br>The facility's AGREEMENT TO ARBITRATE document did not address the selection of a venue. (A signed AGREEMENT TO ARBITRATE document for one (1) of the sampled residents was provided to the survey team.)<br><br>On 3/13/24 at 10:38 a.m., the surveyor discussed the facility's AGREEMENT TO ARBITRATE document with the facility's Administrator and Admissions Director. The Admissions Director confirmed the agreement did not address selecting the location. The Administrator and Admissions Director reported the plan would be for a mutually agreed upon location to be selected.<br><br>The facility's Arbitration Policy (with an effective date of 10/24/22) did not address the selection of a location.<br><br>On 3/13/24 at 4:03 p.m., the survey team met with the facility's Administrator, Director of Nursing, Assistant Director of Nursing, Nurse Consultant, and Regional MDS (Minimum Data Set) Nurse. During this meeting, the failure of the facility's AGREEMENT TO ARBITRATE document to address the selection of a location was discussed. |